Because We Care Limited

Mac Mae

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 17 October 2017. Mac Mae provides care and support for up to 6 people with a learning disability. On the day of our inspection 6 people were using the service and there was a registered manager in place.

At the last inspection, in November 2015, the service was rated Good. At this inspection we found that the service remained Good. However, the rating for the Caring domain has changed from Good to Outstanding.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

Positive and caring relationships had been developed between people and the staff who cared for them. Staff went the extra mile to ensure people were empowered to live their life as independently and fully as possible. Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place which provided clear information about the care people required. People knew how to make a complaint and there was a clear complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There were robust quality monitoring procedures in place.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Outstanding ☆

The service is outstanding

There were positive and caring relationships between people and the staff who cared for them. Staff went the extra mile to ensure people's choices were respected and they understood the importance of people having independence, autonomy and living a fulfilling life.

Staff promoted people's right to make their own decisions and respected the choices they made. People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Mac Mae

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 comprehensive inspection was carried out on the 17 October 2017 by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with four people living at the home, the relatives of two people, two members of the care team, the operations manager and the registered manager.

We looked at care records relating to three people living at the home as well as medicine records for all six people. We reviewed other records relevant to the running of the service such as, staff recruitment records, quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

During the inspection we contacted, via email, two health and social care professionals who gave us their views on the quality of the service provided.

Good

Is the service safe?

Our findings

People received care from a staff team who protected them from experiencing avoidable harm and kept them safe. One person we spoke with said, "Yes, really nice home." A relative said "Yes [relation] definitely (is safe)" We observed people who used the service and staff interacting and people were relaxed and comfortable with staff, smiling and talking to them through the day.

The risks to people's safety and welfare had been assessed and regularly reviewed to ensure that people were kept safe. Processes were in place to ensure people were not at risk of experiencing avoidable harm or abuse. Where needed, referrals had been made to the appropriate authorities. Staff spoke confidently about what they would do if they thought people were at risk of harm. Where accidents or incidents had occurred, these were recorded on incident records and followed up by the operations manager to assess if there were any changes needed to people's care and support needs to reduce the risk of reoccurrence.

People felt there were enough staff in place to keep them safe and to respond to their needs and staff were recruited to suit the needs of people who used the service. One person said, "We need more male staff. Two new male staff are starting soon, I've met them." We observed there were enough staff to meet the needs of people and at weekends when some people went to stay with their family the staffing levels were not reduced. Staff told us this enabled them to spend one-to-one time with people with the day completely centred on the person. One person told us they were using this time in the future to have a shopping day and a meal out.

Staff we spoke with told us they felt there were enough staff available to meet the needs of people and to support people to live an active life. They told us they planned staffing to ensure appointments could be attended and activities were carried out as per people's schedules. Safe recruitment processes were in place to reduce the risk of unsuitable staff being employed to work in the service.

People told us they were happy with the way their medicines were managed. One person told us, "If I have a pain they (staff) give me a tablet." One relative we spoke with told us, "When I take [relation] out staff provide and sort medicines."

We looked at how medicines were stored and administered and there were safe systems in place to ensure people were protected from the risks associated with medicines. This included; photographs of each person to aid identification to prevent medicines being given to the wrong person, recording of how people liked to take their medicines and regular checks of medicines to ensure they had been given as prescribed. People's records showed they received their medicines when they needed them and the medicines were stored, handled and administered safely.

Good

Is the service effective?

Our findings

People were cared for by a staff team who received appropriate training and felt well supported. People told us that staff knew how to support them effectively. The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. The records we looked at showed that staff received relevant training as well as regular supervision with their line manager.

People were supported to provide consent for the care they received. People had signed forms consenting to areas of their care such as having their photograph taken and on display in the service. We observed people made decisions about their daily life such as how they spent their time and what they ate. Systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw there were systems in place to ensure people were not deprived of their liberty unlawfully and staff had access to a summary of who had been granted a DoLS and any recommendations and conditions attached to the authorisation to ensure they knew how to support people.

People were supported to eat and drink sufficient amounts to maintain their health and people commented positively on the food. One person said, "I like most things." One relative told us, "[Relation] likes their food but is not keen on red meat, this is catered for." People told us and we observed they were able to choose what they ate and the kitchen was accessible for people to get drinks and snacks when they wished to. One person had a condition which made them intolerant to some food. We saw there was a clear care plan in place detailing how staff should support the person and there were systems in place to ensure the person still had food choices but avoided contact with the ingredients they were intolerant to.

Staff we spoke with had a good knowledge of people's diets and any risks in relation to swallowing difficulties. Where required we saw there had been appropriate referrals to health professionals such as the Speech and Language Therapy (SALT) team who provide advice on the types of diets people who have swallowing difficulties require.

The people we spoke with confirmed that they had easy access to healthcare support and advice when required. One person described being supported to go to the doctors for a regular injection and another described having a recent routine test. One relative told us, "[Relation] sees a local doctor." The registered manager told us that people who used the service had also attended a six week health course which gave them knowledge and understanding about various health aspects.

A health professional told us, "The home have been open to the possibility of using Skype consultations for those service users which are "hard to engage" and we are now trialling this" Staff described one person who

had initial appointments via a video call with the doctor and then the doctor arranged an appointment if it was needed. We spoke with the person about this and they responded positively to the system which was being trialled.

One relative spoke with the registered manager during our visit and expressed concerns about their relations weight. The registered manager responded positively to this and suggested the reintroduction of a healthy eating plan and arranged to bring forward their annual health review.

People with particular health issues had clear information in their care plans about how these should be managed. The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them.

Outstanding ☆

Is the service caring?

Our findings

Positive and caring relationships had been developed between people living in the service and staff. There was much banter between people who used the service and staff throughout the day of our visit. They spent time going out into the community or chatting and laughing, around the table in the dining room, which was the hub of the service. There was a friendly, welcoming and homely atmosphere in the service and people looked happy and content. People who used the service told us that staff were kind and caring and we observed this. One relative told us, "It is a very happy home. Minor disagreements are dealt with, nothing is ignored." Another relative told us, "[Relation] is happy here, [relation] loves it. They live as a family."

Staff spoke about people in a positive way and told us staff and people who used the service were like family. Staff were very knowledgeable about what type of support worked for the individuals living in the service and they had a good grasp of people's likes and preferences. Staff spoke with pride of the work they did in the service and how they supported people. One member of staff told us, "I love Mac Mae, I would be happy for my family member to live here." They told us the main meal in the evening and at weekends was a social occasion where staff and people who used the service sat and ate together. A person we spoke with confirmed this to be the case.

Both of the external health professionals, including a GP and a consultant psychiatrist, we received feedback from commented positively on the service. They made it clear that staff were willing to engage in new projects and pilots and that staff ensured there was a homely feel about the service. One told us, "The whole approach at Mac Mae House is very much based around a combination of good clinical care and the provision of a homely environment."

People sat with staff each week and looked at recipe books to choose what meals they would like the following week and then they went with the staff to do the shopping for the menu and we observed this happen on the day we visited. All of the people who used the service went on the shopping trip together and it was a social occasion and looked like a family going to do their food shopping in the car. One person initially said they did not want to go and then looked disappointed when they were left behind. The registered manager telephoned a member of staff on the shopping trip and they happily returned to the service and collected the person.

Staff went the extra mile to ensure people's choices were respected and they understood the importance of people having independence, autonomy and living a fulfilling life. One person described a special birthday they had recently celebrated and spoke about the party they had. Staff had empowered the person to research various venues and to book the venue of their choice. The person had received support to choose how the venue would be decorated and to plan the catering. The person had chosen who to invite, which included all of the people living at Mac Mae and from other services in the group of homes. The person had hand delivered the invitations accompanied by a member of staff and a member of staff said the person had "loved this." Staff had liaised with the person's family to ensure their loved ones would be invited. The planning of the party had included staff carrying out risk assessments to ensure the person and their guests would be kept safe whilst being empowered to enjoy the party to the full. Staff described staying at the party

until the person and guests were ready to leave, even though this was some hours after the staff had finished their working hours. The night staff had then gone to the venue and supported people to go home.

One person had been supported to attend a family funeral as the family were unable to support them. Staff had supported the person to purchase flowers and staff attended the funeral with the person and supported the person to stay for a short while afterwards before returning back to the home with the person. Another person was admitted to hospital and staff stayed with them throughout the stay in hospital to provide reassurance.

Another person had been supported to attend a family wedding. The person was supported to buy a new outfit and gifts for the bride and groom. Staff worked late to support the person to stay at the venue as long as they chose. We spoke with this person and they told us they had taken photographs of the wedding and that staff had supported them in getting the pictures printed.

A further person was diagnosed with a medical condition which would have a huge impact on their diet due to an intolerance of some ingredients. A member of staff took the time to research the medical condition and discovered an application for a smart phone that would support the person to avoid the ingredients they were intolerant to. Whilst shopping with the person, food labels could be easily scanned to check they were suitable and this gave the person more choice in relation to what they could eat. Staff had also devised and adapted the menus in the service to ensure the person was included in meals that other people had and to reduce the risk of feeling stigmatised due to dietary needs.

People were empowered to regain and maintain their independence. When one person had moved into the service, they were unable to manage their own finances due to safeguards in place. The person had wanted to regain some independence with their finances and staff had worked with the person to try and empower them to achieve this. Staff had started out supporting the person to go to the bank and then with careful planning the person had been empowered to go to the bank alone with some restrictions and then slowly the restrictions were relaxed until the person had recently achieved managing their finances independently.

One person described making their own meals and said they did this each day. They said, "I get my own breakfast and I don't need help." We observed two people going into the kitchen at a time they decided and they chose what they wanted for lunch, prepared it and went and sat with staff to eat. People's bedrooms were personalised to their individual taste, reflecting what was important to them. One person liked to cut out pictures and keep them and we saw notice boards had been put up in their bedroom with their cut outs displayed.

The registered manager told us that people who used the service were involved in interviewing and deciding which staff would work in the service and people who used the service described meeting staff who had recently been for an interview. The registered manager and operations manager described currently working with people who used the service to develop a group who would run the interviews in the future after developing an interview form which was suitable for them to use. The group would also be instrumental in deciding improvements they would like to see to drive people to further enrich and fulfil people's lives.

People's relationships were valued and new relationships were cultivated. The registered provider operated other services within their group and these were all located in close proximity. People from Mac Mae had developed friendships with people in the service they lived and also with people in the other services in the group and were supported to visit the other services on a regular basis. Family relationships were also valued and people's relatives visited the service whenever they wished and people were also supported to

go and stay with their relatives. One person's relative lived with a dementia related illness and it was difficult for the person to understand why their relative behaved in a certain way. Staff had developed a document in a format the person would understand, detailing why the person's relative had moved into a care home, how the illness affected them and what the person could do to help when they visited them. Staff accompanied the person to visit their relative on a regular basis and provided support during and after the visit.

People's care plans provided information about people's likes, dislikes, how they wanted to be supported to live their life and the important relationships they had. The care plans included information for staff in relation to how people should be supported to retain and develop their independence. When speaking with staff it was clear they understood people's support needs and that they adapted the support they provided to ensure people's choices were respected.

People's religious and cultural needs were assessed and provided for. One person told us, "I go to church on Sunday mornings and I like it." Assessments were carried out to see if people needed support with religious and cultural needs so that these could be planned for. People who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves. The registered manager told us there was one person who was currently using this service and we saw advocacy services were promoted during meetings and care reviews.

People we spoke with told us they were treated with dignity and respect. For example one person said, "Yes, I lock my bedroom door. Staff always knock." Relatives told us their loved one was treated with dignity and supported with privacy. One relative described their relation as enjoying spending time in their bedroom and said this was respected. A 'speaking up' and dignity group meeting was held weekly and people's rights to privacy and dignity was discussed. Staff we spoke with understood the dignity values and recognised the importance of their role in embedding these in the care and support they gave to people.

Good

Is the service responsive?

Our findings

The people we spoke with told us that they were happy with the care they received and that it was responsive to their needs. The relatives we spoke with also felt that their loved ones received appropriate care that was responsive to their needs. One relative gave an example of how they had suggested a change to their relation's support as their relation was sometimes reluctant to let staff in their room and then cleaning became an issue. The relative told us they had asked staff to clean their relation's room whilst they were out in the community but to leave it untidy. They told us staff had been receptive to this and the change had worked.

The staff we spoke with had a good understanding of the differing care needs of the people who used the service and there were care plans in place which detailed any assistance people required as well as tasks they could carry out independently. These were regularly reviewed and updated as required.

People told us about how they like to spend their time and told us that staff supported them to do this. For example one person said, "I did arts and crafts on Monday for Halloween." Another person described planning to go to a concert with staff. Minutes of meetings showed that people chose the activities they wished to do and where they wanted to go and this was arranged for the following week. One relative told us, "(Staff) try to encourage [relation] to do more and to motivate. [Relation] is a home bird." Staff told us they worked hard to organise their time in order to ensure the activities people had chosen were carried out. One member of staff told us, "Staff are willing to take that time to make sure it happens." We saw there were future organised activities such as a tea party and fancy dress, bonfire night at a local school and a Christmas meal out.

Staff told us about a range of activities they tried to enable people to develop new hobbies and interests. Staff told us that they had recently started taking people swimming and although this was successful they were still trying to work out the staffing to support this as a regular activity. There were activities arranged with people from other services in the group the provider operated. This included a monthly disco held at Mac Mae and people from all of the services were invited. The registered manager told us this promoted 'a social life for individuals where they are able to develop new relationships in a safe environment.'

People were also supported to develop their work skills. One person we spoke with told us staff had supported them to look for a voluntary placement and said, "I work in a coffee bar in the kitchen." The registered manager told us that staff continued to support the person by liaising with the staff at the place of work to ensure that the person remained safe and happy at work.

The registered manager told us that some people had expressed a desire to go overseas on holiday and staff had supported individuals to plan for this by researching places together and helping to budget and manage their finances to enable them to do this. People had chosen which member of staff they would like to go on holiday with them and staff had responded to this and readily agreed. One person who used the service confirmed this and told us they had just returned from a holiday overseas and said they had loved their holiday and hoped to go again. Staff told us that people were supported to go on holiday in groups as

well as individually and two people were planning to go overseas for a holiday next year with the support of staff. Other people preferred to holiday in the UK and people described recent holidays to the coast.

People had their own complaints procedure with their name and photograph on and one person showed us their complaints procedure. This was written in a format the person would understand and explained how the person could complain and what would happen in response to their concerns. One person described being upset about a recent change in the service and told us that the "manager will sort it out." A relative told us, "Any issues; I can talk to any staff." Whilst we were visiting the service a relative raised some issues with the registered manager and the issues were addressed and plans put in place to resolve them. Records showed that when people raised concerns these were recorded and acted on with evidence of the person being satisfied with the outcome.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was registered for a number of locations owned by 'Because We Care' and supported by an operations manager and a team leader in each of the services, including Mac Mae. 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. The registered manager was clear about their responsibilities in the service and ensured they notified us of any significant incidents. The previous rating given to the service was on display as required.

People who used the service were clearly very familiar with the registered manager and operations manager and greeted them enthusiastically when they arrived during our visit. One person we spoke with told us the registered manager was in the service most days and told us they could speak to them about any issues they had and they would be listed to.

The team leader had a good overview of the service and what responsibilities they held. They led the team and the service in an organised and efficient way, ensuring people's choices and needs were met and supporting people to achieve their goals and aspirations. One health professional told us, "The whole approach at Mac Mae is very much based around a combination of good clinical care and the provision of a homely environment. They (staff) are keen to discuss clinical strategies and take on board any advice given with good clinical initiative."

The staff we spoke with understood their roles and what they were accountable for. They told us that the management team provided clear leadership and listened to their views. Staff attended regular meetings to ensure any changes were communicated and staff were able to discuss people's needs and if any changes were needed to improve the quality of their lives. The provider ensured that sufficient resources were available to enable to smooth day to day running of the service and that staff were supported to fulfil their role.

People and relatives were regularly asked for their views on the quality of the service being provided. Satisfaction surveys were distributed on an annual basis. There were regular meetings for people living at Mac Mae to discuss what was happening in the service and people were given the opportunity to have a say in future events and any improvements they thought were needed. The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. Any issues that were identified were then acted upon.