

MacIntyre Care Waring Close

Inspection report

1-3 Waring Close
Glenfield
Leicester
Leicestershire
LE3 8PZ

Tel: 01162878330
Website: www.macintyrecharity.org

Date of inspection visit:
04 December 2018

Date of publication:
03 January 2019

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

What life is like for people using this service:

The 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.

People continued to receive safe care. Staff had a good understanding of safeguarding procedures that should be followed to report incidents of harm or concern.

Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

People were supported to be as independent as possible, often through activities that carried a risk of injury such as swimming and horse riding. These activities were risk assessed to mitigate risk of injury and without unduly restricting people from exercising choice.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Safe staffing levels were in place to meet people's needs.

There were procedures in place for evacuating people with limited mobility in the event of an emergency. Infection control procedures were in place that were based on Code of Practice on the prevention and control of infections. The premises, including communal areas and people rooms were clean and fresh.

Staff training had training that provided them with knowledge they needed to perform their roles. The management team supported staff to put their training into practice. Staff were knowledgeable about people's needs. Two staff had won national awards in recognition of their support of people who used the service.

People were supported with their nutritional needs.

Staff obtained people's consent before they provided care and support. 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 treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a

friendly manner, addressing them by their preferred name. We saw positive and friendly interactions between staff and people. Staff acted professionally and recognised professional boundaries without compromising the quality of care and support.

People or their relatives were involved in the planning of care and could contribute to the way in which they were supported. People and their relatives were involved in reviewing their care and making any necessary changes if they wanted.

People participated in a wide range of meaningful and stimulating activities.

Care plans were detailed and included information about the support people required. People experienced outstanding outcomes because of the care and support they received.

People knew how to raise any complaints or concerns. These were acted upon promptly and where necessary the management team reviewed care plan and made changes.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 23 June 2016).

About the service: Waring Close is care home that was providing personal care to 16 people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-led.

Details are in our Well-Led findings below.

Good ●

Waring Close

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Waring Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 16 people in three purpose-built buildings. At the time of our visit there were 16 people using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 4 December 2018. We gave the service 24 hours' notice of our inspection visit because people and staff are often out and we needed to be sure that someone would be in.

What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require 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 other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and we contacted commissioners who had a contract with the service.

We did not speak with any people during our inspection due to their communication difficulties. However, we spent a short period of time in two peoples' company and observed how staff supported people. We attempted to speak with a relative of one of the people but they did not return our telephone call.

The registered manager was away on the day of the inspection, but we spoke with a team leader and the area manager who was visiting the service. After our visit the area manager sent information that was not readily available during our visit.

We looked at the care records of three people who used the service. We were shown throughout the three buildings. We also looked at records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training, and how the premises were maintained, including fire safety.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: people were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place. Staff understood how to make sure that people were protected from abuse or avoidable harm. They had received appropriate and effective training in this topic area.

Staffing levels

- The registered manager and team leaders calculated staffing levels based on people's level of assessed dependencies. This included ensuring that enough staff were available to support people with their chosen activities which were a very important aspect of their care and support. Staff told us that enough staff were on duty to be able to meet people's needs.

- Recruitment procedures ensured as far as possible that only staff suited to work at the service were recruited. Recruitment interviews assessed a job applicant's suitability. The provider carried out all the necessary pre-employment checks before a staff member started working at the service.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce the risk of injury or harm.

- Risk assessments did not restrict people's freedom to enjoy as much independence as possible. People were supported to participate in activities and sports that carried a risk of injury because those risks were outweighed by enjoyment and independence people experienced. This showed that the service was not risk averse.

- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of an emergency such as a fire. Every person had a personal emergency evacuation plan that staff understood. The service had emergency evacuation equipment for people who had upstairs bedrooms and staff were trained to use it. Fire evacuation drills took place at three-month intervals to check that staff and people knew what to do. The drills had been successful.

Using medicines safely

- Medicines were safely received, stored, administered. There were arrangements for a pharmacist to collect medicines that were no longer required.

- Staff supported people to have the right medicines at the right times. Staff followed guidance about how to

support people with medicines they took on a 'as and when required' basis, for example for pain relief.

- Team leaders carried out audits of medications every three months.

Preventing and controlling infection

- The provider had procedures for infection prevention and control procedures.
- All three premises were clean and we saw that cleaning schedules were followed.

Learning lessons when things go wrong

- The registered manager and team leaders responded appropriately when things had gone wrong. After a series of errors in the management of medicines the arrangements were reviewed and improved. Staff were retrained in safe management of medicines. They could administer medicines alone only after satisfactorily completing three observed medicines administration rounds. No errors had occurred since the new arrangements were introduced in May 2018.

Is the service effective?

Our findings

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

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

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

- Members of the management team carried out assessments of people's needs. Assessments were comprehensive and detailed the extent of care and support people needed. Team leaders reviewed people's care plans every month to check that people's care and support was in line with the care plans.

Staff skills, knowledge and experience

- Staff provided care that led to good outcomes for people and supported a good quality of life. Staff we spoke had good knowledge of people's care plans. They told us the care plans were a source of valuable information about people. The registered manager had ensured that all staff had read the care plans of people they supported.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively and with creativity. For example, after a staff member identified that a person was stimulated by tactile puzzles they bought them a 'Rubik cube' which the person liked to spend time unravelling. The staff member told us that the training and support they had received had encouraged them to think creatively. They told us, "I'm blown away about how active people are supported to be. I think of ideas."

- New staff had a comprehensive induction and training that prepared them for their role. A staff member told us, "I shadowed experienced staff for eight weeks before I supported people alone. I was confident by then, I knew I could always ask for help if I needed. I love working here."

- The provider supported staff to follow careers in social care. Senior staff and team leaders had opportunities to pursue the provider's training programme leading to qualifications with the Institute of Leadership and Management. Staff were recognised for their efforts and two had won annual awards for the quality of care they provided.

Eating, drinking, balanced diet

- Staff understood the importance to people of a healthy and balanced diet. People were supported to eat. Some had special cutlery to make eating easier for them, others had coloured plates and bowls which stimulated them to eat. Staff were trained to support people who could only consume food via an endoscope (PEG).

- Staff supported people to participate in preparation of meals. They made food preparation a sensory experience for people sensory impairment. On the day of our inspection visit two people with sight impairment were seated close to a kitchen area where a meal was prepared. Staff did this so that the people

could enjoy the sounds and smells of cooking.

Healthcare support

- Staff were attentive to people's health needs. They supported people to see health professionals such as GPs, nurses, behavioural specialists and dieticians when they needed to. Staff followed guidance professionals provided. Staff shared relevant information with healthcare professionals.
- Staff supported health professionals to understand people's communications needs and behaviours. Visiting professionals dressed in ways, for example suits, white coats, that made people anxious. One professional was taught to use a ball game which relaxed a person as a prelude to an examination. As a result, people experienced effective and beneficial healthcare.

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

- The premises were purpose built and well maintained. People had spacious bedrooms that were personalised to their taste and reflected their hobbies and interests.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 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. We found that they were.
- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they 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.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People we spent time with were not able to say whether they were well treated. However, they used single words, gestures and sounds to say they were.

- We saw feedback relatives had provided in a survey the provider carried out in August 2018. Comments included, 'Fantastic care, staff feel like extended family'; 'We wouldn't want [person] anywhere else' and 'staff have built up a lovely relationship with [person] and really understand them.' A professional who visited the service wrote, 'I have been really impressed by the care and warmth of staff.'

- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.

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

- The service found ways to make sure people had access to the information they needed in a way they could understand it. This was to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that people's care plans contained detailed information about their communication needs and preferences.

- A person's plan included a list of words they used that were unique to them. Staff we spoke with were familiar with those words which meant they could communicate with the person and understand their daily needs and preferences. Other people used colours to communicate choice and consent.

- Staff supported people to be involved in decisions about their care and support. Care plans had sections that people contributed to by inserting pictures and symbols to express how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to enjoy privacy. People could spend time in communal areas or in their rooms where they had plenty to stimulate them.

- Staff were sensitive and respectful of people's wishes to spend time alone and they knew when not to interrupt people.

- Staff respected people's dignity and privacy when they supported them with personal care.

- When we arrived at the service we saw staff supporting people into a minibus prior to be taken shopping. Staff were patient, offered people reassurance and spoke to people with enthusiasm about their plans for the day. People responded enthusiastically.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. People had made friends with people from other services they met at activities. Relatives and friends could visit people without restriction.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People received personalised care that responded to their needs.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted, such as how a person preferred to spend their time and the activities they wanted to participate in. We saw written feedback from a relative that read, 'They support [person] in a way that enables them to do everything they want to do and they make sure they are happy and well cared for.'
- People were involved in reviews of their care plans as far as they could be. Relatives were invited to be involved.
- People's needs were identified, including those related to protected equality characteristics. Staff found and developed creative ways to communicate with people using activities and games to support people to express choice about their care that they were unable to express using conventional language. These techniques were used to identify which staff were most suited to support an individual.
- Staff supported people with activities that combined recreation and communication skills. Staff learnt what made people happy and they built on that so that people consistently participated in activities that they enjoyed and helped them grow in confidence.
- Staff supported people to be able to express what was important to them and they involved people in setting objectives they wanted to achieve. A person without speech and hearing was supported to plan a holiday abroad to visit their family. Another person visited one relative who lived a long way away and another who had a new home. People attended concerts and sports events as spectators where they met relatives and friends, others participated in organised sports. A person who had been reluctant to go into the water at a swimming pool now swam several lengths of the pool. These things were achieved because staff and people they supported developed exceptional communication skills that broke barriers that had previously prevented people from leading fulfilling lives.
- The service had a 'no limits' approach to what could be achieved for people. A person who at one time saw a relative for an hour a month now visited them for whole weekends. This was achieved because of the support the service gave to the person and the relative. The service had established links with a local cycling charity and some people rode cycles at a sports venue. They were involved in fund raising to buy a special bicycle.

Improving care quality in response to complaints or concerns.

- Staff supported people to understand how they could raise concerns. They did this imaginatively. People used symbols of coloured objects to express what they felt and whether they were satisfied their care and

support.

- Relatives used the provider's complaints procedure. Six complaints were received in the last 12 months. All of them had been managed in accordance with the complaints procedure. Actions were taken as a result of complaints, for example improvements were made to how rotas and activities that included long distance travel were planned.

End of life care and support

- People were not asked about end of life care because it was something that they would have found distressing.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

- The service was well-run. The registered manager ensured that staff had the right support through training and supervision to be able to meet the challenging needs of people. Staff told us they were very well supported and highly motivated. A staff member told us, "I love it here. I feel motivated. It's a well-managed service. They've looked after me and I've felt supported through supervision. I've been given a task to plan an activity for an individual or a group."
- The registered manager supervised a team of team leaders and was themselves supported by an area manager. We found that there was a strong management team that motivated and inspired staff to help people achieve challenging positive outcomes.
- The provider's team of directors visited the service every year to meet staff and feedback about how the organisation was performing, its values and future plans. A staff member told us, "I'm impressed about how very person centred MacIntyre is."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We saw from notification we had received that the registered manager understood their regulatory requirements. The registered manager was away on the day of our inspection visit. However, a team leader who was the senior person on the day very ably managed the service. They understood the responsibilities of a registered manager. This showed there had been effective communication between the two which meant that the service continued to be well managed when the registered manager was away.
- The registered manager carried out scheduled audits for the quality and safety of the service which they reported to the area manager. Their audit outcomes were robustly tested by the area manager who carried out their own checks at three monthly intervals. This showed that the service had strong governance arrangements that placed quality care and improvement at the centre of its performance.
- Staff at all levels understood their roles and responsibilities. They told us they felt involved in developing the service and that they were confident about making suggestions because they were motivated to do so. Staff made suggestions about communication techniques which were adopted.

Promotion of person-centred, high-quality care and good outcomes for people

- The provider's values were 'kindness, compassion, dignity, empowerment, equality and respect'. The provider told us in their PIR those values were the organisation's DNA. We found that the registered manager and staff team supported those values and this was demonstrated by the outcomes people had achieved.

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people as far as they were able in decisions about their care. Relatives were involved.

- The service had forged good links with organisations that hosted activities and sports events that people participated in.