Care Quality Commission

Because We Care Limited

Mac Mae

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 17 November 2015. The inspection was unannounced. Mac Mae provides care and support for up to 6 people with a learning disability. On the day of our inspection 6 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who knew how to recognise and respond to abuse and systems were in place to ensure people were protected from harm. Risks were assessed and managed and people were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

Summary of findings

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People were supported by staff to live their life the way they wished to and people felt staff were kind and caring. Staff knew people's individual preferences and tailored their support to meet their needs. Staff respected people's privacy and dignity. .

People were involved in planning their care and support. They were supported to have a social life and to go out into the community and go on holidays. People felt confident to speak up if they had any concerns and staff knew how to respond to issues raised.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines as prescribed and these were managed safely.

There were enough staff to provide care and support to people when they needed it. People received the care and support they required because there were enough staff available to do so.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their hydration and nutrition and risks to health were monitored and responded to appropriately.

Good

Is the service caring?
The service was caring.

People were supported by staff who treated them with kindness and supported them to live their life the way they chose.

Staff treated people with respect and valued their privacy and dignity. People were treated with respect by staff who valued their privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were involved in planning their care and had an active social life with access to holidays.

People were supported to raise issues and staff knew how to deal with concerns if they were raised.

Good

Is the service well-led?
The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Good

Mac Mae

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 inspected the service on 17 November 2015. The inspection was unannounced and the inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with three people who used the service and one person's relatives.

We spoke with two members of support staff, the registered manager and the operations manager. We looked at the care records of two people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and operations manager.

Good

Is the service safe?

Our findings

People felt safe in the service. Two people who used the service told us they felt safe and felt they could speak with staff if they had any concerns about how they were being treated. We observed interactions between staff and people who used the service during our inspection. It was clear from people's body language that they were comfortable with staff. People responded to staff interaction positively and had open discussion with staff. We spoke with the relatives' of a person who used the service and they told us they visited frequently and felt their relation was safe. They said, "I have no concerns whatsoever."

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in relation to reporting any concerns to the registered manager and escalating concerns to external agencies if they felt they needed to.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. There were risk assessments in place informing staff how to support people safely both in the service and in the community. There were plans in place to guide staff in how to support individuals in the case of an emergency, such as a fire or an emergency admission to hospital.

We looked at the care records of one person who had a risk of choking and there was guidance for staff to follow to ensure this risk was managed. We observed staff followed the guidance during our visit.

We observed during our inspection that people's needs were met in a timely way and there were staff available to give support throughout the day. Both of the people we spoke with told us there were enough staff to give them support when they needed it. The relatives we spoke with told us they felt there were enough staff working in the service and staff were always on hand if people needed them.

The registered manager told us that they increased the number of staff on duty at certain times to enable people to access the community and engage in activities. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service.

People relied on staff to administer their prescribed medicines. We found the systems were safe and people were receiving their medicines as prescribed and in a way they preferred. We spoke with two people about their medicines and both confirmed staff gave them these when they should.

Each person had a medication record which included details of how they preferred to take their medicines. Records showed people were receiving their medicines as prescribed by their doctor. We looked at the storage and administration of medicines and we found medicines were stored safety and audits were carried out to ensure medicines management was safe. Staff received training in the safe handling and administration of medicines and told us they had their competency assessed to ensure they were following safe practice.

Good

Is the service effective?

Our findings

The people we spoke with told us they felt the staff did their job well and supported them appropriately. One person told us, "Staff are good. They know what they are doing." Relatives we spoke with told us they felt confident the staff knew what they were doing. We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. Records we saw confirmed that staff were given the training they needed to provide them with safe working practices and to give them a knowledge and understanding of the needs of people they supported.

Staff were given an induction when they first started working in the service. The registered manager told us that staff undertook a refresher of this induction every six months to ensure they kept up to date with best practice. She told us a new training coordinator had been employed to start and deliver the new nationally recognised induction called the care certificate.

People were cared for by staff who received feedback from the management team on how well they were performing and assessing their developmental needs. Staff told us they had regular supervision from the registered manager and were given feedback on the job they did. We saw records which verified that staff were given regular supervision to discuss their performance and any development needs.

People were supported to make decisions on a day to day basis. Two people we spoke with told us they made decisions relating to their care and support. One person said, "I decide when I am going to get up in the morning." Another person said, "I make my own decisions." The decisions people could make themselves was detailed in care plans so staff knew when people would need support with decision making. People had also signed consent forms in their care plans to consent to staff using their photograph on care records.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were supported by staff who had a good knowledge and understanding of the MCA and how they supported people with decision making. Where a person did not have the capacity to make a decision the legislation had been correctly followed by completing a capacity assessment and a best interest decision was made. We saw people had been supported to understand what the MCA was when they were being assessed for their capacity about making decisions.

We saw that the registered manager had made applications for DoLS where appropriate. For example one person had been assessed as needing support from staff if they went out into the community and the registered manager had make an application to ensure the person was being supported in the least restrictive way. Another person had expressed a desire to live alone and the registered manager had sought input from a team of external professionals to assess if this was a possibility and to ensure the person was not being deprived of their liberty and rights.

People were supported to eat and drink enough and to have a healthy diet. People we spoke with told us they had enough to eat and if they were hungry they helped themselves to food and snacks from the kitchen. We observed this in practice throughout the day with the kitchen open and accessible with people helping themselves to food and drinks. The relatives we spoke with told us their relation had been underweight when they moved into the service and they had gained weight since being there.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's

Good

Is the service effective?

nutritional needs. We saw from the records of two people that they had been identified as being at risk in relation to their nutrition. Staff had implemented a healthy eating care plan and discussed this with both people to encourage healthier eating. The doctor had also been contacted for guidance and advice.

People were supported to see a doctor when they needed to and to visit the dentist and optician on a regular basis. On the day of our inspection we saw one person being supported to attend appointments. The person described to us how their health had changed and said staff had contacted their doctor quickly to get this followed up. We saw a relative had commented in a recent survey, "Anything wrong and it is straight to the doctors."

People were supported with their day to day healthcare. We saw there were plans in place guiding staff in how to monitor and manage people's healthcare needs. We looked at the care records of one person who had a health condition and there was a detailed plan in the records informing staff how to recognise if the person's condition was deteriorating and how to respond. We saw from care records that staff sought advice from a range of external professionals such as psychologists, occupational therapists and dieticians to support people with their health care.

Good

Is the service caring?

Our findings

Two people we spoke with told us they got on well with the staff and that they were kind and patient with them. The relatives we spoke with told us their relation had a better quality of life since moving into the service and felt the staff were kind and caring. One relative said, "[Relation] calls this home. They didn't do that where they used to live." Relatives had completed a recent survey and we saw they had made comments such as, "Lovely staff. Very helpful and understanding." Staff spoke with warmth about the people they supported. They told us they enjoyed supporting people to live a positive life and they felt this was a rewarding job. One member of staff told us, "Everyone cares for one another. When we arrive for work in the morning people (who use the service) greet us and ask how we are and if we want a cup of tea."

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people well and when we spoke with staff we saw they had a good knowledge of people's likes, dislikes and what support they needed. People's communication skills were recorded so that staff knew what people's needs were when they used non-verbal communication methods. For example, one person used signs to communicate some of their needs and we saw these signs and what they meant were recorded in the person's care records. Staff we spoke with were aware of these signs and what they meant.

People's goals and aspirations were recorded so that the service could support people to achieve these. One person had a goal of going swimming and discussions with the person showed staff had supported them to achieve this. The person told us they now went swimming regularly.

People were supported to have choices and to spend their day as they wished. On the day of our visit three people were out for the day and the other three spent their day as they wished. Two people were using their laptops and they told us that was what they liked to do when they were not out in the community. People told us they had been involved in choosing the decoration of their bedrooms and we saw bedrooms were highly personalised to the preferences of the people who used the service. The relatives we spoke with confirmed that people spent their time as they wished and were supported to make choices.

People were supported to visit their families and friends and to maintain relationships both within the service and outside of it. One person told us about a disco which was held at another local service which was run by the provider. They told us they liked to see the other people who lived in that service. Another person described how they were supported to have regular visits to their relation's house and said, "[The registered manager] sorts out dates for me to go." They also told us that people who lived at Mac Mae had a good relationship and got on well together and that this was important to them. We observed this to be the case with people chatting and getting along together.

People had access to an advocate if they wished to use one. The registered manager told us that one person was currently using an independent advocate and was being supported with their decision making through the advocate. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. We observed staff treating people with dignity and people were supported to spend time alone if that is what they chose. The relatives we spoke with told us they felt people were treated with dignity and were treated as individuals.

Staff we spoke with knew the appropriate values in relation to respecting people's privacy and dignity. Staff were given training on the values in relation to privacy and dignity when they first started working in the service and the registered manager told us the management team carried out observations of staff practice to ensure staff worked to these values. They told us they were exploring more role play for staff training in relation to dignity as she felt this would further embed person centred care.

Good

Is the service responsive?

Our findings

People and their relations were involved in planning their own care and support. Two people we spoke with told us they knew about their care plans and could access them at any time. One person told us, “The staff go through it with me.” People were also involved in planning how they were supported via regular meetings to discuss future events and what they would like to do.

Weekly menu meetings also took place and people decided what they would like to eat the following week and then got involved in planning the shopping list. One relation we spoke with told us staff discussed their relative’s care and support with them and they were involved in the planning. They also told us that staff kept them informed of any changes in their relative’s care and their health.

People were supported in their independence. Relatives told us staff enabled people to get involved in daily living skills and we observed this on the day of the inspection. People offered and made drinks for themselves, other people and for staff. They got involved in making food and snacks for themselves and we saw one person who also supported other people to get their meals.

People were supported to live an active life and to follow their hobbies and interests, as well as seek out new ones. Two people we spoke with told us they were supported to take part in activities they enjoyed and to go out into the community to social functions. One person told us about a forthcoming celebration they were being supported to attend with their friends. One relative we spoke with told us, “[Relation’s] life has improved since they came to live here. They have a better social life than me.” They told us their relation had wanted to go swimming and they were now doing this regularly. One person was supported to go to day services on a regular basis and another had been supported to get a job.

We saw people were given the opportunity to go on holiday and on day trips to other cities of their choice. Two people told us about a recent holiday and told us they had enjoyed this and that staff had supported them to do the things they liked whilst they were away. One person had wanted to visit a city and take part in specific activities and we saw the registered manager had taken the person and supported them to achieve this. We saw the person had developed a scrapbook to remember the day. Staff we spoke with told us they felt people were supported to have an active social life and described the plans they had for people through the Christmas period, including going to a pantomime. One member of staff told us, “People have planned activities and then they have free days where they decide what to do and where to go and we take them.”

People knew how to raise concerns if they had any. Two people we spoke with told us they would feel comfortable speaking with staff or the registered manager if they had any concerns. People had their own complaints booklet which was written in a format they would understand, to give them information on how to raise concerns. One person who used the service told us they kept their booklet in their bedroom.

We spoke with two relatives of one person who used the service and they said they would feel comfortable raising issues with the staff or the registered manager if they had any concerns. One of the relations said, “I have no concerns whatsoever.” The staff we spoke with knew the process for recording and escalating any concerns which were raised and told us they felt these would be taken seriously and acted on. We observed people were comfortable with staff and the registered manager throughout our visit.

The service had not received any complaints and so we were unable to assess how well the registered manager would deal with complaints if they arose.

Good

Is the service well-led?

Our findings

People spoke positively about the care and support they were getting in the service and told us they were happy there. The relatives we spoke with also commented positively and said their relation's life had improved since moving in.

People who used the service and their relations were supported to have a say in how the service was run through regular meetings and an annual survey. We saw people had been given the opportunity to complete a survey this year and we saw the results were mainly positive. Where people had asked for improvements, these had been acted on following the survey. For example one person had asked for a specific meal to be added to the menu and this had been addressed. The overall results of the survey were shared with the people who used the service so they knew what improvements had been made.

People we spoke with told us they had regular meetings to discuss the service delivered and to make suggestions for changes. One person told us, "We have 'speaking up' meetings here with people who live at Levina and The Coach House (other local services operated by the provider) and we decide what we want to do." We saw the minutes of the last two meetings and saw people were given the opportunity to get involved in how the service was run. At the end of the meeting a list of actions were documented and these were followed up at the next meeting to ensure they had been addressed. We saw the operations manager had recently introduced an audit to check that people's requests and suggestions made at the meetings had been acted on.

There was a registered manager in post and she visited the service regularly, along with the operations manager to oversee the running of the service. Another manager was employed to work full time in the service on a daily basis.

We observed people had a good relationship with the management team. When the registered people greeted them with warmth and we saw one person giving them a hug. We saw the registered manager and operations manager interacting with people and they clearly knew people and their personalities very well. One person told us, "The manager is really good. She listens to me." Another person said, "[Registered manager] comes and checks that everything is OK." Relatives we spoke with said the registered manager and the management team were approachable and we saw the relation approaching her on the day of our inspection and discussing changes in their relations calendar.

Staff were given an opportunity to have a say in the service operation via regular staff meetings. We saw these meetings were used to discuss how well things were working in relation to supporting people and for staff to raise any issues or suggestions. We saw staff had suggested the lounge was refurbished and on the day of the inspection the registered manager told us this was being acted on and that a new carpet and sofas were being purchased. Both members of staff we spoke with told us they enjoyed working in the service and they felt that teamwork and communication were two of the best strengths at Mac Mae.

People could be sure the management team had systems in place to monitor and improve the quality of the service. The operations manager had recently implemented a new audit system in the service which captured a range of areas of the running of the service for example, testing the competency of staff, care plan audits and staff recruitment and training files.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.