

# MacIntyre Care Daubeney Gate

## Inspection report

1a Daubeney Gate  
Shenley Church End  
Milton Keynes  
MK5 6EH

Tel: 01908 505245

Website: [www.macintyrecharity.org](http://www.macintyrecharity.org)

Date of inspection visit: 13 & 19 January 2016

Date of publication: 01/03/2016

### 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 inspection took place 13 & 19 January 2016 and was unannounced.

This inspection was carried out by one inspector.

Daubeney Gate is registered to provide care for up to six people with learning disabilities. On the day of our inspection six people were using the service.

There was a registered manager in post. 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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

# Summary of findings

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were very well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professionals when required, including dentists, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

# 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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



### Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received appropriate care or treatment.

Good



### Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



### Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



### Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



# 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 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 13 & 19 January 2016 and was unannounced.

This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in May 2014.

During our inspection we observed how staff interacted with people who used the service.

We spoke with five people who used the service, two relatives of people who used the service, the registered manager and two support staff.

We reviewed three people's care records, three medication records, three staff files and records relating to the management of the service, such as quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Yes I am.” When asked if they were safe. A relative told us they knew their relative was safe.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I would have no hesitation in reporting it.” They went on to explain what they would do and who they would report it to. They also told us that they worked with the people who used the service to try to get them to understand what abuse was and how to tell someone. Staff told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. Staff were aware of the company’s policies and procedures and felt that they would be supported to follow them.

There were notices displayed within the service giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. These included; finance, life skills and out and about. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us they were used on a daily basis to enhance the support provided.

There was an emergency information file available to staff. It contained; contact numbers for staff, people’s relatives, emergency contacts for professionals, cut off points for gas, water and electricity and a set of floor plans. It also contained the missing person’s procedure and an individual page about each person in case they went missing, along with a range of procedures including death of a person, accidents and health deterioration. People had their own emergency plans within their support plans.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider’s policies.

People told us there were enough staff on duty. One person said, “[Names of staff on duty] are here today.” On the day of our inspection there was enough staff to ensure people were able to attend their planned activities.

Staff told us that rotas were flexible if the needs of the person changed for any reason or there were specific activities planned. One staff member said, “There is always enough of us.” Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week. These showed allocated hours were used appropriately.

The registered manager told us that they had a recruitment policy which must be followed. This included appropriate checks, for example; two references, proof of identity and Disclosure and Barring Service (DBS) check. New staff also had to attend the providers mandatory training before being allowed to go onto the rota and were in the process of completing the new care certificate. Records we saw, and staff we spoke with confirmed these checks had taken place.

Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. Training records we looked at confirmed this. The medication file contained each person’s photo, their individual medication protocol and their Medication Administration Record (MAR). MAR sheets we looked at had been completed correctly. Each person had a locked cabinet in their room which contained the medication. There was also a thermometer in each cabinet which staff checked to ensure medication was stored at the correct temperature. The key to the tin was kept in a key safe in the office. Medicines were stored correctly and audited weekly. There had been a pharmacy visit and there were no issues found.

# Is the service effective?

## Our findings

People received effective care from staff who had knowledge and skills in working with them. We spoke with a person who told us, “The staff help me if I want them to.” Staff told us that they knew how to support people as individuals and recognise their specific needs. One staff member said, “We know them well and soon know if they are not feeling well or something is not right.” We saw that this information was recorded in detail within the persons care plan so that all staff could understand the positive strategies in place.

A staff member told us that they had received a week of induction training when they first started. This was followed by shadowing experienced staff within the service. They told us, “We were not allowed to do a shift here until all our shadowing had been completed and signed off.” Records showed that all staff received induction training, as well as ongoing training which was kept up to date. We saw records that showed staff received regular supervision. One staff member told us that “Our supervisions are really good; the manager listens to what we have to say.”

One person told us that staff always gain consent from them before providing them with any care and support. They responded to our questions in a positive way. We observed staff interacting with a person, offering various choices around what they wanted to do that day. The person was given time to take in the information and make a decision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Some people had authorisations to deprive them of their liberty. Staff knew who had and why they had been granted. We saw records that staff had training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and observed that they had a good understanding of people’s capacity to consent to care. We saw that individuals had input into their own care plans and risk assessments within their files which they had signed.

People told us they enjoyed the food provided for them. Staff told us that they had a house meeting each week and between them all decided on the next week’s menu. They showed us picture cards which were used to aid understanding. They also told us how they tried to encourage people to have a balanced diet. We observed a pictorial menu on display in the dining area. The registered manager told us no one was on a special diet but knew who to contact for assistance if required.

People told us that they regularly saw health professionals as required. Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well women and well men clinics. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care.

# Is the service caring?

## Our findings

People were happy with the care that they received at the service. One person said, “I like the staff here; I get on well with them.” A relative we spoke with said, “The staff are so caring and supportive to [person’s name].” Another said, “[persons name] comes home for weekends, but is always ready to go back.”

We observed staff interacting with people in a friendly and caring manner. Staff took time when communicating with people and did so in a respectful way. We saw that staff recognised people’s individual likes and dislikes and supported people to achieve things. We saw that staff members regularly updated people’s files to evidence their changing support needs, likes and dislikes.

People were involved in their own care planning, along with relatives or representatives if required. People had signed service agreements and individual care and support plans where possible. This was evident in support plans we reviewed.

Residents meetings were held regularly. This provided a forum for people who used the service to talk about things

they would like done within the house and things that they would like to do. It also showed us that staff used this forum to communicate information with people about the staff team and company.

People felt their privacy and dignity was being respected. One person we spoke with said, “Staff knock on my door.” One staff member we spoke with also said, “We always knock on doors and wait for a response. If someone is not in, we would not go into their room without them being here if possible.” We saw that people were encouraged to personalise their own rooms and make them a comfortable space. People also told us that they had chosen the colours for the communal areas of the home.

We were told that advocacy services were available should people require them. At the time of our inspection, no one was using the services of an advocate.

There were some areas within the home and garden where people could go for some quiet time without having to go to their rooms. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. A relative said, “I visit on a regular basis and am always made to feel welcome.” Staff told us that visitors are welcomed and people are encouraged to visit.

# Is the service responsive?

## Our findings

A relative we spoke with told us the staff and the registered manager could not be more helpful. One relative said, “[person’s name] is happy there so that makes me happy.”

Staff told us they knew the people in their care but used their written care plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person’s current needs, expected future needs and that they would fit in to the home with the people already living there. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people who used the service, and that choices were offered and decisions respected. For example, what people wanted to eat, where they wanted to sit and

what they wanted to do. A relative told us that their family member was able to make choices about aspects of their life. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. On the day of our visit we observed people going to different activities. One person had the day at home. They went with the staff to do the homes weekly shopping. They told us they liked doing that and chatted to people in the shop. Staff explained that some of the staff in the local supermarket had got to know the person and he enjoyed shopping. When they returned he was able to tell me the names of the staff who had served them. The registered manager told us that one person goes to the animal rescue centre with a member of staff to walk the dogs. The home has a cat which the staff support people to look after.

There was a complaints policy and procedure in place. A relative said, “I know how to complain, but have never had to. If I had a concern I would speak to [registered manager’s name]” The policy was also available in an easy read pictorial format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.



# Is the service well-led?

## Our findings

Staff told us that they received support from the registered manager. One staff member told us, “She is brilliant.” Another told us she had supported them through some personal issues as well as work. We were also told that they could speak to other more senior managers if they needed to and were able to give us names of who they would contact. They said there was an open culture in the home and within the organisation. A relative told us that they could speak with the registered manager at any time, and she was very approachable.

A support worker told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed her interacting with people who used the service and staff; there was a good rapport between them all.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The service had a variety of quality monitoring processes in place. We saw documentation for some including, daily, weekly, monthly and quarterly checks on a variety of subjects including fire equipment and escape routes, medication and vehicle checks. The area manager carried out monthly quality audits and the provider compliance team carried out a full annual audit. Action plans had been developed where required and had been signed off as complete.

Staff told us they had regular team meetings. We saw records of minutes of these. Suggestions had been put forward and acted on.

The registered manager told us that an annual survey is sent out to people and their relative's. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2015 survey. The comments were all positive. The results from this were fed into the service plan by the registered manager.