







MacIntyre Care Woodacre

Inspection report

38 D'arcy Road
Tolleshunt Knights
Tiptree
Essex
CO5 0RR
Tel: 01621 819769
Website:

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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 10 July 2015 and was unannounced. Woodacre provides accommodation and personal care for up to 15 people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associate Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). Appropriate mental capacity assessments and best interest decisions

Summary of findings

had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLs and associated Codes of Practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Their care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

The management team had systems in place to monitor the quality and safety 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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed

There were systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good



Summary of findings

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Woodacre

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 10 July 2015 and was unannounced, and was completed by one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

We spoke with five people who used the service, one relative, four care staff and one healthcare professional who visited the home and the manager. We also made telephone calls to other relatives and professionals for feedback about the service.

We reviewed five people's care records, two medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan. We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People told us they felt safe living at Woodacre. One person told us, “The staff look after me and keep me safe.” They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. A relative told us, “I don’t need to worry about them, I know they are safe.” One professional told us, “I feel everyone is safe. The staff know what they are doing.”

The provider’s safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear of their roles and responsibilities with regards to keeping people safe, and reported concerns appropriately.

Risks to people’s safety were assessed and reviewed regularly. Care plans showed risk assessments had been completed on areas such as the environment, finances and accessing the community. These risk assessments enabled people to go out and access activities in the community to maximise their independence. For example, risk assessments showed that where people had complex epilepsy issues, there were appropriate numbers of staff and equipment to ensure that this person could be managed safely out in the community.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire.

Staff told us they felt there was enough staff on shift to keep people safe. One staff member said, “We always have enough staff to keep them safe.” Staff told us that although agency staff were used, the Manager made every effort to use consistent agency staff so that people built up relationships with them and subsequently felt safe. Staffing levels had been determined by assessing people’s level of dependency, and staffing hours had been allocated according to the individual needs of people. Staff rotas showed that staffing levels were enough to keep people safe and to meet all their health and social needs. For example, there were enough staff to enable people to go out and participate in external activities such as trampolining and shopping trips. There was a 24hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is a criminal records check, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded.

Medicines records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. We observed someone being given pain relief, and noted they were supported to take their medicine in a dignified way. Staff communicated with them throughout the process and explained what the medicine was for and that it would make them feel better.

Is the service effective?

Our findings

People told us they were happy with the service they received. One person told us, “[staff member] is wonderful. They give me the care I need.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and infection control. This training provided staff with the necessary knowledge and skills to meet people’s needs. One staff member told us they had completed a course to become competent in delivering manual handling training. Staff told us that they were supported with regular supervisions every six to eight weeks and that their professional development was discussed as well as any training requirements.

We observed staff competently use Makaton, a form of sign language used with people who are unable to express their views and wishes verbally, one person wanted to go outside and we saw staff communicating with this person therefore enabling them to make a choice and help maintain their independence.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards were in place to protect people’s rights. They ensured that if there were restrictions in place to prevent people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The Manager had

made appropriate DoLS referrals where required. Care plans showed that where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

We saw that people were provided with choices of food and drink, One person told us. “The food is lovely we are always offered a choice.” Staff supported people to eat and drink sufficiently and to maintain a balanced diet. Care plans contained information for staff on how to meet people’s dietary needs.

The service had appropriately assessed people’s nutritional needs and the Malnutrition universal screening tool (MUST) had been used to identify anyone who needed additional support with their diet. People had been regularly weighed and where necessary referrals had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

People’s care records showed their day to day health needs were being met and they had access to healthcare professionals according to their individual needs. Referrals had been made when required. One relative told us. “The staff keep a good eye on [relative] and call the doctor if needed.” People told us, “I go to the dentist and the optician’s, staff take me”. Details of appointments were documented in people’s care plans. A healthcare professional told us that staff contacted them if they had any concerns at all and that staff all knew people needs.

Is the service caring?

Our findings

People told us staff were caring towards them and always treated them with dignity and respect.

One person said, “They are lovely, very polite and kind.”

Staff had developed positive caring relationships with the people they supported. This was evident from the interactions we observed. Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. Staff respected and took account of people’s individual needs and preferences.

There was a warm and friendly atmosphere in the home with lots of laughter and humour shared amongst the staff and residents. We observed the care people received from staff. All the interactions were polite and respectful. Staff knew the residents well and waited for a response when a question was asked or a choice was given without rushing the person. Where people were unable to verbally communicate, staff looked for a response from the person’s body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

People told us they were given a choice of how they would like their room decorated. One person told us, “I had my room decorated in my favourite colour; the staff did it for me and helped me choose some new things to put in it.”

Another person had sensory needs and we noted their room was decorated with lots of sensory toys and bright decorations and pictures to promote a stimulating environment for them.

Staff were able to tell us about each person’s individual needs and their preferences, specific health issues and their preferred method of communicating. Relatives told us, “The staff are like a family to him. The staff are wonderful they couldn’t do more.” Relatives told us there were no visiting restrictions in place. One said. “We can visit whenever we want to.”

We looked at four care plans and saw that they contained comprehensive information about people’s needs and preferences. The information was clear and there was sufficient detail to enable staff to provide consistent care. We saw that people’s relatives had been involved in the development of care plans, and where this was not possible people had access to advocates who were invited to contribute to the care planning process. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Throughout our inspection we saw staff were courteous, caring and patient when supporting people. We saw people’s privacy and dignity was protected, for example, staff were seen to knock before entering people’s bedrooms, and they closed doors when talking to us about the people to ensure they could not be overheard.

Is the service responsive?

Our findings

People who used the service told us staff understood their needs. One person told us, “I think I am well looked after, I have no complaints.”

Care plans were comprehensive and personalised and gave staff information on how to support people, and this included information on health needs. Each person had a ‘How I like to communicate’ profile in their care plan, this provided information which enabled all staff to be aware of each person’s preferred form of communication. The manager told us that prior to a person being admitted into the service a thorough assessment of their needs is carried out, this enabled the manager to find out if they would be able to meet the person’s needs and if they would be compatible with the other people that already live in the service. They were also invited to come along and visit the service and stay for a meal and then an overnight stay.

We observed a team meeting. This was a time for the staff to discuss the needs of the people and any changes in the care that they needed. Housekeeping issues were also discussed which enabled the manager and staff to discuss and action things that would help the service to run smoothly.

One relative told us staff had requested a certain type of wheelchair so their relative could sit comfortably in it and go outside rather than stay in bed. Staff were able to demonstrate that they were competent in supporting the person to use the wheelchair which had different sitting positions. This enabled them to be as comfortable as possible and prevented them becoming isolated in their bedroom

Some of the senior staff had moved around to work in different areas of the service. Two of the people they supported and had positive relationships with, had requested to move with them. Although this involved changing bedrooms the staff supported them to do this as these relationships were important to their well being.

The service had a designated member of staff who was responsible for co-ordinating a variety of different activities. One person told us, “I like doing cooking the staff help me.” People told us that they go out to the shops and do the house shopping. One person was planning a trip to Lakeside shopping centre at the weekend. People also had access to activities such as cookery and music in the daycentre, which was on the same premises as the service.

Staff helped people to organise their birthday parties, and one person particularly liked animals so staff had arranged for someone to visit and bring in some petting animals for part of the day.

People told us they had been on holiday and showed us pictures and memorabilia which the staff had helped them to create a memory box with.

The service had a robust and clear complaints procedure, which was displayed in each home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. No formal complaints had been received within the last 12 months. Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint.

Is the service well-led?

Our findings

The manager told us they promoted an open and honest approach. The manager and staff were clear about the vision and values of the service in relation to providing compassionate care and encouraging people to maintain their independence. We saw the manager talking to the people in the home in a warm and friendly manner. One person told us, “I would talk to [name of manager] if I wanted anything.” The manager and staff told us about some important potential changes within the service and we were reassured by people that he was supporting them and was open and transparent with his advice. Staff told us, “We can talk to the manager, he has an open door policy.”

Staff told us the service was well organised and the manager had a visible presence within the home and in the daily running of the service. They also told us that he treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem. They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported. This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships with.

An operations manager conducted quality monitoring checks on a monthly basis to check that the systems in place were working effectively to drive continuous improvement. These included the monitoring and management of complaints and safeguarding concerns. Also as part of the quality monitoring process the manager carried out audits to assess the quality and safety of the service, including health and safety checks. We saw that checks were carried out on fire systems, emergency lighting and fire equipment. These checks enabled the manager to identify any areas for improvement and put measures in place to improve the quality of the service.

The provider used a range of ways to seek the views of people who used the service. They had also sent surveys to relatives to seek their views and opinions. We noted from the most recent surveys that there was positive and complimentary feedback from relatives. One relative who completed a survey said, “woodacre is very well run with very caring staff.” Another relative stated, “We have never had reason to complain about the level of care.”

We spoke to professionals and their comments included, “Excellent service, no problems.”

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.