MacIntyre Care

Crosby Close

Inspection report

1-2 Crosby Close
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28 July 2016

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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

This inspection was carried out on 26, 27 and 28 July 2016 and was unannounced. At their last inspection on 11 December 2015 they were found to not be meeting all the standards we inspected. This was in relation to safeguarding people from the risk of abuse and management of medicines. We also found that management systems required improvements. The provider sent us an action plan setting out how they would make the necessary changes. At this inspection we found that they had made sufficient improvements and were meeting all the standards.

1-2 Crosby Close provides accommodation, care, nursing and support for up to 12 people with learning and physical difficulties. At this inspection 10 people were living at the service.

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

People received care that met their needs and support plans gave staff clear guidance on how to support them safely. Staff had received appropriate training for their role and felt supported. We saw that there were sufficient staff to meet people's needs in a timely way which was person centred.

Staff had been through a robust recruitment process to help ensure they were fit to work in a care setting. They were able to identify and report any concerns. People had their individual risks assessed and staff knew how to mitigate these. Medicines were also managed safely.

People had support to ensure they had enough to eat and drink and had access to health professionals when needed. Most people went out most days and there was one to one spent with people when they were at home.
People's individual preferences, choices and lifestyles were known by staff. People were not always able to be involved in the planning of their care but relatives took an active role. Advocacy was available if it was needed.

There were systems in place to oversee the quality of the service and to ensure they complied with regulation. Feedback about the manager and leadership in the home was positive.

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 and staff knew how to identify and report abuse.

People's medicines were managed safely.

People had their risks assessed and mitigated where possible.

People were supported by sufficient staff who had been recruited robustly.

Is the service effective?

Good

The service was effective.

People were supported by well trained staff who felt supported.

People's ability to make decisions was assessed and where needed DoLS were applied for.

People were supported to eat and drink sufficient amounts.

People had access to health and social care professionals

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People's relatives were involved in the planning of their care.

People's preferences and life histories were known by staff.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were met.

People's support plans gave staff clear guidance.

People went out on a regular basis and had one to one time when at home.

Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The manager knew people well.

Relatives and staff were positive about the manager.

There were systems in place to oversee the quality of the service.

Crosby Close

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the action plan the provider sent us following our last inspection detailing how they would make the necessary improvements.

During the inspection we were unable to obtain the views of people who used the services due to their complex needs therefore 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 spoke with four staff members, three relatives and the manager and received information from service commissioners. We viewed information relating to three people's care and support. We also reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

When we inspected the service on 11 December 2015 we found that people were not always protected from the risk of abuse and medicines were not managed safely. At this inspection we found that the correct process for safeguarding people was followed and systems had been implemented to help ensure medicines were managed safely.

When we last inspected the home we found that there were personal assistants at the home employed by relatives. These personal assistants had not provided any proof to the management that they were fit to work within the service and around people the home supported. Following our inspection the relevant documentation was sought. However at the time of this inspection, there were no personal assistants visiting the home so therefore was no longer an issue.

People were unable to give their views about if they felt safe. However, we saw that people were relaxed around staff and did not display any signs of distress or anxiety. Relatives told us that they felt people were safe. One relative said, "I believe [person] is safe and happy." Staff were able to describe what form abuse may take and how people who were unable to verbally communicate may show signs of abuse. They were also able to tell us how they would raise concerns both within the service and to outside agencies. We saw that information on reporting concerns of abuse was displayed in the home.

People's medicines were managed safely. Following our last inspection robust systems were put into place to reduce the risk of an error or discrepancy in quantities. This included a daily countdown of all boxed medicines and a record for signing in and out emergency medicines when people went out for the day or a short time. We saw that these records had been used consistently and accurately. We found that all boxed or bottled medicines were dated on opening and there was a protocol in place for medicines that were prescribed on an as needed basis. There was a staff signature list to help identify who was responsible for administering people's medicines and we found the medication records to be signed appropriately. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

People had their individual risks assessed and staff were familiar on how to mitigate these risks. We observed staff supporting people safely. For example, one person was assisted with mobilising in their wheelchair staff ensured that they did so safely while not stopping them being independent. For example, enabling them move around the home freely while ensuring they did not get stuck in any tight corners or knock into walls. We saw risk assessments in place for all aspects including going out, using the mini bus and falls. We also saw these included the risk of eating safely and pressure care management.

Accidents and incidents were logged and reviewed to help identify any themes or trends. Action taken was recorded to help ensure all remedial steps to reduce a reoccurrence had been carried out. This information was provided to the provider who reviewed it to ensure all appropriate action had been taken.

People were supported by sufficient numbers of staff to meet their needs. Relatives told us that there was usually enough staff to support and enable people to go out however they could benefit from additional

staff at peak times. One relative said, "I think the staffing levels are adequate but would like more available during the summer months so more activities can be planned. Sometimes trips have had to be cancelled because a service user is poorly and a member of staff has to stay and look after them, therefore having a knock on effect." We spoke with staff who told us that for planned days out they were able to have an additional staff member on duty to support this. We did see that people going out were delayed due to the staffing shortage on the day. We saw that the rota showed that shifts were covered. Some shifts were covered by regular temporary staff who knew people and the home well and also regular agency staff were used. The manager told us that there were still a number of staff hours vacant which they continued to recruit for. However, they, in most cases, were able to cover the shifts. In the event that they were unable to, they or a staff member from the provider's supported living service who would cover the shortfall.
There had been consideration of staffing hours in the change of the number of people living at the home and the manager told us that this would be revised when more people moved into the home. However, we did note that this initial assessment was completed when there were three vacancies at the home and had not been reviewed following the admission of one person. The manager told us that they were able to provide a service safely for people with the current staffing levels. On the day of the inspection the home was short staffed by one due to sickness. This shift had been unable to be covered and was being filled by the nurse on duty with support from the manager. We found that people's needs continued to be met and everyone had the opportunity to go out. Staff told us that they felt there were enough staff and people went out most days as per their choice.

Staff employed were done so through a robust recruitment process. The main documentation and personnel files were held at the head office. The service was provided with a pro forma which detailed staff skills with a record of what pre-employment checks had been carried out. These included proof of identity, a criminal records check and written references, all of which were obtained before the staff member's start date. The manager was interviewing potential staff on the day of our inspection and we saw that there was a lengthy interview and that proof of identity was sought prior to the interview. This helped to ensure that staff employed were fit to work in a care setting.

Good

Is the service effective?

Our findings

People were supported by staff who had received appropriate training and knowledge for their role. One relative told us that their skills had been a huge relief for them. They said, "The wealth of knowledge is incredible, knowing what [name] needs and equipment that would help [them]. We don't know so it's been great." We saw that staff had received training in subjects including safeguarding people from abuse, health and safety, medicines, epilepsy and also the Mental Capacity Act. Staff told us they felt well equipped for their role. One staff member said, "We have loads of training, some face to face some eLearning." One staff member did say however that some of the provider's training could benefit to being aimed at staff supporting people with more complex needs, for example, communication training as much of the training was designed for supporting people who were more able to communicate. They told us that at 1 & 2 Crosby Close communication was good due to staff getting to know people, not necessarily as a result of training. Staff also received regular supervision and told us they felt supported. They said they could go to the manager at any time with anything they needed to discuss and felt listened to.

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 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 that service was working in accordance with the MCA and DoLS guidance.

We found that the service was working in accordance with MCA and DoLS and the appropriate assessments, including best interest meetings were carried out to help ensure people's rights were protected. There was also reference to ensuring people were given opportunity to give their consent and make choices and regular opportunities to go out to ensure that actions in place were as least restrictive as possible. Staff told us that they tried to show people pictures or items of clothing to help them make a decision. These guidelines on how to support people with this, these included the ways in which a person may indicate their choices.

People were supported to eat and drink sufficient amounts. We saw that there was a varied mealtime menu for evening meals and lunch was individual choice. Some people received their nutrition through a feeding tube and this was done some at regular and set times. We saw that where people received the main amount of meals this way, taster sessions were introduced. For example, 10 teaspoons of food of a certain consistency as agreed by the dietician. This was to improve people's quality of life and for their enjoyment. People had their weight monitored and nutritional needs assessed and where there were concerns, this was referred to the relevant healthcare professional.

People had access to health and social care professionals when needed. We saw that there was support by GPs, occupational therapists, chiropodists and psychiatrists. Staff supported people with these appointments. One relative told us, "The nursing team are good, caring and listen." They went on to say ,"The team have been advising me and helping with appointments. One nurse in particular has been great and helped me with support to [location] and to help me understand some medical issues. Either coming in early for a shift and staying late." Where changes were made to medicines or treatment, this was clearly recorded. Relatives told us they felt people's healthcare needs were met well. One relative said, "They know what to look for and the nurse checks [person] and if they're not happy the GP is called." This meant that people's health was monitored and promoted appropriately.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. Although people were unable to tell us their views in relation to the staff who supported them, we saw that they were relaxed and comfortable with them. Relatives told us that staff were consistently respectful and caring. One relative said, "Staff are so kind and welcoming, when I first walked in here I knew it was the place." They went on to say that not only had hey showed kindness to their relative but had also been very kind and supportive with their family during all the changes and this had continued. Another relative told us, "As Crosby Close is small it always feels homely. I know I and my family and friends can visit at any time and be made very welcome. It's important to know that I can walk in the kitchen and make a cup of tea without feeling uneasy. I can sit and have conversations with staff and feel comfortable."

We saw staff speak with people each time they came into the room and listen when they were communicating with them. Staff took time and patience when supporting them. We saw people were provided with explanations about what was happening.

Individual preferences, life histories and ways each person communicated was recorded in people's plans. These were signed as being read by staff, professionals and others involved in their care. When we spoke with staff they were able to confidently tell us about each person, their background and their family. This indicated that people were treated as individuals by staff who knew them well. Staff had recorded what they admired about people, this included their smile and the amount they smiled, and there was list of several things for each person.

People were not able to be actively involved in the planning of their care so relatives were regularly involved. Staff had taken time to know about people's lives and what was important to them, where they grew up and not just about their physical or emotional needs. Relatives told us that they had appreciated the amount of involvement they were offered and were part of the reviews. One relative told us, "I am very much involved in [their] planning and care. If there are any concerns they ring me or email me and vice versa."

The manager told us that there were no advocates involved with people at the time of the inspection but was aware of how to request one if they were needed. We saw that previously an advocate had been involved to support a person with a decision.

Information about people was stored in the office in a storage cupboard. However, the cupboard was not locked and the office was not locked when it was unoccupied. Although we noted that people living at the service would be unable to access the office independently and there were normally staff around when visitors were present, this was an area that needed to be reviewed by the manager to ensure that records were always held securely.

Good

Is the service responsive?

Our findings

People received care that met their needs. We observed staff support people in accordance with their plans. For example, with their mobility, getting ready to go out for the day at a set time or in regards to pressure care management which included regular repositioning. Relatives told us that they felt people's needs were met and were happy with the standard of care. One relative said, "It's second to none. We are so happy." Another relative told us, "Care for [person] is good. When [person] goes back after being at home [person] often claps and smiles. This to me speaks for itself."

People's support plans provided staff with clear guidance on how to assist them. They set out step by step information for all aspects of people's needs which included personal care, oral hygiene and sleeping regimes. This helped to ensure that care and support was provided in a way that was needed and also took account of people's preferences.

People had access to a range of activities outside of the home. These included day centres, college, going to the park or out for lunch. Other suggestions for the month were displayed which included a local boot sale and a fete. Relatives and staff confirmed that people went out most days and some people spent time away from the home with their families. Activities within the home were more subtle. Due to varying abilities, people received one to one support with these when at home. For example, some people like holding soft toys or activity cushions and others enjoyed using the sensory room. We heard staff discussing the need for some new books as they had read the person's books with them a few times. They felt the person was getting bored with them and we saw the same staff member going through an activity chest getting out different things to see what the person wanted to have. The manager was working with the staff team to encourage them to capture the time the spent with people pursing interests or one to one activities. They wanted this to be a clear picture of how people spent their time. For example, one person enjoyed water activities and staff sat with them to support this, but it was not always documented.
Relatives told us that staff spent a lot of one to one time with people and they were never sitting in the same place when they visited. Plans stated that for some people if they were bored, lonely or frustrated this would result in them verbalising this by shouting out. We saw two people for short periods of time exhibit this behaviour and immediately this was responded to by staff by giving them something they could do or sitting and speaking to with them and or changing the environment they were in by going out or changing rooms. One person appeared to like post as a staff member brought them post addressed to the manager (generic circulars) for them to open. The person enjoyed opening the post and were much more relaxed. This demonstrated that staff knew what people enjoyed and helped to ensure they had meaningful activities to keep them occupied.

People were unable to verbalise and raise a complaint. However, we saw that people were asked if they were happy during surveys and their response was noted. Survey results for the provider's services in the areas were collated and actions sent out to the homes for completion. We also saw that where there had been an instance where care was not delivered in accordance with a person's needs, a staff member raised a complaint on behalf of the person. This was, along with all other complaints, investigated and responded to appropriately. Action taken was recorded and lessons learned shared with the team. Relatives told us they

knew how to make a complaint and felt confident it would be dealt with promptly.

Good

Is the service well-led?

Our findings

At our last inspection we found that the management systems in the home needed to be improved to ensure they were effective. At this inspection we found that the systems were more effective and this had improved the shortfalls found previously. The manager had submitted an action plan to us stating how they would continue to improve the quality of the service and comply with regulation. We found that these actions had been implemented.

There were systems in place to monitor any issues and help to resolve any shortfalls. Regular audits were carried out on areas such as infection control, health and safety and medicines. Where there had been issues identified, an action plan was implemented. We also saw that these issues were discussed at staff meetings and supervisions. The full home audit was due to be carried out the day following our inspection and this was to cover all aspects of the service and a report would then be provided to the manager. The regional manager carried out a monthly quality assurance visit and any areas that were found with shortfalls were recorded as requiring improvement. These had actions identified to address the shortfalls. For example, in regards to staff vacancies there was an action to work with the recruitment team to help fill the vacancies. There was also an action to ensure people were encouraged to measure their positive outcomes and wellbeing which was an area that was identified as being improved following the recruitment of key staff.

The service had an action plan in place following a visit from the local authority. We reviewed this action plan and found that most areas were completed with some ongoing. For example, a cleaner had been appointed to address issues in relation to cleanliness. We noted that this was working well as the service was clean and free from malodour.

There were daily, weekly, monthly and annual safety checks. These ranged from cleaning schedule which was signed when completed, visual checks on the mini bus prior to its use to daily checks on epilepsy sensors to ensure they were working properly. Staff were completing these checks appropriately and consistently. We found that all reportable events and incidents had been reported appropriately and maintained a recorded of all events.

People were familiar with the manager well and the manager clearly knew people well. They approached people and were able to respond to any needs each person had. Relatives were positive about the management of the home. One relative said they had no idea of the hierarchy in the home as all staff were very capable and the home was well run. Another relative said, "The new management team are finding their feet and I believe are doing well. They keep us informed of any changes and take on board any suggestions I make. " Professionals told us that they felt the management of the home and the communication had improved since the new management team had been established.

Staff were very positive about the manager and how the service was run. One staff member said, "[Manager] is amazing, I always wanted to work with her, she's great." The manager was known to the home before their appointment as they were already working for the provider. Another staff member said, "I love it here,

[manager] is great." Staff told us they enjoyed working at the service because they had time to spend with people and they felt the management really cared about people. Another staff member told us that things had improved since the current manager started. They said, "People go out more now."

The manager put the service first and the needs of people they supported. This was evident when they needed to provide us with information and they stopped to support a person and when the location of an interview was moved to ensure that a person wasn't alone while staff took other people out. Their approach of people first was welcomed by the staff team who shared their views and were clear on what their roles were.