

MacIntyre Care

Asquith House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on the 12 July 2018.

At the last inspection the service was rated as 'good'.

Asquith House is registered to provide accommodation and support for up to six people. At the time of the inspection the service was full.

This 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.

There was a registered manager in post within the service. 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.'

We identified that an exceptional level of support was provided when enabling people to access health services, and with identifying and working towards achieving positive outcomes for people.

In one example a person had been supported in a highly person-centred manner to access life-saving treatment when they had become unwell. We spoke to one health professional who was very complimentary about staff and the support they had provided to this person during this period. The registered manager had also praised the work undertaken by staff, telling us they had gone over and above their hours to ensure this person's wellbeing.

There was a positive culture within the service which promoted people's wellbeing. In one example this had enabled a person to feel safe and protected which had allowed them to take a significant step towards improving their own wellbeing with the support of staff and the registered manager.

During the inspection we found that one person had been supported by staff to get a job working for the registered provider. Care had been taken to support this person in such a manner that they did not become overwhelmed and could work at their own pace. This was part of the person's goal to achieve greater levels of independence.

We spoke with staff who told us the registered manager was very supportive of them. Morale amongst the staff team was good and staff told us they enjoyed coming to work. This was reflected in the positive, friendly atmosphere that was apparent throughout the service.

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

Staff had undertaken training in safeguarding vulnerable people and had a good understanding of safeguarding processes. They were able to describe the different types of abuse that could occur and what action they would take in situations where they identified that abuse was taking place.

Risk assessments had been completed to support people maintain their safety. These clearly outlined what actions staff should take to ensure people's wellbeing was maintained.

The safety of the environment was being maintained through regular checks and servicing. For example water temperatures were being monitored to ensure they stayed within safe levels and remained free from harmful bacteria. Protocols were in place to ensure staff knew how to respond in emergencies and equipment that was used for responding to emergencies, such as fire extinguishers were being maintained.

Staff had received training in areas relevant for their role which helped ensure that they could provide people with the support they required.

Care records were in place which clearly outlined people's needs. These were reviewed on a routine basis and provided staff with the information they needed on how to support people.

There were quality monitoring systems in place to monitor the service and make improvements where required. This helped ensure that standards within the service were maintained.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Asquith House

Detailed findings

Background to this inspection

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

This inspection took place on the 12 July 2018 and was announced. We gave the service 24 hours notice of the inspection visit because it is small and the manager and people using the service are often out doing activities. We needed to be sure that they would be in.

The inspection was completed by one adult social care Inspector.

Prior to the inspection we used information the provider sent us in the Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications that had been submitted to us by the registered provider and also spoke to the local authority who did not raise any concerns.

During the inspection we looked at the care records for three people who used the service. We spoke with six people using the service and four members of staff, including the registered manager. We also looked at records pertaining to the day-to-day management of the service such as maintenance records, staff recruitment files and audits.

Following the inspection we spoke with one external health professional and a social care professional. We also tried to contact education professionals for people who were at school, however were unsuccessful because of the summer term holidays.

Is the service safe?

Our findings

People told us that they felt safe. They described staff as "nice" and "very lovely". We made observations on the interactions between people and staff which showed that people felt comfortable and at ease in their company.

Risk assessments were in place for people using the service. For example, one person had a bathing risk assessment in place due to the risk of slips and falls in the bathroom. These were updated regularly to ensure information stayed accurate.

Recruitment processes were safe. Only one new member of staff had come into post since our last inspection. Records showed that references had been obtained where required and a check had been carried out by the disclosure and barring service (DBS) to make sure this person was not barred from working with vulnerable groups.

We observed that appropriate numbers of staff were in post to meet people's needs. We checked staffing rotas and spoke with staff who confirmed this.

Staff had completed safeguarding training and knew how to recognise and report abuse. They had access to an up-to-date policy and procedure which clearly outlined the processes. This helped ensure people were protected from the risk of abuse.

Staff had undertaken medication training and their practice had been assessed. We reviewed the medication being stored for two people and found that this was being administered appropriately. Staff were signing medication administration records as required and medication audits were being carried out regularly to ensure appropriate procedures were being carried out.

Health and safety checks were being carried out to ensure the premises were safe. For example, a fire risk assessment was in place and fire fighting equipment had been checked and serviced to ensure it was functional. Fire drills had been carried out in January 2018 and May 2018 to ensure that staff were able to respond in a timely manner in the event of an emergency.

Checks on the gas, electricity and the cleanliness of the service had also been completed to ensure these areas were up-to-standard.

Is the service effective?

Our findings

Where people required support with maintaining their health staff went above and beyond to ensure people felt comfortable and that the least amount of distress was caused. In one example the positive approach from staff had meant that a person had been able to receive life saving treatment with the least amount of distress possible. One health care professional was highly complimentary of staff, commenting that they were "Very impressed" by staff, who they described as "Very caring and accommodating" in the support they had provided to this person. They told us that staff had been familiar with this person's needs and had been able to provide detailed information about what support needed to be provided. For example, this person had particular communication needs which staff had supported health professionals to understand which had helped them to engage with this person.

Regular staff who had a good relationship with this person had been made available to support with accessing clinical appointments. These staff had co-ordinated very efficiently with the clinical team to make sure this person was not kept waiting for long periods of time, which would have caused distress. Staff had done this by ensuring they were on time for appointments, or where delays had been unavoidable they had waited in the car park and kept this person occupied rather than in the waiting room which would have caused this person to become upset. The registered manager praised staff, telling us that on occasions they had willingly worked over their usual hours to get this person to and from their hospital appointments.

Staff had made sure that they were available to offer comfort and support to this person following invasive procedures, ensuring a hot drink was available at their preferred temperature. This person enjoyed hot drinks which helped keep them calm and relaxed. This showed a kind and compassionate approach by staff in ensuring this person's needs were met.

There was a strong focus on achieving positive outcomes for people living within the service. Staff had worked to provide people with an environment in which they could feel safe and secure, which had enabled one person to make significant steps towards improving their overall wellbeing. In another example a person was in the process of being supported to start work as an 'expert by experience' for the registered provider. This was part of a wider goal to increase levels of independence and confidence. This person's needs had been fully considered to ensure that they did not become overwhelmed and that they could go at their own pace. This person told us that they were looking forward to starting work and confirmed that they felt extremely well supported by staff and the registered manager.

Staff had been provided with the training they needed to carry out their roles. This included training in moving and handling, epilepsy awareness, infection control and the Mental Health Act 2005. Staff had also completed training in 'positive approaches to behaviours that challenge'. Staff had applied this training to ensure people were supported to a high standard. The registered manager provided us with examples where a person had been supported with managing specific behaviours to help keep them safe. Relevant information was available in this person's care plan and staff demonstrated an awareness of the best ways to support this person.

Staff supervisions and appraisals were taking place and all staff told us that they felt supported in their roles. Supervisions are regular meetings between staff and the registered manager, during which staff are able to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role.

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 authorisation 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 and found that they were.

People had choice and control over their daily routines and were able to make their own decisions, for example what activities they wanted to engage in. We overheard staff giving people a choice of food and drink, rather than making assumptions about their preferences. Staff were able to demonstrate a good understanding of the MCA and the importance of enabling people to make their own choices.

The kitchen was well stocked with a range of different foods to ensure people could have a balanced and nutritious diet. This included sandwich fillings, fresh fruit and vegetables and frozen meal options. Fridge and freezer temperatures were kept at the required levels to prevent food from spoiling and these were monitored daily.

Is the service caring?

Our findings

People made positive comments about the staff and the registered manager. One person told us, "[The manager] is really lovely", whilst another person answered, "Yes" when we asked them if staff treated them nicely. Other people were chatty and carefree in the company of staff which showed that they were comfortable and at ease in their presence.

Positive relationships had been developed between staff and people using the service. We overheard staff chatting companionably with one person whilst sat in the garden, and in another instance we observed people and staff all sat in the kitchen talking with one another in a friendly manner.

Staff were kind and compassionate towards people. For example, staff had organised for one person to have their hair, makeup and nails done before an event they were due to attend. They also spoke to people in a warm, friendly manner using people's preferred names and addressing them respectfully.

The service was clean and tidy and people had decorated their rooms with personal effects to make them feel more homely.

Staff were aware of people's communication needs and these were clearly recorded in people's care records. We observed staff engaging meaningfully with people who had alternative communication needs. Staff had also supported external health professionals to engage with people by providing them with information about people's communication needs.

People felt comfortable expressing their sexuality to staff within the service. This showed that the staff had created a space within which people felt safe to be themselves. The registered manager spoke passionately about providing a supportive environment for people within which they could feel safe.

People had access to local advocacy services where they needed this. We spoke to one person's advocate who spoke very highly of the support that had been given to a person they supported. An advocate acts as an independent source of support for people to ensure that their wishes and feelings are heard and taken into consideration where decisions are being made about their care.

People's confidentiality was protected. Computers containing personal information about people were password protected and paper-based information was stored securely in offices that were locked when not in use.

Is the service responsive?

Our findings

People each had a personal care record in place which outlined their needs. This included information relating to their physical and mental health, their preferred daily routines and any other pertinent information that staff should be aware of. This ensured that staff had access to information about how they should support people.

Daily notes were completed by staff which outlined people's general presentation and wellbeing, the support they had received and the activities they had undertaken during the day. This showed that people's needs were continuously being monitored and evaluated.

Care records were available in alternative formats for those people who may have a hearing or visual impairment, or may have difficulty with reading. In one example we saw an activity planner which used pictures to illustrate the activity for the day. Pictures were also used in care records which helped people to access and engage with the information contained within these.

Care records were reviewed on a routine basis to ensure that information remained up-to-date and relevant. People had been involved in this process which helped ensure that the care provided was person-centred and meaningful to the individual.

Activities were available for people to help ensure they remained part of the community. This protected them from the risk of social isolation. During the inspection some people were at the day centre whilst others had gone shopping or were attending school. In one example the registered provider had invited everyone to a party and had produced a book of photographs from the event. This showed people looking very smartly dressed and having fun. One person told us they were planning a trip to Blackpool with staff and other people living at the service.

The registered provider had a complaints process in place which was also available in a format which people were able to understand. This meant there was a process in place for people to raise their concerns; however, at the time of the inspection no one had raised any concerns.

People had been given the opportunity to discuss their end of life wishes, however in those care records we looked at people had chosen not to do so. The registered manager confirmed that whilst this opportunity was available to people, some people would be made anxious by this and as such a judgement was made on an individual basis about where this would be appropriate.

Is the service well-led?

Our findings

There was a registered manager in post within the service. Staff spoke positively about the registered manager describing her as "supportive" and commented that they "loved" their jobs and enjoyed working at the service. People we talked to also spoke positively about the registered manager.

The registered manager and staff had worked to create a positive a culture in the service within which people felt safely able to express themselves. Staff presented as happy in their work and told us that the team morale was "very good" and they felt able to discuss any issues with senior staff and the registered manager. This showed that the positive atmosphere had impacted upon both people using the service and staff.

The registered provider had a scheme in place to recognise hard work and achievements made by staff. This consisted of an 'employee of the month' award and an annual recognition scheme which included a ceremony in Milton Keynes. Those staff who were nominated were invited to attend the ceremony and also received vouchers.

Team meetings were carried out on a monthly basis. This included a discussion of each person's needs and any developments in the support they required. It also included any pertinent issues pertaining to the day to day running of the service, which helped keep staff up-to-date.

The registered manager completed audits which provided an oversight of the service and enabled them to make improvements where required. This audit process looked at areas such as people's finances, health and safety, care records and medication. Actions were recorded and followed up in subsequent audits.

The registered provider had quality monitoring systems in place which ensured the quality of the service was being maintained. This included looking at people's care records to ensure that positive outcomes had been identified and were being worked towards, ensuring recruitment processes were safe and staff wellbeing.

The registered manager understood their responsibilities with regards to meeting the Regulations and had notified the CQC of specific events that had occurred within the service, as required by law.