

MacIntyre Care

Daubeney Gate

Inspection report

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07 March 2018

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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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 01 March and 07 March 2018 and was announced.

Daubeney Gate provides care for six adults with learning disabilities. The service provides 24-hour support to people, which enables them to live as independently as possible. The accommodation is over two floors with adapted bathrooms and enclosed garden areas. At the time of the inspection, six people were living at the service.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection, we rated the service as Good. At this second comprehensive inspection, we found that the service remained good.

There was 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.

Effective quality checks had not previously been carried out in order to check that the service was meeting people's needs and to ensure they were provided with a safe, quality service. Staff had not always received regular training and supervision to make sure they had the skills and knowledge to deliver effective care in line with best practice. The registered manager had taken steps to improve the governance of the service, however we needed to be sure they could be sustained and embedded into staff practice.

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Staff had the appropriate personal protective equipment to perform their roles safely. The service was clean and tidy, and regular cleaning took place to ensure the prevention of the spread of infection.

People's needs and choices were assessed before they went to live at the service to make sure their care was provided in line with their preferences.

People were encouraged to shop for, prepare, and cook their own meals. Staff supported them to make healthy choices to maintain their health and well-being. Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People's diverse needs were met by the adaptation, design, and decoration of premises and they were involved in decisions about the environment. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

Staff treated people with kindness, dignity, respect, and spent time getting to know them and their specific needs and preferences. People looked happy and comfortable in the company of staff. Relatives told us they were happy with the way that staff provided support to their family members and that this was always carried out in a respectful and dignified manner. People were encouraged to make decisions about how their care was provided.

People were listened to, their views were acknowledged and acted upon, and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. People were supported to take part in activities that they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

There was nobody receiving end of life care at the time of our inspection. However, there were systems were in place and future planning documents to support people and their families when coming to the end of their life.

Staff worked well together and created a relaxed, friendly, and jovial atmosphere at the service. Staff were positive about the management and told us there had been previous difficulties with a lack of staffing but things had improved recently.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service was not always well-led.

The governance and performance management of the service had not been consistently undertaken to ensure it was reliable and effective.

People and their relatives were happy with the care they received. Staff felt the registered manager was approachable and there was a relaxed and friendly atmosphere at the service.

Requires Improvement ●

Daubeney Gate

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 checked 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 was a comprehensive announced inspection, which took place on 01 March and 07 March 2018. One inspector carried out the inspection. We gave the service 24 hours' notice of the inspection, because Daubeney Gate is a small residential care home and we needed to be sure the registered manager, staff and people using the service would be in. On the first day of our inspection, we visited the service and on the second day, we spoke with relatives on the telephone.

We planned for the inspection by reviewing information the provider had sent us in the Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including statutory notifications. A statutory notification is information about important events that the provider is required to send us by law. We also sought feedback from commissioners that monitored the care and treatment of people using the service.

During the inspection we spoke with three people about the care and support, they received from the service. Some people were unable to engage in conversation with us about their care so we observed them being supported by staff. We also spoke with two relatives and three staff that included the registered manager and two care and support workers.

We reviewed records relating to the care of two people, medicines records and storage, three staff recruitment records, staff training records, management audits and records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Yes." when we asked if they felt safe. A relative told us, "[Name of relative] has always been kept safe. They have lived there for a very long time and they are always happy to go back after visiting us." Staff knew about the safeguarding procedures and how they would raise any concerns if they suspected or witnessed any form of abuse. Care plans contained a section called, 'Keeping me safe' and provided staff with guidance about the support people needed in relation to accessing the community, using transport, what to do in case of a fire and crossing the road. The registered manager had raised safeguarding alerts to the local safeguarding authority and had taken appropriate action to investigate safeguarding matters to protect people using the service.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included accessing the community, swimming, working in the kitchen and using public transport. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. In all the files we examined we found that risk assessments had recently been reviewed in February 2018. The building was appropriately maintained. There were certificates to confirm compliance with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire.

Safe staff recruitment procedures were followed. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable. At the time of our inspection, there were enough staff to support people safely. A relative told us, "Yes there are enough staff to look after [name of relative]. It is very good." Staff told us and our observations confirmed there were sufficient staff at the time of our visit to meet people's needs. Rotas demonstrated that staffing numbers were consistent and sufficient in numbers to meet people's needs.

People's medicines were managed safely. People told us they received their medicines on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Records showed the medication administration records (MAR) were completed accurately by staff and regular medicines audits took place to check people consistently received their medicines safely.

People were protected from the risks of cross infection. There were cleaning schedules in place, which were followed, daily, weekly and monthly and we saw that the service was clean and hygienic. Staff were provided with PPE (personal protective equipment) to reduce the risk of the spread of infection or illness. Training was not up to date for all staff in relation to infection control; however, they understand their roles and responsibilities in relation to infection control and hygiene. One staff member told us, "Hand washing is so important and so is the use of gloves and aprons." Training records showed that all staff had received training in relation to food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. One member of staff said, "I would report anything that was out of the ordinary." The provider conformed

confirmed that incidents and accidents were added to the corporate Accident/Incident reporting tool. They are then reviewed every quarter, trends are identified and measures taken to reduce the number of incidents. Where required, incidents were also notified to the local authority safeguarding team and the Care Quality Commission (CQC)

Is the service effective?

Our findings

Staff told us and records confirmed that all staff received an induction training package before starting work at the service. One told us, "I had an induction and I was able to shadow more experienced staff. It was very good and very thorough." Some staff told us that on-going training had been sporadic. One said, "We went through a spell where training has not been regular. It has started to improve now though."

Staff training records provided to us had not been updated and were not reflective of the current situation. We were informed following the inspection that this was due to technical difficulties. Following the inspection the provider sent us the correct and updated information about staff training. These confirmed that training for most staff was up to date. There were some gaps in staff training and records we looked at showed that where training had expired, dates had been booked for staff to complete.

Staff had not previously received regular supervision and annual appraisals of their work. The registered manager told us that they had addressed this and we saw a supervision matrix in place with dates for all staff to receive regular supervision. This had commenced in February 2018 and most staff had received a one to one supervision with the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff gave examples of how people's best interests were taken into account if a person lacked capacity to make a decision. For example, people were supported to make decisions through the use of care plans, with their involvement. We saw that people had DoLS in place if they were being deprived of their liberty. Authorisation for two people had elapsed; for one person this had been for a thirteen month period. When this had been noticed a DoLS application was swiftly submitted for authorisation.

People's needs had been assessed prior to them moving into Daubeney Gate. Particular attention was also paid to the compatibility of the people living at the service. The assessment covered the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person.

People were supported to maintain a healthy balanced diet. People at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietician and speech and language therapist had been made when required and their advice followed. People were involved in deciding what meals they had each day and helped to prepare them.

The service worked and communicated with other agencies and staff to enable effective care and support. We saw that people had input from a variety of professionals to monitor and contribute to their on-going support. This included reviews and input from funding authorities, and communication and investigation around any safeguarding alerts and concerns.

People were supported to access health care professionals as required and staff told us they supported people to do this. One staff member said, "We support people to visit the dentist, opticians and hospital appointments. Anywhere they need to go really." Records showed that people's health requirements were documented in detail and updated as needed.

Daubeney Gate had been modified to meet people's individual needs. The provider ensured that the environment was well maintained and free from hazards. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms.

Is the service caring?

Our findings

People were treated with kindness, respect, and compassion. One person smiled and said yes when we asked them if staff were kind. Another told us, "Yes, Yes they are." Relatives told us that they were happy with the care and support their family members received. One commented, "I can't praise the staff highly enough. The staff are fantastic, absolutely wonderful. There has been an unsettled period where we lost several staff but they have maintained a kind and caring culture throughout and I'm very thankful for that." Another told us, "The staff know [name of relative] so well. They are close and like family."

It was evident from our observations that the staff and people using the service knew each other well, had good relationships, and were relaxed with each other. We observed that staff treated people with warmth and kindness. People were supported to have maximum choice and control of their lives and staff promoted people's equality and diversity. For example, we saw that one person had a day off from work. They did not want to get dressed and wanted to stay in their pyjamas. Staff respected their decision and did not put them under any pressure to get dressed. One person agreed for us to look around their bedroom, which had been decorated to their taste, and was personalised with objects that reflected their personality, hobbies, and interests.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. For example, we saw that one person was supported to phone their relative several times a week, as this was very important to them. People were also supported to join day and evening social groups to participate in educational, recreational and leisure activities, giving the opportunity to meet new people and make new friendships.

People's dignity and privacy was promoted and protected. Information about people was only shared on a need to know basis. People's care files were kept secure and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. At the time of the inspection, one person was using the services of an independent advocate.

Is the service responsive?

Our findings

People's needs were assessed before a person was admitted to the service to ensure that staff had clear information about people so they could fully meet their needs. People at this service had lived there a long time and there had not been any new admissions.

People received personalised care that met their preferred needs. One person nodded their head, smiled and squeezed our hand when we asked them if they were well looked after. Staff knew people well, and were able to tell us in detail how they provided individualised care. The care plans contained information on people's backgrounds, which helped staff to understand the support people needed and how they could help people to follow their preferred lifestyle choice.

Staff supported people to follow their chosen routines, hobbies, and interests. Educational and recreational opportunities were made available to people to take part in if they wished. Records showed that people attended work placement / day centres and enjoyed going to social events, discos, eating out and day trips.

People had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard; staff knew the way that each person communicated and literature was made available for people in 'easy read' picture formats.

A complaints policy was made available to people and their representatives. This was also available in an 'easy read' picture format. People and their relatives were encouraged to raise any concerns or complaints. One relative told us, "I have made a complaint in the past and it was dealt with quickly. I was happy with the outcome of my complaint." At the time of the inspection, one complaint had been received from a person outside of the service. Records showed that this had been dealt with in line with the provider's complaints policy and had been resolved satisfactorily.

At the time of the inspection, nobody was receiving end of life care. The staff had worked sensitively with people to offer support to plan for future events taking into account people's wishes. The community team for learning disabilities (CTPLD) would support them with putting together a detailed bespoke end of life plan.

Is the service well-led?

Our findings

The registered manager told us that there had previously been difficulties at the service in relation to a shortage of regular staff. This had led to the registered manager often working in the role of support worker. They informed us this had had an impact on the quality monitoring systems and records management at the service. They told us that 'paperwork' had not taken priority but they had ensured people continued to receive good care. We found that during this period the governance of the service and records management had not always been undertaken consistently. For example, not all staff training and supervision had been completed regularly in line with the provider's policies. We saw that staff meetings had not taken place regularly and records confirmed that only one staff meeting had been held in the previous year. We saw that reviews of people's care and support needs had not been completed regularly. For example, we saw that one person had a 'my health' plan that had not been reviewed since 2015. In addition some DoLS authorisations had elapsed and quality checks had failed to identify this in a timely manner.

Following the inspection the provider sent us a range of quality self- assessments that were completed in July and December 2017. These identified areas for improvement, for example a lack of staff training which resulted in arrangements being put in place to update staff with essential training. Supervisions between the area manager and registered manager took place regularly and during this time the lack of supervisions for staff and team meetings were discussed. A health and safety audit was completed on 9th November 2016 and quarterly health and safety inspection were completed. In addition an annual medication audit was completed on 10th October 2017. Quarterly service medicine inspections had been undertaken and we were provided with copies of these. Although the provider had taken steps to improve the governance of the service we need to be sure these can be sustained and become embedded in staff practice to demonstrate how effective they are at driving improvement at the service in a timely manner.

A registered manager was 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 2008 and associated Regulations about how the service is run. The registered manager understood these responsibilities.

We received positive feedback from relatives about how the service was managed. One relative told us, "I think the home is well run. I know they have been through a difficult time but it has not affected the care [name of relative] has received." Another commented, "The manager is approachable and does their absolute best to make sure the care is good. I think it's the best it's been for a while."

Staff worked well together and created a calm, relaxed, and friendly atmosphere at the service. People were relaxed, smiling and laughing with staff. Staff told us the registered manager was very approachable. One member of staff said, "The manager is very down to earth and great to work with. I love working here. There was a shortage of staff a while ago but it is improved now. The manager has worked with us on the floor and understands the difficulties we had." Another member of staff told us, "I feel the management totally respect the staff, our views are listened to."

The service worked with other agencies. The feedback we received from commissioners identified the same issues that we found during this visit. The service was working with them to address the shortfalls. Records showed the service was open, honest, and transparent with outside agencies and professionals. The registered manager raised safeguarding alerts when appropriate, to ensure people's safety and had notified the Care Quality Commission (CQC) of important events, such as alleged abuse or serious injuries as required under their conditions of registration.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors, and those seeking information about the service can be informed of our judgments. We found the provider had the rating on display at the service and on the website.