

MacIntyre Care Station Road

Inspection report

1 Station Road
Wheathampstead
St Albans
Hertfordshire
AL4 8BU

Tel: 01582833957

Website: www.newdirectionsfsc.co.uk

Date of inspection visit:
20 November 2017

Date of publication:
14 December 2017

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

This inspection site visit took place on 20 November 2017.

Station Rd is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Station Rd accommodates six people in one adapted building and at this inspection six people were living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at Station Road. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely. The staff worked in accordance with infection control policies and procedures with one suggestion of good practice made during the inspection.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed. Staff explained to people by various means what was happening and obtained their consent before they provided day-to-day care and support. The environment was appropriate to meet people's needs.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care as much as they were able. Relatives told us that visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People's relatives were confident to raise anything that concerned them with staff or management and were satisfied that they would be

listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at Station Rd.

People's safety was promoted by a staff team who were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been identified and controls were in place in place to mitigate risk.

There were enough staff deployed to meet people's needs and promote their safety.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed.

There were suitable arrangements for the safe storage, management and disposal of medicines.

The environment was clean and fresh whilst maintaining a homely ambience.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision to support them to be able to care for people safely.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and staff obtained people's consent before they provided day to day care and support.

People were provided with a good choice of food.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

The environment was appropriate to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were relaxed in the company of staff and their body language indicated to us that they were happy with the staff that provided their care.

Staff had developed positive and caring relationships with people they clearly knew well.

The environment throughout the home was warm and welcoming.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives.

People's care records were stored in a lockable office in order to help maintain dignity and confidentiality.

People's relatives were encouraged to visit at any time of the day.

Is the service responsive?

Good ●

The service was responsive.

People's relatives had been involved in developing people's care plans where appropriate.

People's care plans were sufficiently detailed to guide staff to provide support and reassurance and how best to meet people's needs.

People's daily routines were arranged around their wishes and needs.

The provider had arrangements for people who used the service and their relatives to share their opinions about the service and facilities provided.

People were supported to access the neighbourhood village shops, attend church services, go to feed the ducks and go out for meals locally.

People who used the service and their relatives were confident to raise any concerns with the registered manager.

Is the service well-led?

Good 

The service was well-led.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff understood their roles and responsibilities and felt well supported by the manager.

There was a range of checks undertaken routinely to help ensure that the service was safe.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives.

Station 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 November 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 06 January 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service and five staff members. Subsequent to the inspection site visit we spoke with relatives of two people who used the service to obtain their feedback on how people were supported to live their lives.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People's demeanour indicated that they felt safe living at Station Rd. One person told us, "I am safe (nodding their head) they [staff] look after me." A relative of a person who used the service told us, "My [relative] is absolutely safe there. From the day they moved in there staff have always looked after [person] well."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. They told us that they were confident that the registered manager would take any action necessary to safeguard people in a timely manner but that information they needed to escalate any concerns was available for them to access in the office. We noted that the information was displayed clearly on a wall in the office. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such day to day areas such as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. However, we noted there were limited positive risk assessments to empower people to explore new experiences by weighing up the potential benefits balanced with the possible risk. We discussed this with the staff team on the day of the inspection and with the registered manager following the inspection. The registered manager advised that this was an area that they had already identified for improvement and shared plans to develop the staff team enable them to better support people in this regard.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed two staff members using a mechanical hoist to assist a person to transfer from an armchair to a wheelchair. The staff members reassured and talked with the person all the way through the procedure. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. Safety checks were carried out daily on equipment such as mechanical hoists, slings and wheelchairs. This showed that the provider was committed to providing a safe service.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

People's relatives and staff all told us that there were enough staff available to meet people's needs.

Throughout the course of the day we noted that there was a calm atmosphere in the home, people received their care and support when they needed it and wanted it and staff went about their duties in a calm and organised way.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of four staff and found that all the required checks had been undertaken including two written references and criminal record checks. Staff told us that people who used the service were involved to some extent in the recruitment process in that they met candidates at the interview stage. They were not always able to give their feedback verbally but staff understood their non-verbal cues.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People's relatives told us that people received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines for three people who used the service and found that stocks agreed with the records maintained. Where errors had occurred with medicine administration we found that the registered manager took a robust approach to safeguarding individuals, investigating the cause and supporting the staff member responsible to attend refresher training and have their competencies re-assessed.

Staff members had received training in the control and prevention of infection and stocks of protective clothing such as aprons and gloves were available in the home for staff to use. The environment was clean and fresh whilst maintaining a homely ambience. Staff told us that there were laundry baskets available to transport people's laundry from people's bedrooms to the laundry area and red bags available to use when transferring soiled laundry items. We observed a staff member walk through the dining area holding a person's laundry items in their arms. We discussed this with the senior on duty who undertook to remind all staff of good practice in this area. Following the inspection the registered manager advised that additional infection control training had been sourced for the staff team to re-enforce good practice in this area.

The registered manager and senior care staff demonstrated that there was an open culture of learning from complaints, shortfalls identified by routine audits and other relevant events. For example, we saw where a medicine error had been identified the findings of this had been circulated around the team and lessons had been learned around how staff communicated with each other.

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Station Road was appropriate to meet people's needs. One relative said, "I keep on top of my [relative's health] needs along with the staff, they are very good at keeping me involved with [person's] care needs."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling and safeguarding as well as specific training modules to meet the needs of people who used the service such as end of life care and epilepsy awareness. One staff member told us of a recent training session they had attended for epilepsy awareness. They told us the training had been interactive and very valuable.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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. We found that the service acted in people's best interests. For example, a person needed an operation to help improve their sight, a best interest decision was made involving the person's GP, the person's next of kin, the registered manager and the person's keyworker.

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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Station Road.

Staff explained to people what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about individual people's capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. Staff explained to us that with some people they indicated their consent with body language or sounds and other people by facial expression.

People were provided with a good choice of food. We observed the lunchtime meal served in a communal dining room and noted that people were provided with appropriate levels of support to help them eat and drink. In most cases this was done in a calm, relaxed and patient way that promoted people's independence as much as possible. However, we noted one staff member supporting a person to eat whilst turning and talking with other staff members. The staff member did not provide the person with the support they needed in a kind and caring way. We spoke with the registered manager about this subsequent to the inspection visit. They were disappointed with this feedback and undertook to address the element of poor practice with the individual concerned and to provide refresher training where appropriate.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, a person had experienced weight loss during a stay in hospital. This had been identified on the person's return to Station Road, a care plan had been developed in conjunction with a dietician and fortified food and supplements had been introduced into the person's daily diet. The person's weight was monitored monthly and results confirmed that the care plan was effective in managing the person's nutritional needs.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dietitians, opticians and chiropodists.

The environment was appropriate to meet people's needs. Doorways were wide enough to accommodate wheelchairs and the décor throughout was homely. Staff told us that the registered manager continued to make improvements in the environment to meet people's needs. For example, people did not enjoy having a bath and only having one shower room meant that people sometimes had to wait for their personal care in the morning. In consultation with people, staff and relatives the registered manager arranged for a bathroom to be redeveloped into a shower room which meant that people received their care in a more timely manner.

Is the service caring?

Our findings

People were relaxed in the company of staff and their body language indicated to us that they were happy with the staff that provided their care. People's relatives told us they were happy with the staff that provided people's care. A relative told us, "I can't fault the team, since [person] have lived there they have been very well cared for."

A staff member told us, "MacIntyre (Provider) provides a good service for people, we get the time to spend with people and actually care." All staff took the time to interact with people whilst they went about their day. For example we saw staff stooping to gently touch people's hands or arms and ask them if they were alright or if they needed anything. People responded to this with a smile or a nod.

Staff took prompt actions to help people. For example a person spilled their drink and a staff member immediately helped them calmly and reassured the person whilst mopping up the drink.

The registered manager told us of actions taken by staff to support a person who had experienced a rapid decline in health and had been admitted to hospital. Staff members visited the person at all times of the day to provide support. The person became distressed during their stay at the hospital so staff members took in the person's favourite past times such as knitting wool and read the person's favourite books to them to help provide comfort.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with all staff. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

The environment throughout the home was warm and welcoming. People's individual bedrooms included many personal items which meant that the rooms clearly reflected the character of the individuals.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, we saw staff offer people choice of squash at lunchtime by holding up two different flavours and people selected the one they wanted by pointing to it. Staff told us that people were able to choose on the day who they wanted to provide their personal care or social support.

People's care records were stored in a lockable office in order to help maintain the dignity and confidentiality of people who used the service. However, daily records were kept in the communal area so that staff had easy access when they needed to record things such as food and fluid intake. When we arrived at the service we noted that some people's daily records were on a sideboard area, not shut away. We addressed this with the senior member of staff on duty who acknowledged the situation and advised that staff were aware that records should be kept secure when not in use and undertook to remind staff of good practice in this area.

People's relatives were encouraged to visit at any time of the day. Relatives told us they dropped in at all

times of the day and were always made welcome.

Is the service responsive?

Our findings

People's relatives had been involved in developing people's care plans and staff told us how they supported people to make decisions that formed their care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide support and reassurance. For example, one care plan we viewed described how a person may be if they became distressed or anxious. The care plan stated, "When I am upset or anxious I tend to be tense and pull away if you talk to me. If I seem to be upset then leave me for a little while. I tend to calm down if I have a quiet environment."

Care plans included instruction to guide staff how best to meet people's needs. For example, one care plan stated, "Get down to the same level when talking to me. I sometimes have a hard time hearing and if I can see you I will understand what you are saying better."

Care plans showed that people were asked to think about their wishes in relation to end of life care. People had 'easy read' care plans entitled, "What I would like to happen when I die." We noted that the level of information in these plans varied from person to person dependent on their ability to contribute.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People's daily routines were arranged around their wishes and needs. For example, staff told us that one person did not like to get up out of bed until mid-morning, the person's care plan echoed this and on the day of the inspection we saw that this happened in practice. This showed us that staff respected people as individuals.

Staff responded to people appropriately and were vigilant about people's care needs. For example, during the lunch service a staff member noted a scratch on a person's hand. They asked the person where the scratch had come from and also asked the staff member who had supported the person with their personal care that day.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Station Road. We reviewed records of recent meetings and noted that these incorporated photos as objects of reference to make them more accessible for people and detailed each person's plans for the week ahead.

We did not see staff supporting any activities in the home on the day of this inspection. During the course of the day one person did some drawing, another did a jigsaw and a further person entertained themselves looking at a magazine. Staff asked one person if they wanted to go out for a walk but the person declined the offer. Records showed, and staff told us that people were supported to access the local village shops,

attend church services, go to feed the ducks and go out for meals. External entertainers came into the home, staff said that people really enjoyed treatment from a reflexologist and relatives visited the home frequently. Staff told us of barbecues and parties such as for people's birthdays or events such as Christmas and Halloween.

We saw records of compliments received at the home. For example, from a family member thanking staff for a handmade card and birthday gift that staff had supported a person to make for them and from a social care professional praising staff for the good care they had witnessed.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager however, they had not had any cause to do so. For example one relative told us, "I have never had to make a complaint, absolutely not! If I did have anything to say I would talk with them [staff]. They have always been responsive to any suggestions I may make."

Is the service well-led?

Our findings

Relatives of people who used the service told us that the home was well managed, they knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I think the home is very well managed. The staff are dedicated and care of the residents is first and foremost with them."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. One staff member said, "The [registered] manager does care shifts too, that is really good as she really knows the people we support."

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. We viewed minutes of staff meetings and saw that all aspects of the service performance were discussed including health and safety matters, emergency procedures, staff training and professional attitudes and behaviours.

There were regular meetings held between the registered manager and a member of the provider's senior management team to discuss such issues as recruitment, the performance of the service and any matters arising.

There was a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, daily safety checks on bedrails and mattresses, inspection of the call bell system, and fire checks. We noted that where issues had been identified they were passed on to the relevant person to address. For example, it had been identified that a manual hoist was not working properly and an external company was contacted to effect repairs. This showed us that the registered manager and provider were committed to providing a safe service.

The registered manager maintained a service improvement plan that captured any of the provider's corporate objectives for the year and any areas that had been identified as requiring improvement. The improvement plan included detail of what the desired actions were, any resources needed, who would be responsible for the outcome and the timescale for them to be completed within.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. For example, the report of the findings from a survey undertaken since the previous inspection noted that a person who used the service was not always sufficiently involved in the selection of new staff members to work at Station Road. As a result of this feedback there was an action plan developed which stated, "To support [person] by involving them in the interview process and allow [person] to show candidates around his home." A senior

staff member confirmed to us that this action had been completed and that all people who used the service were now involved in the recruitment process in one form another. This showed us that people were able to positively influence the service provided.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.