

MacIntyre Care

Montfort Fields

Inspection report

12 Montfort Fields
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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 ●

Summary of findings

Overall summary

About the service: This service supported people with learning disabilities and/or autism. It was registered for the support of up to five people. Five people were using the service at the time of the inspection

What life is like for people using this service:

- People had developed strong bonds with staff who knew them well. People were at ease with staff, and enjoyed sharing a joke with them. Relatives were very positive about the caring relationships which had developed between their family members and the staff supporting them. One relative told us, "I can't fault the staff."
- Staff spoke warmly about the people they cared for. People were confident to ask for assistance and reassurance from staff when they wanted this.
- People made many of their own day to day choices and decisions. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff promoted people's rights to privacy and dignity and celebrated people's independence.
- People were supported to stay as safe as possible by staff who understood risks to people's safety.
- There were sufficient staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed. People's medicines were reviewed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. One relative told us, "Staff know what they are doing and do a tremendous job."
- Staff supported people to have enough to eat and drink so they would remain well. Meals were served at the times to suit people.
- People had good access to other health and social care professionals. Where people required an admission to hospital to address their health concerns, Montfort Fields staff continued to support them. This helped to ensure people experienced consistency of care and good levels of well-being and physical health.
- 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 supported this.
- Staff ensured people had opportunities to do things which they enjoyed in the community and people were supported to keep in touch with others who were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and care provided as people individually preferred.
- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives were known. The registered manager planned to further develop the care available to people at the end of their lives, so their wishes would be responded to.
- Relatives highlighted how good the communication was with the registered manager and staff team. One relative said, "We have regular meetings, and the [registered] manager is doing a really good job."

- The registered manager and provider checked the quality of the care provided and sought suggestions for improving people's care further. Suggestions were listened to and acted on.
- The registered manager kept up to date with best practice developments, so they could drive improvements in people's care.
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Montfort Fields was published on 21 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Montfort Fields

Detailed findings

Background to this inspection

The 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.

Inspection team: Two inspectors carried out the inspection.

Service and service type: Montfort Fields is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with two relatives, to gain their views about the care provided. We also spoke with the registered manager and four care staff.

We reviewed a range of records. This included three people's care documents and multiple medication and records. We also looked at records relating to the management of the home and checks undertaken by the registered manager. For example, systems for managing any complaints, checks on medicines administered

and feedback provided by relatives of people living at the home.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.
- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.

Assessing risk, safety monitoring and management

- People's safety needs and risks were assessed and their safety needs considered when their care was planned.
- Relatives were positive about the way their family members were supported to live their lives to full, whilst maintaining their safety. One relative said, "We do talk about safety. They [staff] get the balance right."
- Staff supported people to do things they enjoyed doing whilst maintaining their safety. People's safety and well-being was monitored and plans to keep them as safe as possible were regularly reviewed. People's wishes and the views of their relatives and other health and social care professional were considered as part of this process.
- Staff promptly assisted people when they needed support with their safety.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment.
- There were sufficient staff to care for people at times to suite people. New staff had been supported to understand people's safety and well-being needs.
- Staffing levels were based on the needs of people living at the home.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections. Staff followed the training they received to promote people's health.
- The home was well maintained and clean.

Learning lessons when things go wrong

- Staff communicated information about incidents so any learning could be taken, and risks to people

further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessments were informed by specialist advice provided by other health and social care professionals.
- The wishes of people and the views of their relatives and staff were considered when people's needs were assessed. This helped to ensure people's care preference and needs were understood.

Staff skills, knowledge and experience

- People were confident to ask for assistance from staff.
- Staff were positive about the training they had undertaken and the opportunities they had to develop their skills further. One staff member told us, "It's not just left once you are trained. [Senior staff] observe your practice, such as personal care, so they know you are competent."
- Experienced staff worked alongside new staff so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to remain well. Where people needed support to maintain their safety when eating this was provided by staff. For example, if people needed a specific texture of food, to promote their safety.
- Staff regularly encouraged people to have enough to drink and the timing of meals reflected people's wishes.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- Staff understood people's physical health and well-being needs. People were supported to attend routine health appointments, such as GPs and dentists, so they had access to the healthcare they needed.
- Relatives gave us examples of additional care provided to their family members, so they would be fully supported by staff when receiving treatment from other health and social care professionals. For example, people received support from Montfort Fields staff when admitted to hospital. This helped to ensure people's needs and preferences would be fully understood by the health staff providing their treatment.

Adapting service, design, decoration to meet people's needs

- People's rooms reflected their interests and what was important to them. Sensory items were available for people to enjoy using, and some people chose to display photographs which enabled them to connect with people who were important to them. People could enjoy a number of communal areas to spend time quietly, or to socialise as they wished.

Ensuring consent to care and treatment in line with law and guidance

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 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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's smiles illustrated they liked the staff who cared for them. We saw people wanted to engage with staff, and people were confident to approach staff if they wanted assistance.
- Relatives told us staff were very caring. One relative told us, "From my heart, I can say the staff are really brilliant. They genuinely care about the people living there. I know [person's name] is loved. Staff love all the people there. What more could I ask for?"
- Staff were very positive about their relationships with the people they cared for. One staff member said, "I adore the service users. Staff don't tend to leave here, because we are supported, and because the service users are important to us all."
- People were cared for by staff who knew them well. For example, we saw staff understood people's preferred ways of communicating and their sense of humour, and used this when caring for them, so people were relaxed and enjoyed life at the home.
- Staff understood how people liked to be reassured, and promptly and gently supported people through a hug, or eye contact, as people wished.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own choices about their day to day care. This included how they wanted to spend their time, and what assistance they wanted. One staff member said, "If [person's name] wants a drink, they hold my hand and take me to the kitchen hatch."
- Staff took time to softly explain to people how they intended to support them and checked people's reactions to confirm they agreed to planned care.
- Staff explained relatives were also involved in supporting their family members to make decisions about their care and life at the home. For example, one person and their relative were working with staff to decide how their room was going to be decorated, so this would reflect the person's personality and interests.

Respecting and promoting people's privacy, dignity and independence

- People's right to dignity and independence was promoted in the way their care was planned. For example, staff were given clear instruction on how to support people so their personal care needs would be met in a dignified way. Staff also took time to acknowledge when people had achieved something independently, and celebrated people's achievements.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People's care plans reflected their what mattered to them, their histories and likes and dislikes. Relatives views were considered when their family member's care was planned and reviewed. One relative told us, "We can have our input, and make suggestions." One staff member told us, "We have link worker meetings with parents, so we can all consider what's working well, and if anything needs to be changed."
- People's assessments, care plans and risk assessments provided staff with the information they needed to support people as people wished. For example, if people had any meal preferences, how people liked to spend their day and what assistance people needed to manage their health.
- Staff were also given guidance on how to support people to express their unique needs and lifestyle choices, and considered if people needed specific types of environments to flourish and have a good level of well-being.
- Staff were encouraged to contribute to regular reviews of people's care plans, so people would continue to have the care they wanted as their needs changed.
 - People were supported to do things they enjoyed. This included hydrotherapy sessions, carriage riding and meeting up with friends for lunch. Staff regularly checked people had the support they needed to do things that interested them and people's wishes were listened to.
 - The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, promotion of independence and inclusion. People living with learning disabilities at Montfort Fields were supported to live as ordinary a life as any citizen.
 - The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods.
 - One relative told us, "[Person's name] communication has improved so much. It's because staff spend time with them, and talk to them."

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- Plans setting out people's wishes at the end of their lives were informed by consultation with people's families. The registered manager told us they were committed to meeting people's preferences at the end of their lives and was planning further work with other agencies to realise this.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People had contact with registered manager regularly because the registered manager also provided care to people. This helped to assure the registered manager understood people's changing needs.
- Relatives were very positive about the way the home was run and told us the registered manager and staff were open and supportive. One relative told us because of this, "I trust [registered manager's name]."
- Another relative said because of the way staff were led, and focused on people's need, "You know [person's name] is being looked after really well."
- Staff enjoyed working at the home. One staff member said, "The best thing about working here is the [people] and staff, there's a relaxed atmosphere."
- The registered manager had put systems in place to enable information sharing across staff teams and to promote team work for the benefit of people living at the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood the registered manager's vision for the home. One staff member said, "[Registered manager's name] wants them [people] to have as independent a life as they possibly can, to choose what they want for themselves and do things they enjoy. To live their life as they want."
- The registered manager told us, "There's a good connection between the people living here and staff. I want this to continue. I want the absolute best for people, and for them to stay here as long as they want, with people who know them. I want people to be given opportunity to do things they like and to keep in touch with their families."
- Staff were supported to understand their roles through regular meetings.
- The registered manager told us they were supported by the provider to understand regulatory requirements and with resources to develop people's care and the home further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager consulted with people and relatives, so they could ensure people had access to of support they wanted and people's needs continued to be met. This was done through obtaining feedback from relatives at review meetings and through surveys. We saw the survey results were positive.
- Staff told us the registered manager encouraged them to make any suggestions they had to improve people's care further, such as interesting things for people to do, and their suggestions were listened to.

- The registered manager gave us an example of the effective way they had worked with several other health and social care professionals, so a decision could be made in a person's best interest. This had enabled the person to remain at the home, with people and staff they knew well.
- Staff highlighted there were good working relationships built with district nurses and GPs, and gave us examples of how this benefited people, when they required support with their health and well-being.

Continuous learning and improving care

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed, and the environment at the home was safe.
- The registered manager kept up to date with best practice through meetings with the provider's other managers, attending conferences and training, so they could be sure people were supported to enjoy a good quality of life.