

MacIntyre Care Montfort Fields

Inspection report

12 Montfort Fields
Kington
Herefordshire
HR5 3AT

Tel: 01544231030
Website: www.macintyrecharity.org

Date of inspection visit:
07 July 2016

Date of publication:
20 September 2016

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 took place on 7 July 2016 and was unannounced.

The home provides accommodation for a maximum of five people requiring personal care. There were five people living there at the time of the inspection. A registered manager was in post when we inspected 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 and associated Regulations about how the service is run.

People were at ease and relaxed with staff supporting them in the home. Relatives were also assured that people were safe living at the home and that they received the support they needed. People were familiar with the staff supporting them. Staff understood the signs of abuse and understood what needed to be done in order to raise their concerns. The registered manager understood their obligations and who their concerns could be reported to.

Staff understood each person's individual health conditions and the associated risks to their health. Staff knew the symptoms to look out for and what action need to be taken. The registered manager followed recruitment processes that included background checks to assure the registered provider of their suitability to work at the service. People were supported when required and relatives were happy with staffing levels at the home. People's support to take their medicines was also monitored regularly both by the registered manager and by an external pharmacy.

People received care and support from staff who were regularly supervised and who accessed guidance in order to better support people they cared for. Relatives were confident that staff supporting their family members had the training to care for their family member. Staff understood the importance of obtaining a person's consent and received training to supplement their knowledge. People were supported to make choices about their meals. Staff knew about people's individual dietary requirements and ensured people received a healthy meal in line with this. If people required support to access further medical help, staff supported people to attend appointments and incorporated any recommendations from medical professionals into people's care.

People's care needs were updated regularly and people's preferences were known and understood by staff. People and their relatives were familiar with care staff, many of whom had worked at the home for a number of years and understood people's care needs. Staff knew about people's personal preferences and how they preferred to be cared for. Staff also developed an understanding with people's families and how to involve them in their family members care.

People care needs were regularly reviewed and updated based on peoples changing needs. People and their families had not made any complaints. Relatives were confident that any concerns they had would be

to listened to and acted on.

People knew who the registered manager was and were comfortable around them. Staff felt supported and felt able to raise any issue they needed to with the registered manager. The registered manager assured themselves of the quality of care being delivered by making regular checks. Feedback was then given to staff so that staff understood where improvements were needed or if no change was needed. The registered provider also undertook their own checks to assure themselves of the quality of care and supported the registered manager to further develop their skills as a registered manager.

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 comfortable around care staff. Staff understood how to keep people safe and about risks associated with people's individual health conditions. People received their medications as they should and checks were made to ensure this.

Is the service effective?

Good ●

The service was effective.

Staff were supported with supervision and training. People were cared for by staff who understood people's individual health needs. People were involved in making choices about their food and received additional help from medical professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked and staff engaged positively with them. People were involved in making choices about how their care was delivered. People were treated with kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were involved in influencing how their care was planned and the activities they pursued. People's satisfaction with their care was managed through regular observations of people's reactions as well as regular conversations with family members.

Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. Staff were pleased to work at the service and this helped them to form a team that worked together to support people. The registered manager was supported by the registered provider so that changes could be made where necessary.

Montfort Fields

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 7 July 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we used observations to help us understand the experience of people who could not talk with us. We also spoke with two relatives, three staff and the registered manager.

We reviewed three care records, the complaints folder, recruitment processes as well as monthly checks the provider had completed.

Is the service safe?

Our findings

People were relaxed and at ease with staff supporting them. People smiled and reached for staff to provide tactile reassurance and staff responded warmly to people. Relatives we spoke with spoke confidently about their family members and how their family members were cared for in a way that ensured their safety. One relative we spoke with told us their family member was "Safer there than at home."

Staff we spoke with told us they had received training on safeguarding people and understood the different forms of abuse that could take place. They told us if they were concerned about anything they would alert the registered manager of their concerns. The registered manager had not had any recent safeguarding concerns but would speak with the local authority and discuss their concerns if needed.

We saw that people were supported in accordance with their needs. People going out to attend an activity were supported safely as there were enough staff to keep them safe or reduce their risk of harm. Relatives we spoke with confirmed that when people visited their family home and required additional support from staff, people received this. Relatives also told us that they were happy with staffing levels and the support people received. The registered manager told us that people living at the home had lived there for a number of years and their needs were well understood by staff. Three records we reviewed demonstrated that their needs were regularly assessed and support provided accordingly.

Some people living at the service had risks to their health that staff knew about and understood how to manage. Staff described to us individual risks that people lived with and how they supported them. For example, where people had risks to skin breaking down, staff understood how to minimise risks and as well as what to do if a person's skin become inflamed. Staff we spoke with had known people living at the service for a number of years and told us they understood the people they supported well and could often tell by their behaviour when things were not quite right for the person. For example, some people living at the home lived with Epilepsy and staff could recognise their individual symptoms for a seizure.

The registered provider completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so that the risk of recruiting inappropriate staff was minimised. Two staff files we reviewed demonstrated that the necessary checks had been followed before staff were allowed to work at the service.

People were involved and supported to take their medicines. Before people received their medicines staff explained to people that it was time for their medicines and which medicines they were about to receive. We saw that regular checks were made of medicines to ensure that people received their medicines as prescribed. We also saw that the Pharmacy that supplied the home with medicines had also completed their own audit of medicines to ensure medicines were stored and given to people in accordance with instructions. Where people were on short term courses of medicines, these were added into Medical Administration Records (MAR) appropriately.

Is the service effective?

Our findings

Relatives we spoke with told us they felt assured that staff supporting their relatives understood how to care for them. One relative told us they had, "Total confidence in the support" their family member received. Where people required a staff member to touch their arm to redirect them, they received this. Where people required encouragement and support through using prompts such as objects they were familiar with, these were used and people responded positively to this.

Staff we spoke with told us they had a good working relationship with other staff and the registered manager. Staff told us they could access help and guidance whenever they required this, whether this was formally or informally. Two staff we spoke with told us they had regular supervision meetings and that they were able to discuss issues they wanted to talk about. Staff also told us they accessed regular training.

One staff member described a communication training course as "Very good" and how they had improved their non-verbal communication with people. We saw that staff supporting people communicated in ways appropriate to the person. For example, where people were able to communicate verbally, staff did this. Staff ensured that people could see their faces and any signing gestures clearly.

The 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.

Staff understood what it meant to obtain a person's consent and how this applied to people that were not able to verbally articulate their views. We saw that care staff explained to people what they were doing and waited patiently for the person to respond. We saw that one person needed to attend an important appointment and the person initially declined to attend because they wanted to watch TV. We saw staff respect the person's wishes but try again when the person was more responsive and willing to switch off the TV. Staff caring for the person waited for cues that indicated they would respond to staff.

Relatives we spoke with understood how their family member's consent had been obtained and the steps necessary to protect people. One relative told us they had attended a meeting to discuss their family member's long term living arrangements and that they had been part of a multi-agency meeting to discuss what was in the person's Best Interests. We reviewed three care plans and saw that details of Best Interest decisions were recorded.

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. We checked whether the service was working within the principles of the MCA.

We looked at the way the registered provider was meeting the requirements of MCA. The registered provider had made applications where relevant and had received confirmation that the recommendations had been

made. Staff we spoke with also demonstrated their understanding and any DoL in place.

We saw from people's care records that people living at the home accessed a number of different services aimed at supporting them with their health. We saw that people attended hospital appointments, visited the dentist, opticians and well as physiotherapy appointments. During our inspection, we saw a person being supported by staff to attend a GP appointment. Relatives we spoke with told us people received the support they required when needed. One relative told us their family member had recently become poorly and had required a hospital stay as well as recuperation and that staff had been pivotal in ensuring the person received this help.

People were offered food and drinks in line with any dietary restrictions that may have been in place. We saw that where people preferred a certain drink they were offered this. Alternatively, where people required for example, low calorie food to maintain a healthy weight, they were offered healthy choices. We saw people help to prepare and lay the table in readiness for their meals and enjoyed doing this. Staff we spoke with understood which people required support at meal times and saw that they received this. Relatives we spoke with told us they did not have any concerns with respect to their family member receiving choices to maintain a healthy diet

Is the service caring?

Our findings

People liked and felt comfortable around staff. We saw people look to staff for reassurance and staff responded with either a hug or a smile. We saw people sit with staff and join them for hot drinks because they wanted to be around staff. Relatives we spoke with were happy with the support their family members received. One relative told us, "The staff are brilliant." Another relative told us staff were "Marvellous."

Relatives we spoke with told us their family member had a good relationship with staff, many of whom had worked at the home for a number of years and who understood their care needs. For example, we saw one person liked to have a card from their family member read out to them and different staff throughout the day all sat with the person to do this. Another person liked hot drinks and staff understood when the person was ready for a hot drink and prepared a hot drink and sat with the person.

Staff we spoke with told us about the people they supported and they spoke confidently about their support needs. Staff we spoke with could describe peoples like and dislikes and personal preferences and how they preferred certain tasks to be done. Staff told us about how they supported people to make decisions about their care. They told us that people were offered choices which were communicated through visual prompts or by offering the person something. For example, people were supported to go shopping and purchase things for themselves. People also chose when to go to bed and wake when they liked as people living within the home had individual routines.

We saw people being treated with dignity and respect. We saw staff include people in conversations about their care. For example, we saw staff discuss when they should leave to help support a person to attend an activity. Although the person was not able to communicate verbally, staff included the person in the conversation and kept them updated about the plans. Relatives we spoke with also told us they saw their family members being treated with dignity and respect.

Relatives told us they could visit and call at any time and that they felt supported by staff to do this. Relatives also told us people were supported by staff to visit them regularly. One family member told us staff supported their family member to make regular weekend visits to their family home.

Staff we spoke with explained to us what supporting someone with dignity and respect meant. One staff member told it meant, "Not treating everyone the same and treating them as individuals". Staff told us they regularly received training on the subject. We also saw from minutes of team meetings that where staff needed to be reminded about how to support people with dignity and respect, guidance was given by the registered manager. We saw that staff were reminded to ensure people were dressed in a manner that reflected their own personal taste.

Is the service responsive?

Our findings

Relatives we spoke with told us they spoke with staff regularly and that staff understood their family member's care needs. One relative we spoke with told us their family member's support needs had changed and that care staff had responded to this by adjusting how they provided care. The relative told us that this included the communication methods staff used as the person's ability to communicate improved. Staff adjusted how they communicated with the person so that the person was encouraged to use their new skills.

Relatives we spoke with told us they met with staff at least once a year formally but that they routinely discussed their relatives care needs with staff. One relative told us that they spoke with staff every time their family member visited them and this enabled them to keep up to date with what was happening. The family member felt involved in their relatives care and felt staff communicated well with them and kept them informed.

Staff we spoke with told us they involved people in their care. One staff member told us they used "Trial and error" and closely observed what people were offered and their reactions. For example, one person responded enthusiastically to horse riding and staff understood that they would like to pursue this as an interest. Another person liked musical films and staff knew which films they enjoyed more than others by their reaction. Staff knew which people liked which activities and involved families to reinforce this. A relative bought their family member a subscription to a magazine and staff were seen sitting with the person and discussing news stories within the magazine. Staff told us they discussed people's care needs at team meetings and any changes were discussed then so that all staff were made aware. This also meant staff received the same communication and were able to seek clarity on issues they were unsure about if needed.

Relatives we spoke with told us they had never complained and had never had any reason to do so. Relatives we spoke with also told us that they were assured that if they did need to raise any concerns that they could do so with staff and that their queries would be resolved. The registered manager told us how they would record and resolve a complaint if it were raised as well as notify the registered provider.

Staff we spoke with told us they had regular contact with families and that the communication was a two way process. Staff told us that because the relationships with families had developed over time, families felt comfortable speaking to them and felt assured that they would raise any issues they needed to make staff aware of.

Is the service well-led?

Our findings

People living at the home knew the registered manager and reacted positively when they saw her by going up to her and seeking acknowledgement through tactile reassurance. We saw that the registered manager knew each person living at the home and communicated with each person in a manner appropriate to them. For example, one person approached the registered manager and immediately held hands with them whilst another smiled and stood with them.

Staff spoke positively about their work and the relationship with colleagues and the registered manager. Staff talked about feeling part of a team. One staff member told us they "loved" working at the home. Another staff member told us they "Really enjoyed" their work. Staff told us they found the registered manager approachable and willing to listen to them. Staff told us they attended regular staff meetings where they were able to discuss people's updated care needs as well as any issues that required clarification. We saw that staff were encouraged to suggest agenda items for staff meetings and that minutes of meetings were circulated to staff that were not able to attend. Staff we spoke with told us they thought communication from the registered manager at the home was good.

The registered manager undertook a number of monthly checks to ensure people received quality care. Timesheets, medical administration records, care records and communication from relatives were all checked. We reviewed how the registered manager maintained a system for ensuring people's care was reviewed. We saw that the system detailed which checks needed to be completed on a weekly or monthly basis and which were less frequently. There was a system for cross checking that the appropriate checks had also been carried out by staff. For example, where staff completed care plans and information about the activities people completed was not detailed, staff were asked to record more accurate information.

The registered manager received feedback from questionnaires sent out on behalf of the registered provider about the service. Feedback was positive and the registered manager told us they also relied on their communication with families to ensure people received the care they should. Relatives we spoke with also told us that communication was open with the registered manager and they felt well informed about their family members care needs as well as involved in longer term discussions about their care. One relative told us their family member received coordinated care, that all staff understood their family member and that they received consistent care.

The registered manager told us they enjoyed keeping their knowledge up to date and about recent qualifications that had attained to support their work with people living at the home. The registered manager told us they felt supported to ensure the, "Dynamics were good" with the people that lived there. The registered manager told us this meant that the priority for them was that people got on together and that if they needed to wait for the right person, they were supported by the registered provider to do so that people received the support they needed.