MacIntyre Care

# Woodland Road

## Inspection report

12 Woodland Road
Whitby
Ellesmere Port
Cheshire
CH65 6PR

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Date of inspection visit:
10 May 2018

Date of publication:
11 June 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |

# Summary of findings

## Overall summary

We carried out an unannounced inspection of 12 Woodland Road on 10 May 2018.

12 Woodland Road is a residential care home registered to accommodate four people who have a learning disability. It is managed and operated by MacIntyre Care. 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 visit, three people were living there.

At our last inspection in November 2015 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People could not verbally tell us about the quality of the support they received. People appeared relaxed and comfortable with staff at all times and the support staff provided was centred entirely on the needs of individuals. The registered provider had introduced communication plans which outlined in detail what each type of non-verbal communication expressed by people meant and how it must be responded to.

Staff had had received training in how to protect vulnerable adults and were clear about how they could report any allegations of abuse. They were also clear about the agencies they could speak to if they had concerns about poor practice within the service.

The premises were well maintained, clean and hygienic. Equipment such as hoists, portable electrical appliances and fire extinguishers were regularly serviced to ensure that they were safe. Risk assessments were in place identifying any potential hazards within the environment that could pose a risk to people and how this risk could be prevented. Personal evacuation plans were also in place to ensure the safe evacuation of people in the event of a crisis.

Assessments were in place highlighting the risks people faced from health issues such as weight loss and malnutrition as well as risks which reflected their vulnerability. These were closely monitored and reviewed regularly.
Sufficient staff were on duty at all times of the day. Staff were always available to attend to people's needs. Staff rotas were available to confirm that there were sufficient staff on duty at all times. Staff recruitment was robust with checks in place to ensure that new members of staff were suitable people to support vulnerable adults.

Medication management was robust and promoted the well-being and safety of people who used the service. Checks were in place to ensure that medication was given when needed and systems in place to ensure that supplies never ran out. Staff who administered medication received appropriate training and

had their competency checked.

Staff received training appropriate to their role. Staff received supervision to ensure that they were aware of their progress and to discuss any needs they had. Group supervision in the form of staff meetings also took place.

The registered provider had taken the requirements of the Mental Capacity Act into account. This included assessments on the degree of capacity people had, how limited capacity would impact on their daily lives and how decisions could be made in their best interest. Staff had received training in the Mental Capacity Act and understood the principles associated with it.

The nutritional needs of people were met. Meals were prepared in a clean and hygienic kitchen. Food stocks were sufficient and staff were aware of the nutritional needs of people and the considerations in supporting them to eat and drink.

Staff provided a caring, inclusive and person centred approach in the way they delivered support to people. They took the privacy and dignity of people into account through practical arrangements such as knocking on doors and in the manner they interacted with people.

People were provided with activities both inside the service and in the wider community. These were provided on a one to one basis and were in line with perceived preferences.

Care plans were very person centred, presented in an easy read format and reviewed regularly in the face of changing needs.

A system for people to make complaints was available.

Although not applicable at the time of our visit, the registered provider had arrangements in place for dealing with situations where people were reaching the end of their lives.

The registered manager adopted an open and transparent approach to running the service and was very knowledgeable about the needs of those who used the service.

Staff told us that they considered the registered manager to be approachable and was running a well led service. This view was echoed by other professionals and relatives who had made compliments.

The registered provider had a number of audits in place to ensure that a commentary on the quality of care could be made and fed back comments from questionnaires to people.

Notifications required by law of any adverse events within service were always sent to us and the rating from our last visit was put on prominent display.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Good. | **Good** |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# 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.

This was a comprehensive inspection which took place on the 10 May 2018 and was unannounced.

The inspection team comprised of one Adult Social Care Inspector.

As part of our inspection, we ask registered providers to complete 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. A PIR was returned to us when we asked.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at three care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service. We also spoke to the registered manager and two members of staff. We also observed care practice and general interactions between the people who used the service and the staff team.

In addition to this we spoke to two people who used the service. The communication needs of people who used the service were such that it was not always possible to gain a verbal account of the support they received. We observed support and interpreted the non-verbal language of people to gain an indication of the quality of the support they received.
We contacted the Local Authority commissioning team. They had not yet visited the service. We also contacted other professionals who were involved with the service.

We looked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. The team had not visited recently with

their last visit taking place prior to our last inspection.

Good

# Is the service safe?

## Our findings

While people were not able to provide us with verbal comments on how safe they felt or other aspects of their support; people who used the service appeared comfortable and at ease with the staff team. Staff interacted in a friendly and gentle manner to ensure that they were reassured at all times.

Staff had a good understanding of how to protect people from abuse and were aware of the types of abuse that could occur. They had received training and were aware of the reporting procedure to raise any allegations with the registered manager. They were confident that in the event of an allegation being made; the registered manager would take the appropriate action. Staff were aware of how to raise care concerns. The registered provider had processes in place to enable staff to raise concerns.

Risk assessments were in place for each person. These were reviewed regularly and a schedule for review in place throughout the year. Risk assessments covered environmental factors that could pose a risk to people as well as individual risk assessments in terms of their nutrition, susceptibility to pressure ulcers and in manual handling support. Risk assessments also explored risks to people's finance interests with checks in place to ensure that people received monies they were entitled to.

Staff rotas were available. During the day, three staff were on duty. One person was in hospital and one member of staff was allocated to support them in that environment. Rotas evidenced that sufficient staff were on duty at all times. Staff confirmed that there were sufficient staff in place to ensure that needs could be met. Staff were available to people who used the service at all times during our visit.

Medicines were stored in locked cabinets in each person's bedroom. The temperature of the room and the cabinet were checked daily to ensure that medication was stored at an ambient temperature. Medication administration records (MARS) were appropriately signed after administration and a robust system of ordering was in place. The preferred and most effective manner of administration was recorded and provided evidence of a person centred approach to ensure that medication could be taken appropriately. Staff had received training in medication awareness and their competency to do this task was assessed annually.

The health needs of people meant that medicines had been prescribed designed to stop prolonged epileptic seizures. The administration of this required specialist training for staff. Staff confirmed they had received this training and this was confirmed through training records and other information in medication files.

The premises were clean and hygienic. Staff had access to personal protective equipment such as disposable gloves and aprons which they used during personal care tasks. An infection control audit was completed to ensure that hygienic practices continued. Cleaning checks were available in the kitchen area to make sure that all surfaces and preparation areas remained hygienic.
The premises were well maintained. Equipment such as hoists and overhead trackers systems which people used throughout the day were regularly serviced.

Where incidents occurred these were recorded. In addition to this any lessons learned from each incident or ways situations could have been handled better were recorded to prevent reoccurrence. Action included, for example, the raising of issues with staff supervision.

The human rights of people were upheld. This was evidence by the robust risk assessment process which sought to confirm the rights of people who used the service, the protection of their financial interests and their right to live in an environment which was safe and that they were free from being exposed to unnecessary risks that could relate in them experiencing harm.

Good

# Is the service effective?

## Our findings

The communication needs of people were such that it was not always possible to verbally gain their views on the staff team and other ways in which they were supported. We observed that people were assisted to eat appropriately and were supported to eat independently where possible. People appeared to enjoy the food and drink they were provided with.

Staff described the training they had received and the skills they had acquired as a result. These included mandatory health and safety topics but also focussed on this issues which reflect the needs of people such as health conditions or support in eating. Staff were aware of the need to ensure that people's human rights were promoted and guidance in doing this was available through policies and procedure provided by the registered provider.

Staff received the supervision they required. This gave the opportunity for their practice to be reviewed as well as looking toward future development needs. Supervision was also provided on a scheduled basis but would be brought forward to enable reflective practice to be examined. Supervision also extended to staff meetings.

One member of staff had been recently employed by the registered provider. They told us about the induction process that they had been through and considered that this had enabled them to settle into their role. For those who had had previous care experience, the induction consisted of a period of shadowing until such time as they were considered competent to work without supervision. This was combined with key training and orientation into the aims and objectives of the registered provider.

Fluid charts were maintained to ensure that people received sufficient hydration. While amounts of fluid were recorded; there were no totals recorded or targets to reach to demonstrate that people were hydrated. We raised this with the registered manager who stated that a pilot scheme to look at food and fluid recording had been set up to look at such issues in the near future.

We looked at how people's nutrition was promoted. Food was prepared by staff who had received food hygiene training. The kitchen was clean, refrigerators and freezers were well stocked and good practice such as recording food temperatures prior to serving took place. The kitchen had received a five star rating at its last food hygiene inspection which is the best rating a service can get.

Menus were available yet these serve as a general guide for staff and were changed on a regular basis to cater for trips out or weekly takeaways. Records of food provided were maintained. We witnessed people having breakfast and later lunch. People were assisted to eat where applicable but independence was encouraged in drinking. Staff adopted a supportive approach to people during these times.

People were assessed as having swallowing difficulties. Guidelines drawn up by speech and language therapists were available giving clear instructions on the extent to which meals such needed to be blended as well as taking the person's posture and the immediate environment into account.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated an understanding of the principles of the Mental Capacity Act and confirmed that they had received training in this. Staff were also able to explain how deprivation of liberty safeguards could assist in enabling people to make choices about their lives.

The registered manager had applied for deprivation of liberty safeguards for all people living at Woodland Road some time ago but had not received any feedback from the Local Authority. The registered manager had recently made fresh applications. In the meantime, a best interest process was used in order to ensure that the best possible outcome for people could be achieved.

The design of the premises was suitable for the needs of people who lived there. All people required assistance with their mobility and in being transferred from bed to wheelchair, for example. Suitable lifting equipment was available in the form of portable hoists or overhead tracking hoists to ensure that people could be supported appropriately. The width of doorways and corridors meant that people could be supported to use wheelchairs and to move freely within the building. One room had been converted into a light sensory room. This enabled people to spend time in an environment which stimulated their sensory and to provide a feeling of wellbeing. Easy access was available for people to use the garden area. This was a pleasant area which was spacious and not overlooked. The registered manager had made plans to include raised beds and create a sensory garden to enable people to further enjoy the garden area.

Good

# Is the service caring?

## Our findings

While no one living at the service could verbally communicate their views on how caring the service was, we did see compliments and comments made by relatives and other people involved in the service. Comments from health professionals included "I honestly have not seen carers who are so dedicated and lovely with people, they are an absolute credit to Macintyre", "I am genuinely touched by how lovely the staff are and to have an entire team like that is nothing short of amazing" and "People are cared for and staff give 110% care for people". Further comments included "[Staff] are an excellent group of carers" and "They go the extra mile".

Staff spoke to people at all times and included them in conversations. Staff gave positive feedback to people commenting positively on their appearance. Their approach was caring, kind and inclusive at all times. People who used the service responded positively in their body language and through eye contact. One person responded to staff with laughter and smiling as a sign that they appreciated the approach staff used.

The privacy of people was promoted at all times. When people were being supported with personal care, staff ensured that doors were closed at all times. Staff provided us with practical examples of how they promoted people's dignity during such tasks by outlining how they knocked on doors, closed curtains and ensured people were covered with towels when undressed. We observed staff knocking on doors at all times before entering bedrooms and bathrooms.

The individual ways in which people communicated had been assessed and taken into account and embedded in care practice. Details were available to staff as to what certain postures or body language displayed by people meant. This included details of how people expressed they were happy or whether they were in discomfort. This was individual to each person and this had been fully taken into account and communication plans had been updated and reviewed.

Information was provided to people verbally. Other ways had included using symbols and photographs summarising what was provided in text. While it was difficult to get verbal feedback from people on how effective this information was for people; this demonstrated that the registered provider had sought to seek alternative ways of helping people understand the information they were presented with.

Consent to tasks was gained verbally with staff being able to gauge from non-verbal communication as to whether people were happy with what staff were doing or otherwise. Staff knew each person sufficiently well to know what interventions people would be happy with and what situations they would feel uneasy about.

One person was in hospital at the time of our visit. One member of staff from each shift would visit the hospital and spend time with this person ensuring that there individual preferences, daily routines and needs would be met by a familiar face. This demonstrated that the staff team sought to ensure that the person was comfortable in an unfamiliar and potentially distressing environment and further demonstrated a caring approach to those who used the service. This mean that while the medical needs of this person could be met by health professionals; the routines and preferences in daily routines could be met by familiar

staff. Staff would then return after each shift and provide a summary of progress for this person to the rest of the staff team and we observed this process in action.

Good

# Is the service responsive?

## Our findings

Relatives had been complimentary of the staff team in responding to a recent medical emergency. Staff had been inventive in dealing with a practical problem in order to assist with a recent emergency admission to hospital. They said "The staff team certainly got it right and they are an excellent team of carers".

While people had lived at Woodland Road for some time, there was evidence that assessment information relating to their needs before they came to live there was in place. A gradual process of short stays for mealtimes increasing to overnight stays gave staff, other people and the individual a chance to become accustomed to a new person coming to live there. The assessment process included local authority documentation of needs as well as "getting to know you" document devised by the registered provider which gave a full account of all people's needs and what everyone needed to take into consideration.

Once a permanent place is offered, information is then translated into a plan of care. All care plans we looked at were very detailed and person centred. All preferred routines for all times of the day were outlined giving staff a clear guide to what the person preferred and what they needed to ensure effective support. The care plans included those people who were important to the person, the people who were important to the person, and the positive ways in which the person presented themselves to others and an indication of their aspirations and how to successfully support them.

Care plans were presented with a guide on how every intervention would effectively support that person and meet their needs. Detailed interventions included how to meet personal care needs in a step by step format, how to administer their medication, their preferences in respect of meals and their preferences in respect of activities. All care plans were reviewed regularly and such reviews included the person themselves with invitations sent to all those who were significant others in their lives.

Activities provided were individual to each person. Some people attended local day services. Others participated in activities that they had pursued for some time, such as horse riding for example. Other activities included one to one activities such as personal shopping or to places of local interest. The availability of a sensory room provided people with an additional outlet to enjoy time on their own in a stimulating environment.

A complaints procedure was available. This was presented in a written format as well as pictorial format for people with limited communication skills. No complaints had been received by the service. The registered manager explained that informal comments from relatives were received yet these were addressed prior to them becoming formal complaints. Our records confirmed that we had not received any complaints about the service. The registered provider had a system for recording and recognising compliments. Any compliments received were made known to the staff team. Recent compliments included relatives thanking staff for their care and support as well as commenting on how responsive the staff team had been in dealing with a recent medical emergency.

While no one was receiving end of life support, the registered provider was mindful of gathering information

and wishes in advance. These included completed 'do not resuscitate' forms and other considerations to be made when someone had passed away.

Good

# Is the service well-led?

## Our findings

The communication needs of people were such that it was not always possible to gain their views on how the service was run. Relatives found the management team to be approachable and that their relation was in safe hands. Health professionals told us that they considered the service to be well run and this had had positive outcomes for people who used the service.

A registered manager was employed by the registered provider. They registered with us in 2011. 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 was present during our visit. The registered manager demonstrated a detailed knowledge of all the needs of the people who used the service. Staff considered the registered manager to be very supportive and approachable and expressed that that the service was well run because of the registered manager's commitment to 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. Where action was needed, there was a clear process for identifying the required improvements and taking action to address them. This extended to the recording of accidents and incidents whish were recorded, analysed and then action taken to prevent reoccurrence either through staff training, staff supervision or new care practice.

Other measures were in place to ensure that an indication of the quality of support could be gained. Surveys had been sent out to relatives and other stakeholders. This had included an easy read document for those who used the service. The results had been fed back to the registered manager and these were positive. The registered provider had devised a system whereby the registered manager could self-assess the quality of support provided. These were in turn reviewed by an area manager.

Partnerships with other agencies had been fostered by the registered manager. These included links to day services, speech and language therapy teams and learning disability teams. One person had been admitted into hospital and a discharge home was being considered. The registered manager had had meeting with other professionals in order to enable appropriate support to be provided if a discharge from hospital was to occur. This ensured that the person's needs and best interests were taken into account.

The registered provider reviewed their policies and procedures on a regular basis. All policies and procedures were up to date. New ways of working had been introduced. One included a new process for handover which included person centred issues. A new system for recording potential health issues had also been introduced. This demonstrated that the registered provider was seeking to introduce new ways of

working to the enhancement of the support provided to people.

By law, all registered providers must display their most recent rating within the building and, if applicable, on their website. This is to ensure that registered providers are transparent about the quality of support within their service. A copy of the most recent rating was on display within the service and an easy read summary was also on display. Rating information was also displayed on the registered provider's website.

The registered manager was aware of the need to notify CQC if any adverse incidents affecting the wellbeing of people who used the service occurred. Our records indicated that this was always done when necessary.