MacIntyre Care

Oakwood

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an announced inspection of Oakwood on Tuesday 27 October 2015. We also inspected staff recruitment records at the provider's regional office on Friday 13 November 2015.

Oakwood is a five bedroomed detached house in a residential street in the Rock Ferry area of Wirral. The home was registered to provide care and accommodation for five people. The home provides support for people who have a learning disability.

The building was over two floors, four bedrooms were upstairs and one accessible bedroom was downstairs, an additional room served as an office on the first floor. The home had a large lounge, separate dining room, kitchen, utility room and two bathrooms. There was a garden to the rear of the building and a driveway at the front. The home was fully occupied.

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.

Summary of findings

Everybody who lived at Oakwood was home at some point during the day of our visit. We were able to communicate with them and observe their support. We were able to see how the care staff communicated and interacted with people, we also observed support during one lunch time.

Oakwood was homely with a friendly atmosphere. We observed that people living at Oakwood were relaxed and happy. People were supported in all areas of their day to day life at home and in the community. People were enabled to pursue individual interests and were encouraged to try new things.

We noted the relationship between the manager and the care staff was supportive and positive. We saw from records and were told, that the staff team had a history of learning about the people they cared for, respecting and listening to their needs and preferences.

We found the care staff to be knowledgeable, supported by the manager and well trained. Regular supervisions, team meetings and informal discussions as a team had led to new ideas and learning. The team challenged themselves and each other in making sure they followed best practice in their care.

The home was well decorated, well maintained and safe. Regular checks, repairs and audits had been completed. Each person's room was in an individual style chosen by the person and decorated with personal items. The gardens were well kept.

We found that people's care files were comprehensive, creative and person centered. These documents showed how the individual wanted to be supported and ensured that their health needs were met. Documents were in different formats, such as pictorial and easy read and individualised to the person.

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.

We found there were sufficient knowledgeable and well trained staff, matching the assessed needs of the people living at Oakwood.

Staff were safely recruited into the organisation and had a good knowledge of safeguarding and medication administration.

There was evidence that incidents and accidents were documented and learned from. The building was well maintained and safe.

Good

Is the service effective?
The service was effective.

We observed an embedded culture of learning at Oakwood. Care staff had a thorough induction into the role and had an on-going training program. Staff received regular supervision and attended regular team meetings.

Staff understood and applied the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards and had made the appropriate referrals.

The home was clean, homely, well decorated and free of clutter.

Good

Is the service caring?
The service was caring.

People appeared happy to be living at Oakwood, those who were able to told us so. Interaction between people living at Oakwood and the care staff was friendly, kind and respectful.

We observed repeated examples of people being listened to and their preferences acted upon.

Documentation and the culture on the team promoted equality, dignity and respect for people.

Good

Is the service responsive?
The service was responsive.

People had detailed, individualised and person centered support plans. People also had plans identifying health needs. There was evidence that these plans had been acted upon by the care staff.

People were actively encouraged to pursue their individual interests and to explore trying out new things.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a long standing registered manager in place who was well respected by the care staff. They were very visible and knew the people they supported well. The manager had an open door policy which meant that staff and people supported could always discuss anything they needed to with the manager.

Regular audits and checks regarding the effectiveness and safety of the home had been completed by the manager.

Oakwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 October 2015 and was announced. Notice was given the evening before the inspection, because the service was small and the manager was often out supporting staff or providing care. We needed to be sure someone would be in.

The inspection was conducted by an adult social care 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 also consulted the CQC database and the views of one of the local authorities Quality Assurance team who visited on the same day.

During the inspection we spoke with the manager and the three care staff working at the home during the inspection. Due to not knowing people's different communication methods, we were only able to speak with one person living at Oakwood. However we observed the care and support of everybody living at Oakwood during the inspection.

We looked at the Care records for three people living at Oakwood. We also looked at the files for two staff members. Staff recruitment records were looked at when we visited the organisation's regional office. We also saw records relating to the running of the home, such as administration, safety, audits and training records.

Good

Is the service safe?

Our findings

Safety was an imbedded part of the culture at Oakwood. One staff member told us, "We are not told once, we are taught".

We found there were sufficient staff employed by the home, with two or three staff working during the day and one waking staff member working overnight. We saw that this matched the assessed needs of the people being supported. There was very little use of agency staff, or staff from outside of the team at Oakwood, promoting consistence of support. The manager showed us how the overnight person was able to call for assistance if necessary from a senior member of staff in the organisation, using a 24 hour 'on call' system. The numbers of staff at the home was determined by the manager and parent organisation using a 'staffing levels assessment' tool, this was updated annually unless a change in support need is identified. This had recently been adjusted at Oakwood due to a person moving in.

Safeguarding training was provided for all new care staff, with reviews for existing staff. Care staff we spoke to had a good knowledge of safeguarding and were able to clearly describe the actions they would take if they had reason to believe somebody was at risk in any way.

We checked the medication and Medication Administration Records (MAR) for four people. The medication was usually stored in each person's own room, unless it was assessed as unsafe to do so, then it was stored in the staff office. We found that medication was correctly stored in a locked cabinet and the temperature was monitored. We noted that the medication was administered safely and correct records were kept of the medication taken by each person. Medication taken on an 'as required' basis (PRN) was clearly documented and recorded.

In the medication file there were additional documents. One was a document giving an overview of the person's medication and any possible side effects. We were shown an example of how this had recently been used to give feedback information to one person's GP. Healthcare changes were also noted. We saw another example of information being fed back to another person's GP, which contributed to a change of medication.

There was also a, 'how I take my medication', document, which outlined the best way to support a person to take their medication. During our visit we observed that one person's medication dropped out of their mouth whilst they were taking it. We saw the person was well supported and the incident was managed effectively by the care staff.

Each person had a 'grab file' which could be quickly accessed in an emergency. This contained all the medication and emergency medical information for each person.

New staff were supported thoroughly to make sure they are safe administering people's medication. After training and an initial assessment, they were observed four times in their practice and deemed competent in all observations, before being able to administer medication unaided.

On one recent occasion a person missed their medication for two days. There was confusion due to a person's GP reducing one of their medications. When this was discovered, this was dealt with effectively.

We saw people's day to day money was kept in their rooms. We noted that monies were checked daily and signed for by staff during the day. This ensured people had access to their monies whilst their money was kept safe.

The manager had a record of requested maintenance jobs pending. We saw that the maintenance of Oakwood was well managed and the home was in good repair. The home was kept safe by the completion of a quarterly health and safety audit by the manager. This audit checked the following had been completed; testing of electrical equipment for safety (PAT testing), fire alarms, fire extinguishers, gas safety checks and equipment used for lifting people. All checks of equipment were within date and had been completed by competent persons. People's care files showed that they had emergency evacuation plans in place.

Fire evacuation audits were completed twice a year. Each team meeting included a refresher of a different safety topic, recent examples were; managing incidents, managing a gas leak, somebody choking, and procedures when a person is missing. We saw evidence of six team meetings taking place in 2015 each covering a safety topic.

Staff recruitment was organised by the regional office of MacIntyre with input from the manager at Oakwood. Recently two new members of staff had been recruited. We attended the regional office of MacIntyre to inspect the recent recruitment process used for these people.

Good

Is the service safe?

We found that staff were recruited in a safe and thorough manner. Candidates applied for the roles by application form. The regional office processed the suitable application forms for the 'frontline manager' to shortlist. It was explained that the home manager will know the people cared for better and will be able to match the interests of the people cared for and the profile of the role, with the candidates who applied.

In addition to an application form MacIntyre use a questionnaire, this 'assesses key personality characteristics in relation to an individual's potential'. The information gathered in the questionnaire can be used to decide which interview questions are focused on to explore in more depth, people's suitability for the role of a care worker.

Interviews were scored by a panel of at least two people. We found that the provider was thorough in obtaining and then checking the authenticity of people's references from at least the previous two employers, in addition to any personal references supplied. Candidate's identification, their right to work in the UK and a criminal records check (also known as a DBS - Disclosure and Barring Service) were checked thoroughly before people started in their role.

This meant that the systems in place showed that the organisation was effective and ensured people were recruited safely and appropriately.

Records of incidents or 'near misses' were kept and reviewed by the manager and discussed in team meetings. The manager told us they looked at these for areas of learning and explored these in team meetings. There was a log of recent incidents that was kept with the daily records in the dining room. We saw that staff recorded any concerns they had relating to the people they supported, ensuring information was documented appropriately and in a timely manner. We were told by a staff member that this was to ensure that staff can check daily, to make sure they have the most up to date information and to make sure they are aware of recent events. The incident records were used to communicate with health professionals, to complete reviews and they were also used to provide information for team meetings. This meant that this use of information kept staff members informed and enabled care staff to keep people safe.

People's care records contained an up to date risk screen, identifying the likelihood of a risk occurring and the impact on a person if it did occur. A risk assessment was then completed for each risk identified on the risk screen. Risk assessments had been completed for activities ranging from, risks during personal care to accessing the community. We saw suggestions on the assessments to minimise risks, the care staff took calculated and mitigated risks that would result on a positive impact on a person's life.

Good

Is the service effective?

Our findings

One of the staff we spoke with, described Oakwood as a, "Continually learning environment", adding that it, "Keeps me on my feet".

Another staff member explained to us that they had received training by 'e-learning' and face to face training courses. Staff described an on-going training program. Some staff had been on manual handling training the week before which was a face to face practical course on helping people move safely.

Care staff received a programme of on-going training. The manager showed us the training matrix for 2015 which highlighted which training refreshers were due for existing staff and the provider's mandatory training for new staff. We saw that this was clear, organised and highlighted that most of the training scheduled for 2015 had been completed. Some of the care staff we spoke to had obtained NVQ's in Health and Social Care, with the support of the provider.

We saw that staff files contained information about training courses which had been completed. The training recorded included, safeguarding, whistleblowing, infection control, risk assessments, mental capacity act and fire awareness. We noted that some of the training required follow up workbooks which we saw had been completed.

Training was provided through face to face and computer based 'e-learning'. Training was provided internally and by outside training providers, for example the local fire service. The manager was able to use the training matrix to demonstrate quickly which training staff had received and what training they were due to complete.

Staff received 'in the workplace' practical induction training alongside their structured training program, for example in health and safety and medication administration. Only at the end of this induction program were they 'signed off' to work unsupervised.

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 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.

The manager at Oakwood was knowledgeable about the MCA and DoLS. We asked care workers about their understanding of the Deprivation of Liberty Safeguards (DoLS). One staff member told us, "We don't take for granted that people don't have capacity". We found the care staff we spoke to had a good understanding of DoLS and the main principles, such as assumed capacity and using the least restrictive option. Another staff member described how they related to any restrictions that may be upon a person and how you have to, "Prove why you do something, because people may not be able to communicate to you". The care staff knew which people at Oakwood had a DoLS in place and for what reason. The care staff told us they had contributed to 'best interest' decisions.

In people's care files we saw documents relating to making decisions on behalf of a person, which showed that the manager and care team endeavoured to make sure those decisions were in a person's best interests. Some examples included decisions for people to continue living at Oakwood, to have a high level of supervision, or for the kitchen to be locked at night and other restrictions that have been deemed to be in a person's best interests.

Some people's DoLS had recently expired. The manager had ensured that new applications had been put forward in the recommended timeframe and was waiting for them to be processed.

The manager told us that they have a 'no restraint' policy at Oakwood. They described it as, "No hands on at all". They went on to show us that they were working on positive behaviour support, and they described it as, "Managing behaviours in a better way".

Good

Is the service effective?

We found that any restriction to a person's freedoms was clearly documented in a person's care guidelines and the decision making process was clear.

We however noticed that all people at the home contributed toward and had access to, a vehicle for trips outside the immediate neighbourhood; this was called the 'house vehicle'. A document in people's care file said this was a mandatory contribution. We were not able to find out how this decision was made on behalf of people lacking the capacity to make such a decision. Or how this decision was deemed to be in a person's best interests. When we asked the manager we were told this contribution was not mandatory, the document in people's care files contradicted this.

We talked with a staff member whilst they were supporting one of the people living in the home. They demonstrated that they were very knowledgeable about the person's needs and health concerns.

We saw that care records recorded up to date health information. One of the documents used was a 'health action plan' and in the files we reviewed we saw that these were comprehensive and up to date. There were yearly health action plans going back several years, these showed consistency and that they had documented changes in respect of on-going health concerns and relevant changes to people's care needs.

We also saw documents showing that people were supported to have annual health reviews with their GP. These again went back to previous years. People also had health passports, which provided essential information for health professionals about the person in case of an emergency admission into hospital.

Staff told us that they receive regular supervision and we noted that records were made of these supervisions which were recorded in staff files. These records showed a pattern of regular supervision and the details of subjects discussed during each supervision. The supervision process was used by the manager to ensure the use of best practice and to keep staff up to date. This meant that staff were well supported.

Care staff prepared the meals and some of the people living at Oakwood helped them with tasks they were able to do, such as helping to set the table. Some people helped with menu planning. One staff member explained how people who found it difficult to communicate, were supported by staff who observed and noted what they had liked to eat in the past. They gave an example of one person who did not use speech, but who had appeared to really enjoy any food on the menu which was spicy. As part of this person's support plan staff now make sure there is spicy food, such as a curry, often as a menu choice. Another person could eat without support at lunch, if a sandwich is cut up into 'eights' making the pieces smaller. The person told us how they like this being done for them as it's helping them stay independent.

Good

Is the service caring?

Our findings

One staff member told us, "I just enjoy my job, there is something about this place". Another staff member told us that they viewed their role as, one of "Always learning from the people we are supporting".

The interaction between people living at Oakwood and the care staff was friendly, kind and respectful. Staff were professional and friendly, without becoming over familiar. We observed people being supported in a way which promoted their dignity and showed them respect.

One of the people we spoke with who lived at Oakwood pointed over to a staff member and said, "I like him, he's a nice fella". We witnessed a positive, supportive and friendly relationship between people living in the home and the staff who supported them.

We were told by a staff member who supported one person, when the best time to speak with them was. This demonstrated how well the staff member knew the person and how the person's wishes were treated with importance and were respected.

One staff member we spoke with told us that at Oakwood they, "Very rarely use agency staff". They explained that they, "Try our best not to use strangers", explaining that, "I wouldn't like somebody I didn't know coming in. Why would they? It's about thinking how would you want to be treated".

People were actively involved in the planning of their care. The care plans produced by the staff demonstrated this. One document highlighted the difference between what was important 'for' and important 'to' a person. It then went on to list what the person had communicated what was the top five most important things 'to' them, helping to ensure that these are treated as most important.

A 'my wish list' document made a record of aspirations that people had for themselves. When we checked the daily logs and activity records it was evident people had been supported to achieve some of their aspirations. .

A document entitled, 'what people like and admire' about a person was kept in people's care files. This was contributed to by care staff and guided them to look at people's qualities and abilities rather than focusing on people's disabilities. There was evidence that people were involved in their own care plans, with accessible picture based documents. This enabled people to be involved in their care and promoted a caring culture.

Good

Is the service responsive?

Our findings

People appeared to be happy living at Oakwood, there was a nice atmosphere. One person who had recently moved into the home told us they were, "Glad I'm here".

The manager told us they were always looking for new ways to make sure people had the, "Best support plans".

When we observed people's support plans it was clear that there had been a person centred approach and that support pans had been made to ensure that people's needs and wishes were met. We looked at people's plans in a variety of formats including pictorial plans and easy read plans. We saw that people had communication profiles, which enabled care staff to communicate with people, learn their wishes and to be able to respond to them.

Each plan highlighted individual people's wishes. One person who had difficulty communicating some of their wishes had, at the start of their plan, 'I may still be in bed when you arrive, if I have no early appointments, please leave me to sleep. I will come down when I wake'.

We saw evidence that people's care files were reviewed regularly by a senior member of staff. There was a gap in the usual review schedule during three summer months. We were told that this was due to staffing pressures over the summer months and having to prioritise. We saw that the review schedule had resumed after this break.

One person who had recently moved into the home had an 'initial needs assessment' completed when moving in. This was reviewed into a, 'change of needs assessment' after staff getting to know the person for one month. This showed the team was responsive in making sure they were aware of and meeting the person's changing needs.

The registered manager pointed out the care plans were not ridged, telling us they, "Make sure we keep room for spontaneity". They told us that care staff may become aware of clues a person may enjoy doing something but they may have difficulty in communicating this. The team at Oakwood respond to these situations by having a 'try three times' approach. The care staff recorded the times when a person tried something new and how the activity was enjoyed or not in an activity log. If a person did not use speech, they used the person's communication profile to look for indications that the person did or didn't enjoy the event. This meant that staff made sure each person was supported to make informed choices about their activities.

This way of supporting also encouraged people to try new things that they might enjoy. Using this method we saw one example of a person supported to go to a music concert for the first time during the summer. It was noted that the person really enjoyed this and was planning to go again.

People were encouraged and supported to follow their own individual interests. One person we spoke with had recently been on a holiday, another had been to a concert and a third had recently been to see their favourite football team play. We talked about the football match which started a lot of football banter with care staff and the person, that everybody enjoyed.

One person had recently started going to an allotment, they told us they had an interest in wildlife and had recently seen two frogs at the allotment.

People had an activity file that kept a record of what people enjoyed doing. Some of the activities people were supported to do included, bowling, dog walking, swimming, cinema, horse riding and we noted that people had been supported to go on holidays of their choice.

We were shown how each person had a personalised daily diary, where a record was kept of what a person did during the day and how the day went. This record also contained clues as to how the person was feeling. Each care worker wrote in the diary through the day. Staff told us that these daily diaries are reviewed during team meetings to improve the care people receive.

People's individual rooms were each decorated differently; people had family pictures and mementos of events important to them on the walls. Some people chose to watch TV in their own rooms rather than the lounge, if they preferred a quieter place.

One person preferred to use a bell which they would pick up and ring if they needed any help, this preference was taken into account by the team and this was the system they used that worked for them.

Good

Is the service well-led?

Our findings

One staff member told us that they, "Love working here" and told us that, "Lots of people have been here a long time". We witnessed a good working relationship between the manager and the care staff. When we spoke to care staff they described having a good rapport with the manager. People told us about regular impromptu group discussions taking place to solve and work through any problems that may arise.

The manager held formal regular team meetings. Minutes were taken of the meeting and actions which arose from them and staff were encouraged to put forward agenda items for future meetings.

One staff member described the manager as being, "Very supportive" and they, "Really look after me". Another said, "You are not left in the lurch, you have the support in place". One told us there had been a lot of changes in social care and they felt, "Our organisation seems to be on top of issues in social care. We are always changing and coming up with new ideas".

Staff stated that the manager's style contributed to them staying in their current roles. One person described how they left the home and after working somewhere else had decided to come back to work at Oakwood.

Some of the staff described a difficult period over the summer when, unavoidably, they were without two staff. They told us there was a good team spirit and that staff helped out to provide continuity of care. When asked what staff would change, we were told by most staff that they wouldn't change anything. One staff member made a comment that one resident would, 'Like Sky TV' and "Staffing levels through the summer, but we got through it", indicating the team was stretched due to being a few members down.

The manager of Oakwood had been working at Oakwood since 1993 having started working there as a support worker and being internally promoted. They told us they were well supported by the organisation. They said, the organisation was, "On the ball", with new practices, policies, training and updates. Regular audits of the home were conducted by the organisation; the most recent being in August 2015.

In our initial conversations the manager expressed how they were proud of the difference their teams' care made to people's lives. The manager expressed that their priority was for people to develop life skills, to grow in confidence, to gain and not lose independence and for people to live in a homely environment. They told us that this had been made possible because they had a consistent staff team. During our inspection we saw that these goals were at the forefront of the support staff gave to people at Oakwood.

The manager showed us areas they were currently working on; such as developing ways to ensure they always listen to the people they cared for. One example was developing the effectiveness of supervisions and encouraging staff to reflect on their daily practice

The manager was candid about mistakes that the service had made. There had been recent medication errors that they had reported to the CQC. One error led to one person missing a medication for two days before it had been identified. The discovery of the mistake had also identified that loose medication counts had not been done following the homes guidelines.

As soon as the manager became aware of the medication error, they were candid and took all appropriate action to keep the person receiving care safe. The medication errors and breakdown in procedures were discussed in the next team meeting and with individuals involved in a supervision format and appropriate action taken. The manager showed openness regarding the errors and demonstrating a commitment to learning.