

MacIntyre Care Beulah House

Inspection report

5 Cemetery Road
Market Drayton
Shropshire
TF9 3BD

Website: www.macintyrecharity.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beulah House is a small location providing accommodation for up to five people with learning disabilities and who require nursing or personal care. At this inspection five people were living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found

People were not always safe as the systems and procedures at Beulah House were ineffective in identifying improvements needed in safety.

People did not always receive their medicines safely. Staff members did not always follow the guidelines in place for safely supporting people. The provider did not have effective systems in place to identify all errors with medicines.

The physical environment at Beulah House did not always promote effective infection prevention and control measures. Not all aspects of Beulah House were safe for those living there.

The providers quality monitoring procedures were ineffective in identifying the improvements which were needed to drive good care and support.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

People had individual assessments of risk associated with their care and support. Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People had access to additional healthcare services when required. People were supported to maintain a healthy diet by a staff team which knew their individual likes and dislikes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received help and support from a kind and compassionate staff team with whom they had

developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender, disability and religion. People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or those close to them.

The provider, and management team, had good links with the local communities within which people lived.

Rating at last inspection

The last rating for this service was 'Good', (published 04 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beulah House on our website at www.cqc.org.uk

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beulah House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

Beulah House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post who was going through the registration process with the CQC to become a registered manager. This means that they will, along with the provider, be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. In addition, we spent time with people in the communal areas observing the care and support provided to help us understand the experience of people who could not talk with us. Following this inspection site visit we spoke with two relatives on the phone.

We spoke with five members of staff including the manager, three care staff members and the area manager.

We reviewed a range of records. This included two people's care records including the records of medicine administration. We looked at one staff member's file in relation to recruitment and staff supervision. In addition, we looked at a variety of records relating to the management of the service, including quality monitoring checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicine safely. We looked at one person's medication records and guidelines for the administration of "when required" medicines. We found this person, on one occasion, had received more medicine than indicated in the guidelines. The staff members in this instance failed to follow the providers policies and procedures. The manager and regional manager were unaware of this error. However, after we raised this concern with them they contacted the GP to ensure the person was not harmed.
- Although the provider had systems in place for investigating medicine errors this was ineffective as it failed to identify this concern. Staff members told us they received training in the safe administration of medicines and were assessed as competent. However, no one had identified or raised this error to ensure people were kept safe.

Preventing and controlling infection

- The infection prevention and control processes at Beulah House were ineffective. For example, we saw paint work had started to rust in communal bathrooms, chrome on bathroom fittings was peeling, gloss paint on hand rails was worn and lighting pull cords were discoloured and stained. These issues prevented effective cleaning and put people at risk of contracting communicable illnesses.

Assessing risk, safety monitoring and management

- Not all areas of Beulah House were safely maintained. For example, we saw a radiator valve missing with exposed sharp edges, one radiator with exposed hot water pipes and no cover, a large piece of equipment was leaning against a hand rail which could topple over creating a risk of crushing. In addition, we saw a portable oil filled radiator, which was very hot to the touch, was left unguarded in a communal area creating a potential risk of burns. After we raised these concerns the management team acted to remove the immediate risks to people. In addition, they have arranged a full health and safety check, by a qualified person, to be completed to ensure all other areas of potential risk are identified and addressed.
- People were supported to identify and mitigate risks associated with their care and support. These included risks to people's mobility, diet and nutrition. Staff members knew the risks associated with peoples care and support and knew how to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- All those we spoke with told us they felt protected and free from abuse at Beulah House. People were

protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.

- Information was available to people, staff, relatives and visitors on how to report any concerns. The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Learning lessons when things go wrong

- The management team told us they analysed incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people. This included the analysis of incident, accident and near miss occurrences.
- The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed. However, this was not used effectively as the issues we have identified at this inspection had not been identified or addressed by the provider. For example, staff members not following the guidance for the administration of medicines.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. We saw people were promptly supported when needed or requested. The provider followed safe recruitment processes when employing new staff members.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had received appropriate training and who felt supported by

the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.

- New staff members completed a structured introduction to their role. In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of the meals and helped to prepare the food. We saw people making decisions about what they wanted to eat and when. People were supported by staff to identify healthy eating choices.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. This helped to share appropriate information with those involved in the support of people receiving services from Beulah House.

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

- We saw people moving safely around Beulah House. One person told us the home needed redecoration and they will help to choose the colour of the living area.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including GP's, nurses and dentists. When it was needed people were referred promptly for assessment. Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant 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 were supported by staff members they described as, "Caring", "Lovely," and "Kind." One person said, "They (staff) are all my friends. I love them."
- Relatives we spoke with found the staff team to be supportive and professional at all times. People were supported during times of them being upset and encouraged to express their feelings appropriately.

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

- People told us they were supported to make decisions about their care and support. One person told us how they choose what they did throughout the week and who they wanted to do activities with.
- Throughout this inspection we saw people were asked how they wished to be supported and what they wanted to do. People were supported by staff members to be fully involved in decisions about their care and support.
- People told us, and we saw, they were involved in the development of their support plans.

Respecting and promoting people's privacy, dignity and independence

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to develop their independence. For example, we saw one person working on their daily living skills by helping to prepare their own meal. They told us they are getting better at it and "soon I won't need any help at all."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, and if needed those close to them, were involved in the development and review of their care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format that they could easily comprehend.

Supporting people to develop and maintain relationships to avoid social isolation

- Throughout this inspection we saw people were involved in activities they enjoyed and found stimulating. We saw people engaged in activities including, exercise to music at a local community centre, cooking, cleaning and games.
- People were supported to maintain contact with families and friends. Relatives told us they were made to feel welcome whenever they visited and felt part of "the wider family," at Beulah House.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection Beulah House was not supporting anyone at the end of their life. However, we saw the management team were working with people to encourage them to identify things that mattered to them both spiritually and medically which they wished to be considered in the future.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to, requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had ineffective systems in place to monitor the quality of the service that they provided. For example, their systems had failed to identify the medicine error we found, their quality checks failed to identify issues with infection prevention and control or safety within the building. However, the newly appointed manager had started to develop a workable action plan on improvements they had identified since commencing employment at Beulah House.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A manager was in post and was present throughout this inspection along with a area manager. We confirmed the manager is currently going through the registrations process with the CQC in order to become a registered manager.
- The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Beulah House and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they had a positive relationship with the management team who they found to be available and engaging. Staff members we spoke with told us they found the management team supportive and approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We saw the management team, and provider had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed as a result of any specific incident or near miss.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in decisions about their care and support and were asked for their opinion. One person told us "We chat about things which change all the time. They (staff) listen to me."
- Staff members told us they found the management team approachable and their opinions were welcomed and valued.
- Staff members took part in regular staff meetings where they could discuss elements of the work they completed.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. This included regular contact with local healthcare professionals which people benefited from. For example, GP practices, District Nurse teams and community centres.