

MacIntyre Care

Shakespeare Way

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

Shakespeare Way is a care home for up to six adults. People living at the home have a range of needs including learning disabilities.

The inspection took place on 11 January 2017. The service was last inspected in January 2014. There were no breaches of regulation. There were four people using the service at the time of this inspection.

There was a registered manager in post. 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The administration, recording and storage of medicine was safe. The registered manager took appropriate steps to ensure suitable people were employed to support people using the service.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the 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 were protected from the risk of abuse.

Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

The registered manager took appropriate steps to ensure suitable people were employed to support people using the service.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

People and relevant professionals were involved in planning their nutritional needs.

Staff ensured people received assistance from other health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care and support.

Each person had their own detailed care plan.

People and their families were involved in the planning of their care and support.

The service identified people's needs and provided a responsive service to meet those needs.

People were supported to participate in a range of activities based upon their assessed needs and wishes.

The service listened to the views of people using the service and others and made changes as a result.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and senior staff provided effective leadership and management.

There were clear visions and values for the service.

Staff, people and their relatives spoke positively about the registered manager.

Quality assurance checks and audits were occurring regularly and identified actions required to improve the service.

Shakespeare Way

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 was an announced inspection which was completed on 11 January 2017. The provider was given 48 hours' notice as we wanted to make sure the registered manager and staff would be available to speak with us. The inspection was completed by one adult social care inspector. The previous inspection was completed in January 2014. At the time there were no breaches of regulation.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted three health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with three members of staff and the registered manager of the service. We spent time observing people and spoke with two people living at the home. We spoke with three relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said "I feel safe. All of the staff are good to me". Another person said "I feel safe. The staff are good and they know me well". Relatives told us they felt people were safe and comfortable in the home.

Medicines policies and procedures were available to ensure medicines were managed safely. Medicines were stored securely in a locked cupboard in each person's room. Staff had been trained in the safe handling, administration and disposal of medicines. The registered manager told us all of the staff working at Shakespeare Way had been trained to administer medicines to people. The registered manager told us staff had their competency checked annually to ensure they were aware of their responsibilities and understood their role. In addition to this, each member of staff had three direct observations of medicine administration every year. Clear records of medicines entering and leaving the home were maintained. The registered manager told us that if there was a medicine error, the member of staff would be re-trained and have their competency re-checked through a direct observation of their practice.

The registered manager told us two people living at Shakespeare Way were independent with administering their own medicines. This had been clearly documented in their care file and a risk assessment had also been completed to identify and minimise the risks associated with this. The registered manager informed us that although these people were self-administering their medicine, a staff member would observe them and record the details of the medicine taken.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. The risk assessments were clear and contained clear guidelines for staff on how to manage the risks. Each risk assessment detailed the level of risk as being low, medium or high through the use of a risk matrix. The staff we spoke with told us they found this useful as it provided a quick visual guide on the level of risk posed to people. It was evident from reading the risk assessments that they had been developed in partnership with the person using the service, their family and any professionals involved in their care.

For example, the people using the service were at risk of financial abuse. Risk assessments had been developed around this ensuring all transactions were documented by staff. The risk assessment also required staff to record how much money each person had with them to ensure they could properly track transactions and easily identify if any financial abuse had taken place.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the rotas. Relatives stated they felt there were sufficient staffing levels employed at the home. The registered manager informed us staffing levels were determined through an assessment of people's needs. The registered manager told us one of the challenges faced by the service was the recruitment of competent staff to ensure staffing levels always remained safe. The area manager told us there was an ongoing recruitment programme to ensure the service was always adequately staffed. The registered manager told us they would initially try to cover for unexpected staff absences by asking other members of staff to cover

from either Shakespeare Way or a sister home. If no staff were available, agency staff would be used. The registered manager and area manager told us they had a pool of regular agency staff who they would approach to cover any shifts. The registered manager told us they felt this was important as the people using the service knew these staff members and it could aid with continuity of care for people.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of three staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. We looked at the safeguarding records and found that any issues which had arisen had been managed appropriately and risk assessments and care plans had subsequently been updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. Environmental risk assessments had been completed, so any hazards were identified and the risk to people either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us that the people living at Shakespeare Way were responsible for cleaning their living areas but would be supported by staff as and when they required support. Communal areas and hallways were cleaned by staff throughout the day. Staff were observed washing their hands at frequent intervals. Staff told us there were sufficient supplies of gloves, aprons and hand gel available at all times to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures.

Staff showed a good awareness in respect of food hygiene practices. For example, staff informed us different chopping boards were used for different foods to minimise the risk of cross contamination. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily.

Is the service effective?

Our findings

People living at Shakespeare Way said their needs were met from well skilled staff. Relatives said they felt staff were skilled and able to provide the care and support required.

The registered manager informed us all new staff were required to complete the care certificate. The care certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and is the minimum standards that should be covered as part of the induction training of new care workers. The care certificate is based upon 15 standards health and social care workers need to demonstrate competency in.

Staff had received an induction when they first started working at Shakespeare Way. The registered manager told us new staff members had shadow shifts to enable them to learn from established staff. These shifts would be at different times of day and night to ensure staff had experience of working all shifts required. The registered manager told us there was no fixed schedule for the number of shadow shifts a new member of staff had to complete. They told us staff competency and confidence would continually be assessed by the registered manager throughout the induction process and staff would only be allowed to lone work when they felt confident in their own abilities, and the registered manager was satisfied they had they had sufficient levels of competency to ensure safe and effective care would be delivered to people living at Shakespeare Way.

The registered manager told us new staff would also have an induction pack which they needed to complete to ensure they had completed core training and had the right levels of skill for the role. This would need to be signed off by the registered manager before staff completed their induction.

Staff had received appropriate training to meet people's care and support needs. The registered manager confirmed training was provided through face to face classroom based approaches as well as e learning. This is training staff would complete online. The registered manager told us they had in house training provided by the provider but they also accessed training through external providers such as the local authority. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed staff had received training in core areas such as safeguarding adults, health and safety, manual handling, first aid and fire safety. The registered manager told us the e learning system monitored how long people had spent studying each module. The area manager told us this ensured staff were spending sufficient time studying the module. The registered manager told us each training module would have a competency assessment at the end so they could gauge staff learning as well as the effectiveness of the training being provided.

Staff had received regular supervision. These were recorded and kept in staff files. The registered manager told us one to one supervision occurred every six week. At the time of the inspection, only the registered manager was providing supervision. They told us the deputy manager was being trained so that they could also provide supervision to staff. The registered manager confirmed that supervision duties would be shared with the deputy manager once they had completed the required training. The registered manager told us they were also planning to introduce monthly group supervision sessions. The registered manager told us

this they felt this would enable staff to talk about common themes and issues they had experienced during the course of the month. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff were able to provide us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

It was evident throughout the inspection that the staff respected the wishes of people using the service. For example, when showing us around the home, the registered manager knocked before entering their room.

Care records included information about any special arrangements for meal times and dietary needs. Where people had special dietary needs, there was evidence that the relevant professionals were involved in menu planning. For example, one person needed to manage their weight. We were shown evidence where a dietician had supported this person to plan their menu and portion sizes so they could better manage their weight.

Menus seen showed people were offered a varied and nutritious diet. Menus were developed during weekly house meetings and records evidenced people's choices were listened to. The registered manager told us they used visual prompts when planning the menu so people could see what sort of meal they were choosing. The registered manager, staff and people living at Shakespeare Way told us meal preparation was undertaken jointly by people living in the home and staff. We were shown a rota which detailed who would be preparing the meals for each day of the week.

People we spoke with stated the food was good and that they were asked what they would like to eat and menus were planned according to their preferences. One relative told us, "The food is very good". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

The registered manager was able to outline what they would do to meet the needs of people with specific dietary needs in relation to religious or cultural beliefs. The registered manager told us this would be

discussed in the care planning meeting prior to a person moving to the home and appropriate arrangements would be made to meet the person's specific needs. Through our conversations with the registered manager, it was evident they were aware of the varied dietary requirements of people from different religious or cultural backgrounds. The registered manager told us how people may require meat to be purchased from a different butcher, or separate cooking utensils or fridge space to store their food to meet the requirements of their religion or culture.

People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within care files.

The property was suitable for the people that were accommodated and where adaptations were required these were made. There was a warm, welcoming and homely feel to the property. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. It was evident that people had been consulted on how they wanted to use the space in the property. For example there were two lounges and one had been converted to a games and exercise room. There was a games console, board games and exercise equipment available to people. The registered manager told us the conversion had taken place following a house meeting where the people living at Shakespeare Way said they wanted a room for games and exercise. There was street parking available to visitors and staff and, there was a secure garden which people could access if they wanted to.

Is the service caring?

Our findings

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. People told us they felt staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported.

Staff were knowledgeable and supportive in assisting people to communicate with them. Through our conversations with staff, it was evident they knew people well and had built positive relationships with the people living at Shakespeare Way. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

Staff treated people with understanding, kindness, respect and dignity. For example, Staff told us how they would seek consent before entering people's personal living space. Staff told us it was important to ensure they provided personal care behind closed doors and they maintained the dignity and respect of people at all times. The care plans we looked at also contained information for staff on how to maintain people's dignity at all times. This ensured staff were always conscious of maintaining people's privacy and dignity.

People appeared well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. Words such as "Fantastic", "Caring" and "Compassionate" were used by relatives to describe the staff.

It was evident positive relationships had been built between the staff and people living at Shakespeare Way to enable them to achieve their personal goals. For example, one person wanted to reduce their alcohol consumption. Staff had worked with this person to develop a 'drinking alcohol agreement' to support them to manage their alcohol intake. When the person felt this was not working and they required further support, the staff and registered manager supported them to access specialist support. Another person wanted to control how many cigarettes they smoked every day. The staff supported this person to develop a 'smoking plan' to enable them to control how much they smoked. The staff and people we spoke with told us these goals could only be achieved due to the strong relationships built between the people living at Shakespeare Way and the staff who supported them.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives told us they were able to visit when they wanted to. One relative stated, 'there have never been any restrictions on visiting'.

End of life care plans had been developed and these were person centred. People and their relatives were given support when making decisions about their preferences for end of life care. Care records clearly detailed end of life wishes and evidenced people and their families had been consulted regarding this. The registered manager told us how they understood that people may require support if a loved one were to

pass away but they may not always be able to express themselves at the time. The registered manager showed us plans which had been developed with the people living at Shakespeare Way detailing how they would like to be supported if a loved one were to pass away.

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The care plans detailed individual needs and how staff were to support people.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as people's emotional state, what activities people had engaged in, their nutritional intake and any appointments they may have attended so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least monthly and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files.

The people we spoke with indicated that they were happy living in the home and with the staff that supported them. People we spoke with stated they liked living at the home. People told us staff spent time with them and engaged with them throughout the day. One person told us they felt the staff were responsive to all of their needs and if anything changed with their care needs, the staff always supported them well.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person was consulted regularly to determine what activities they would like to engage in. Activities included lifelong learning at a day centre, walks, outings and other social activities people expressed an interest in. One person expressed an interest in employment and were supported to volunteer at a local business.

Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed. One person commented how they felt their loved one led 'an active a fulfilling life'.

Complaints and compliments were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. We saw evidence that where complaints had been made these had been managed in line with the company's complaints policy and had reached a satisfactory outcome. The area manager told us they review all complaints to identify common themes and also ensure a suitable outcome is reached. The area manager told us if there were any actions arising from complaints, these would be integrated into the action plan for the home.

Formal feedback was provided to the manager which was complimentary of the service provided to people at Shakespeare Way. One person had written to the registered manager praising the support provided at the home. They said "To all at Shakespeare Way, thank you for all your care and kindness". One relative had written to the registered manager praising the support provided to their loved one at Shakespeare Way. They said "Thanks so much to you all for all the fantastic care and support and love you give to X (name of person receiving service)".

Is the service well-led?

Our findings

There was a registered manager working at the home. The registered manager had been in post for four years at the time of the inspection. Staff spoke positively about management. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable" and "Always willing to help" to describe the registered manager. People living at Shakespeare Way spoke positively of the registered manager saying they did lots for the people living at the home.

The staff described the registered manager as being "Hands on" and led by example. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks.

The registered manager and area manager told us positive staff morale was 'very important' and strong leadership was key to achieving this. Staff told us there was strong leadership from the registered manager. Staff told us the registered manager and leadership team were always available to answer any questions or issues staff may have. Staff said the strong leadership from the management team had resulted in good morale amongst the staff group.

Staff told us there was an open culture within the home and the registered manager listened to them. Staff said team meetings took place monthly and gave staff an opportunity to voice their opinions. In addition to these, there were monthly corporate meetings which were attended by either the registered manager or deputy manager. Staff told us the information from these meetings would be shared with the staff by the person who attended the meeting.

There was an audit process in place at Shakespeare Way. The area manager told us the registered manager and deputy manager would complete quarterly audits of the service. In addition to these, the area manager would complete an annual audit of the service. The audit was completed against the key lines of enquiry (KLOEs) used by the Care Quality Commission during our inspections. Following on from the audits, any actions identified would have a clear timeframe for completion. From looking at the records of the audits, it was clear that where issues were identified, these had been completed in a timely fashion. For example, one audit identified the bathrooms in the property were in need of refurbishment. The records we looked at showed this work had been completed in a timely manner.

In addition to these audits, the registered manager told us they would seek the views of people living at Shakespeare Way and their relatives through annual surveys. The results were analysed by the registered manager and area manager who would identify any common themes and integrate this into the annual action plan. We looked at a sample of surveys and the feedback from this was positive. The registered manager told us the results of the surveys were relayed to people through the house meetings and letters sent to relatives.

We discussed the value base of the service with the registered manager and staff. It was clear there was a

strong value base around providing person centred care to people using the service and enabling them to reach their full potential through maximising their independence.

The registered manager had a clear contingency plan to manage the home in their absence. This ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the deputy manager or a manager from a sister home would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.