MacIntyre Care

Woodland Road

Inspection report

12 Woodland Road
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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 26 November 2015.

Woodland Road is a residential care service which provides care and support to a maximum of four people with a learning disability. The service operates from a dormer bungalow located in a residential area of Ellesmere Port close to local shops and transport links. At the time of our inspection there were four people living at the service.

The service has 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. The registered manager is currently away from the service and an interim manager is responsible for the day to day running of the service.

Summary of findings

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

People received care and support that kept them safe and staff understood what is meant by abuse and were aware of the different types of abuse. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately. Family members raised no concerns about their relative's safety.

The registered provider used safe recruitment systems to ensure that new staff who were suitable to work in people's homes were employed.

People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MAR) were appropriately signed and coded when medication was given.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibilities linked to this. Training had been completed in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff were able to show an understanding of the key principles when asked.

Care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided. The decisions people made were respected. People received care from a team of staff who they knew and who knew them. People were treated with kindness and respect.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. Staff were well supported through a system of induction, training, supervision and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

People's needs were assessed and planned for and staff had information about how to meet people's needs. People's wishes and preferences and their preferred method of communication were reflected in the care plans. Care plans we reviewed were personalised and reviews always promoted the involvement of the person or other important people such as family members. Staff worked well with external health and social care professionals to make sure people received the care and support they needed.

There was a robust quality assurance process in place. This meant that aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes were implemented in a timely manner. There were good systems in place for care staff or others to raise any concerns with the registered manager.

The service was well-led by a person described as supportive, approachable and diplomatic. 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.

The service was hygienic and clean.

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

Good

Medication was managed safely at the service and in line with the registered providers policy and procedures.

People were kept safe from harm. Staff knew how to recognise and report concerns they had about people.

Staff had been safely recruited and there was sufficient, suitable, skilled and qualified staff to meet people's assessed needs.

Is the service effective?
The service was effective

Good

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

People were supported to access healthcare professionals as and when needed to meet their needs.

Is the service caring?
The service was caring

Good

People were treated with kindness and received support in a patient and considerate way.

Staff knew people well and what their preferred routines were. People were encouraged to make their own choices using their preferred method of communication.

People who did not have family members to support them with their decisions were supported to access local advocacy services.

Is the service responsive?
The service was effective

Good

Care was person centred and met the person's individual needs.

Support plans were individualised to meet the person's needs. This meant staff knew how people wanted and needed to be supported.

The registered provider had a pictorial and written complaints procedure in place.

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

Good

Staff felt valued and were provided with the support and guidance to provide a good standard of care and support.

Summary of findings

There were systems in place to seek the views of people who used the service and their relatives.

The service had a number of quality assurance processes in place to ensure the service maintained its standards.

Woodland Road

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 26 November 2015. 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 four people who used the service and spoke with four family members and visitors. We also spoke with three care staff. The interim manager was unavailable during our inspection due to prior commitments.

We looked at three people's care records and also records relating to five staff and the 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, the local authority safeguarding team and Healthwatch who had not previously visited the service to obtain their views. No concerns were raised about the service.

Good

Is the service safe?

Our findings

People were protected from abuse. Observations showed that people were comfortable and relaxed. We saw people display open body language, positive facial expressions and gestures when interacting with staff. Family members raised no concerns about their relative's safety and they told us they knew how and who to raise any concerns too if they had any. Family member's comments included, "We know our [relative] is safe and well cared for".

Staff spoke confidently about their role and responsibilities for ensuring people were safe. Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant and they described the different types of abuse and knew how to report concerns they had about people's safety. Staff had a good awareness of the registered provider's and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority. 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.

People's medication was safely stored within their own bedrooms and administered by suitably trained staff. Staff told us that their practise was regularly observed and competency checks were completed with the manager to ensure that medication was managed and administered correctly and we saw that records confirmed this. Medication administration record sheets (MARs) were completed and staff had used signatures and appropriate codes when completing them. A recent photograph of the person was in place which helped staff identify the person prior to administering medication. Staff had access to policies and procedures and codes of practice in relation to the management of medicines. We saw that staff had access to important information about people's medication, including what the medication was for and any possible side effects. The service had included a pictorial guide to the medication within care plans which enabled staff to see what specific medications looked like. Procedures were in place for the use of controlled drugs and appropriate records were kept of these medicines. Staff who administered medication had an excellent knowledge of people's medication needs and their individual medical history. We observed people being given their medication appropriately. Medication that was required to be kept refrigerated was stored in a separate section within the fridge. All relevant fridge temperature checks were up to date and recorded. Opened packets and bottles had been signed and dated with the date of opening. There was a good system in place for ordering, receiving, storing and the disposal of medication.

Risks to people's health and safety were well managed. People had a personalised evacuation plan in place which contained important information about what support they would require in the event of evacuation. Fire drills had been carried out regularly both during the daytime and nighttime. There were risk assessments and management plans to help keep people safe, for example for their physical support needs, medical and health needs and moving and handling. Staff had a good knowledge of people's identified risks and clearly described how they would manage them. Monthly reviews were undertaken by staff to discuss and highlight any changes to the care and support needs of people they supported.

Staffing rotas showed that each day and night there was a team of care staff and/or senior care staff. This ensured the familiarity and consistency of staff for people they supported. There were enough staff on duty to meet people's needs. Observations showed that staff provided care and support in a timely manner. Family members told us, "The staff who work here have been here a long time and are very knowledgeable and understanding with people".

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment documents for seven 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 a robust 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

People were cared for in a safe environment. We saw emergency equipment located around the service, including firefighting and first aid equipment. Regular

Good

Is the service safe?

checks had been carried out on all equipment to ensure it was in good working order. Records confirmed that staff had completed health and safety training and regular updates were accessed in line with the registered provider's policy and procedures. Records showed that equipment used at the service was well maintained and regularly serviced by appropriate contractors.

All parts of the service were clean and hygienic. Hand gel and paper towels were available next to hand basins and 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.

Good

Is the service effective?

Our findings

People were cared for by staff who felt valued. Staff told us that they had received a good induction to the service and the provision of training by the registered provider was excellent. Records showed that regular supervision, team meetings and support from the manager was in place to support staff. One staff member said, "The training is excellent here, we are encouraged to develop our skills all the time. It's really good to keep learning new things." Another said, "The manager in the home and above are always there if we need anything or have a question. They are very supportive."

Training records showed that staff were provided with the knowledge and skills needed to deliver good care to people. General training completed by staff included moving and handling, first aid, safeguarding vulnerable adults, person centred support and support planning. Staff informed us that the service maintained positive connections with the local authority and community teams and accessed external training such as specialist medication training for epilepsy and dysphagia.

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.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Records showed that support staff had attended MCA and DoLS training. Through discussion staff had an understanding and awareness of the Act and stated that the manager informed staff of any changes to care and support needs.

The principles of the Mental Capacity Act 2005 Code of Practice had been followed to assess people's ability to make a particular decision. People who used the service were not always able to make important decisions about their care due to their diagnosis of learning disability. We saw robust records that showed how people's ability to make decisions had been assessed with the relevant professionals and information relating to consent was recorded appropriately. Support plans identified relevant others who would need to be consulted as part of a best interests approach to decision making. We saw evidence that this process had been undertaken for a number of decisions including the use of covert medication. 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.

Appropriate applications had been made to the local authority for DoLS assessments and the staff were aware of the requirement to notify us of any applications that are approved.

During our inspection we heard staff asking people for their consent before carrying out any activities. This was undertaken in a variety of different methods considering the communication needs of each person supported. An example of this was before entering anyone's bedroom staff would always ask a person's permission and wait for a response in agreement. It was clear that staff understood people's preferred method of communication.

People were supported to eat and drink and to maintain a balanced diet. The mealtime experience was relaxed, happy and where support was required to eat a meal the appropriate time was taken to ensure people enjoyed their meal. There was no set times for meals. We observed how people were supported to eat when and where they wanted too. One person when asked if they would like to come to the dining room turned their face away in response to the question. The person's communication support plan identified that this was their way of saying 'no'. Staff were respectful of the person's choice and asked them again after 20 minutes, they then wanted to have something to eat. One relative told us "My [relative] prefers to eat on their own; we like to come in a support [my relative] to have their meal. We are always welcomed".

Meals provided were balanced and healthy and alternative options were always available. Staff provided people with clear explanations alongside a visual choice at meal times.

Good

Is the service effective?

This enabled people to choose or refuse food. The service had a file in the dining room that contained important information regarding the support people needed with eating and drinking. The guidelines contained information for each person about assistance required, consistency of food and fluids, positioning, equipment needed, pace of support and supervision of each person. This allowed staff to ensure people's needs were appropriately met at mealtimes. An accurate record of meals served were kept and where necessary people's food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy. Records relating to fridge, freezer and food temperatures were accurate and up to date.

Staff were knowledgeable about the care and support people needed. 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 and district nurses and where appropriate staff obtained advice and support. Care plans provided staff with good information about how the person's needs should be met, they were personalised and clearly identified what the desired outcome should be for the person. Staff told us that people saw a variety of healthcare professionals such as the chiropodist, the optician, the doctor and the district nurse. Relatives told us that they were confident that staff always made contact with the doctor or other professionals when they were needed. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy.

Good

Is the service caring?

Our findings

Relatives told us staff were respectful and caring and their comments included, “Staff are very good with [my relative]” and “Some staff are new and they have fitted in very well”. Another relative told us that the care was ‘genuine’ and that the staff were committed to making a difference for people.

Interactions between the staff and people were positive and relaxed throughout our visit. Staff were knowledgeable and able to meet each individual person’s needs. Staff were caring, kind and patient in their approach when assisting people.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner. People were given the time they needed to carry out any tasks. Staff told us that it was important to treat people how you would want to be treated. One staff member said “We are like a family here, we all get on and we have a lot of time and respect for people who live here”. Staff were respectful and polite in their approach when supporting people.

We observed practise and records that showed people had the privacy they needed within their day to day lives. An example of this was how staff knocked on people’s doors and waited for a response before entering their rooms. Support plans identified how staff should protect people’s dignity and privacy when providing care and support. One person had a specific towel that was used to maintain her privacy during personal care support.

Staff promoted personal choice and independence at all times when they were engaging with people. Staff offered people visual choices with regard to food and drink, choice of clothing to wear and used objects of reference to ask people where and how they wanted to spend their time. Staff considered people’s different communication styles and care plans always clearly reflected people’s personal individual needs. An example of this was when a staff member presented two different options of cereal to a person at the breakfast table and tapped on the top when offering the choice. The person supported responded to this approach by making a noise to staff when the preferred option was tapped. This showed that staff understood how to promote good communication, choice and independence with people.

Support plans provided good information about people’s likes, dislikes and preferences in regard to all areas of their care. Staff knew what interested people to help engage in interactions which created opportunity for social interactions. Relatives told us that they were regularly kept informed about changes to their loved ones care and support.

Where people did not have family members to support them to have a voice, the use of local advocacy services was undertaken. Information was readily available for staff to know when and how to access local advocacy services. One person supported had involvement from an advocate who was regularly contacted to ensure that decisions were made in their best interests.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Observations showed that people were actively encouraged to make personal choices about their lives using their preferred method of communication. Support plans clearly identified that individual needs were considered and openly discussed with the person and relevant others.

Support plans were personalised and had been reviewed and updated monthly to ensure that they continued to meet individual's changing needs. An example of this practise was when there had been an increased number of falls for a person. Staff had undertaken a review to consider why the falls had occurred and what actions were required to minimise risk. Actions such as accessing support from medical specialists were undertaken alongside the monitoring and observation of behaviour for review. These actions had led to a review of medication needs for the person and a reduced number of falls. People and those that mattered to them were actively involved in the assessment of their support. Handover and Daily records kept for each person helped to ensure staff had up to date information about people. Staff told us "We have a thorough handover in place to ensure that any changes to people's needs are communicated on a daily basis".

People were provided with equipment such as ceiling track hoists, hoists, bath chairs and adapted wheelchairs which they needed to help with their comfort, mobility and independence. Equipment people used was appropriately obtained following assessments of their individual needs.

Activities were arranged both in a group and on a 1:1 basis for people. The service had access to transport which had been adapted to meet the needs of people supported. Through discussions with staff and a review of records, we saw that activities and events including going to the theatre, local garden centres, shopping and cinema trips had taken place on a regular basis. Access to the local community day services was supported. The service had an in-house snoezelen room which was used to access multisensory experiences for both stimulation and relaxation purposes. Individual bedroom spaces had also been adapted to create a personalised multi-sensory space for people to enjoy on their own Staff had a good understanding of peoples likes and dislikes with regards to activities and considered this when approaching people to discuss what they would like to do. Staff encouraged people to follow their own interests and hobbies.

The home had a written and pictorial complaints and compliments procedure in place. Copies were located within each person's individual file, within the entrance area to the service and staff informed us that relevant others had received a copy for their use. 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. Records showed that the service had not received any complaints. Staff told us "We have a good relationship with family members and advocates and they would speak to us if they were concerned with anything". Staff were confident that any concerns would be addressed quickly by the manager.

Visitors were welcomed at the service and could visit their relatives throughout the course of the day. Relatives told us "We visit four times a week, but we could come more often if we needed too and would always be welcomed" and "We are able to visit whenever we would like making sure timings were suitable for our [relative] too". It was clear that there were no restrictions on visiting times at the service and staff recognised that the service was someone's home.

Good

Is the service well-led?

Our findings

The service was managed by a person registered with CQC since June 2010. The registered manager is currently away from the service and an interim manager is in place to manage the day to day running of the service. The interim manager was not available on the day of our inspection due to prior commitments. Staff informed us that he is very supportive, approachable, diplomatic and had a very good knowledge of the people living at the service and their relatives.

People benefitted from a staff team that felt valued by the registered provider. Staff told us "If we ask for anything the management team are open to our ideas and would do their best to accommodate us". We were told that the management team would always put the person's needs at the centre of any decision making about the service.

There were clear lines of accountability and responsibility within the service. The registered provider had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on support plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.

People's and relevant others views had been gathered in October 2014 through the use of a satisfaction survey. The feedback from the survey was positive and showed that people were happy with the overall service. The service is currently awaiting feedback from the 2015 survey that had been completed by the registered provider. Relatives told us that they had confidence in the management of the home and with the registered provider.

Regular staff meetings had taken place and the issues discussed had included care practices, staff training, equipment and support plans. Staff told us that they felt fully involved in how the service was run.

We viewed accident and incident reports and these raised no concerns with us. These were recorded appropriately and were reported through the provider's quality assurance system. This meant the provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The manager of the home had notified CQC of significant events which had occurred at the service. This enabled us to decide that the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care

Personal records were stored in a locked office when not in use. Staff had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.