MacIntyre Care

Coriander Road

Inspection report

25 Coriander Road
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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

Overall summary

This inspection took place on 2 September 2015 and was unannounced.

Coriander Road is registered to provide residential care and support for four people with a learning disability who present behaviours which challenge us and may in addition be diagnosed with autism. At the time of our inspection there were three people using the service.

The service comprises of two semi-detached properties, with inter connecting doors. Each house has a lounge, kitchen diner and bedrooms, with the lounge providing access to the rear garden.

Coriander Road had 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.

Staff told us that training helped them to understand the needs of people, which includes their right to make decisions about their day to day lives. Staff were

Summary of findings

confident that if they had any concerns about people's safety, health or welfare then they knew what action to take, which would include reporting their concerns to the registered manager or to an external agency.

People were supported by knowledgeable staff that had a good understanding as to people's needs. Staff provided tailored individual support to keep people safe and to provide support when their behaviour became challenging.

People received their medicines in a timely manner and the medicine they were prescribed was regularly reviewed by a doctor.

People were protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found DoLS to be in place for two people. We found that mental capacity assessments had been carried out for key aspects of people's care.

People were supported to have sufficient to eat and drink and recommendations from health care professionals were followed. People were supported to access a range of health care appointments by staff to ensure their health was monitored and maintained.

Plans of care contained information as to the support and care people required to meet their needs. Staff met with people and other interested parties to review and update plans of care to ensure that people's needs were responsively met and changes to people's needs identified.

The attitude of the registered manager and staff showed they were enthusiastic about their work and committed to providing the best possible care for all those who used the service. All were aware of each person's individual needs. Staff appeared caring and friendly and talked about their work and were well informed about those using the service. The role of staff included raising concerns on behalf of those using the service who were not able to raise concerns themselves.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment that was well maintained and safe. Audits and checks were effectively used to ensure people's safety and needs were being met, as well as improvements being made as required. People's representatives and staff had the opportunity to influence the service which enabled the provider to review and develop the service.

Summary of findings

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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

There were sufficient numbers of suitable staff to meet people's needs.

People received their medicines correctly and at the right time.

Good

Is the service effective?
The service was effective.

Staff were trained and supported which enabled them to provide the support and guidance people required.

People's consent to care and treatment was sought. People were supported to make decisions which affected their day to day lives.

People's dietary requirements with regards to their preferences and needs were supported.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good

Is the service caring?
The service was caring.

Positive relationships between people who used the service and the staff employed were in place.

Staff encouraged people to make decisions about their lifestyle choices and understand the impact of their decisions on themselves and others.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed prior to them moving into the service and they or their representatives were involved in the on-going review and development of their care.

People appeared relaxed and comfortable in the company of staff. Staff provided support to people to raise concerns.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The registered manager promoted a positive culture which encouraged people, their relatives, and staff to help develop the service.

Staff were complimentary about the support they received from the management team and were encouraged to share their views about the service's development.

The provider undertook audits to check the quality and safety of the service, which included seeking the views of external stakeholders.

Coriander Road

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 2 September 2015 and was unannounced.

The inspection was carried out by one inspector.

Prior to the inspection we contacted commissioners for social care, responsible for funding people that live at the service, and asked them for their views about the service.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

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 plan to make. The PIR was completed and returned to us.

We were introduced to two of the three people who used the service and spent a brief period of time with one person. We did not spend more time with people using the service; as staff advised us that as those using the service did not know us, there was a possibility that our presence may cause people to become anxious or distressed.

We spoke with the registered manager and two support workers. We looked at the records of two people, which included their plans of care, risk assessments, health action plans, and medicine records. We also looked at the recruitment files of two members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits, and the minutes of meetings.

Good

Is the service safe?

Our findings

We looked at how the provider protected people and kept them safe. The provider's safeguarding (protecting people from abuse) policy provided staff with guidance as to what to do if they had concerns about the welfare of any of the people who used the service. We spoke with staff and asked them how they would respond if they believed someone who used the service was being abused or reported abuse to them. We found staff to be clear about their role and responsibilities.

Policies and procedures were in place where the provider had involvement with people's finances. Records were kept as to people's individual expenditure which included the receipts for items purchased and financial records signed. The provider had a system for auditing people's monies and records, this was carried out by the registered manager and senior support workers to support in the safeguarding of people from financial abuse.

Plans of care included risk assessments where potential risks had been identified whilst providing care and support to people. Assessments for risk included guidance for staff as to how to support people when their behaviour became challenging. This enabled staff to support people in a consistent manner by following the recommended guidance that was in place to promote their safety and the safety of others. Peoples' plans of care and risk assessments were regularly reviewed, which enabled staff to be confident that their approach to reduce risk and safeguarding people's safety was up to date.

Staff we spoke with were knowledgeable about how they supported people whose behaviour became challenging to promote the safety of all. Staff worked with people to support them to access the wider community in a safe manner by following the clear guidance and protocols as detailed within people's plans of care and risk assessments.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems, or damage to the building which made it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that the relevant checks had been completed before staff worked unsupervised at the service.

We observed that there were sufficient staff to meet people's needs, which included one to one support for some people during specific hours of the day. This enabled staff to support people in a safe manner when accessing community resources.

People's mental capacity to manage their own medicines had been assessed and was medication was managed and administered by staff on their behalf. We were told that people took their medicine when asked.

We looked at the medicine records of two people who used the service and found that their medicines had been stored and administered safely. This meant people's health was supported by the safe administration of medication. The registered manager carried out audits of medicine records and storage to ensure medicines were being managed well. People's medicines were regularly reviewed by a doctor to ensure that the medicine they took was working well.

Good

Is the service effective?

Our findings

We asked staff about the needs of people, they were able to tell us how their care and support was provided, which was consistent with the information we had read within people's plans of care. This showed that the service had an effective system that enabled all staff to acquire the relevant information in order that people's needs were met.

The registered manager had made changes to the support someone with a specific need received by having a dedicated core team of staff to support them. This meant the person was supported effectively by staff that knew them well and who had developed a professional working relationship with them.

Staff said that there was good communication between the registered manager and staff. We asked staff how information was shared, and they told us through daily 'handovers' which were used to update staff on people's health and well-being.

Staff also told us they attended regular staff meetings where issues were discussed. Minutes of staff meetings showed staff were updated as to training available. Staff advised us that they were regularly supervised and appraised by the management team, which included one to one meetings. These focused on staff personal development and the needs of people using the service. Staff, as part of their on-going monitoring of their performance, complete a document referred to as 'the key', which requires staff to reflect on their practice when having undertaken a specific task when supporting someone. A member of staff told us, "Key is a good idea, we reflect on what we do well and what we can improve on. The key gets you to mark yourself, making you look intricately at every activity. It's a good learning tool."

Records showed people accessed a range of health care services which included doctors, opticians and dentists. Specialist health care professionals were also involved in for people with specific needs.

Where people's behaviour became challenging a comprehensive record was completed as to the event. This included information as what had occurred prior to the event, what action was taken by the staff, what effect this had on the person and whether prn (medicine which is taken as and when required) medicine was administered. This enabled staff to identify potential learning points for future events and consider how they could better provide effective care and reduce the likelihood of situations reoccurring in order that people were supported in a way that met their needs.

Staff spoke positively about the training they received and told us about the training they had attended. Staff training records showed that staff received training in topics related to the promotion of people's health, safety and welfare along with training specific to meet the needs of people using the service. Staff confirmed that when they started working at the home they were provided with an induction and this included working with an experienced staff member and working through their personal development programme.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the service's training records showed they had attended courses on this.

Staff we spoke with told us they had received training on the MCA and DoLS and we found staff were knowledgeable about how they supported people to make daily choices and decisions on a day to day basis. MCA assessments had been carried out to determine people's level of capacity with regards to the management of their finances and medicines.

People's records included a restrictions checklist that had been used to assess whether a person was being restricted with consideration to the environment, staffing, and the person's ability to access the wider community without the support of staff. The checklists had identified that restrictions were in place and therefore the registered manager had made an application for each person to the supervisory body responsible for the authorising of DoLS.

We found that there were two people with a DoLS in place at the time of our inspection. We looked at the records for these and found that the staff were following the information recorded within the DoLS authorisation.

People's plans of care included information about their dietary needs, which included information as to their likes and dislikes. A dietician had been involved in the

Good

Is the service effective?

development of meals for people using the service, which promoted their health and well-being, whilst taking into account their individual preferences and supported people's specific needs.

It has been recommended by the government that a 'health action plan' should be developed for people with learning disabilities. This holds information about the person's health needs, the professionals who support those needs, and their various appointments. We found these had been completed and included information as to people's health and social care needs including their medication, likes and dislikes, and communication needs.

Good

Is the service caring?

Our findings

Staff understood people well and had good relationships with them. Staff were aware of the lifestyle people had experienced before they moved into the service, which included information as to their relatives, interests and hobbies. This information was used by staff to provide continued support to people in maintaining contact with relatives through visits and the sharing of gifts and cards for special occasions.

Photographs of people throughout their lives were displayed within frames on the wall of the lounge. Staff were able to talk to us about the people in the photographs, which included the person's relatives. This showed that staff took an interest in people's lives to enable them to develop caring relationships.

We observed that people were supported to participate in activities they valued. One person when we arrived left to attend a day centre to take part in activities. A second person remained at the service for the day and was supported by staff to take part in activities, whilst the third person spent time at their service before being supported to access the wider community with a member of staff.

Discussions with staff showed that they had a good understanding as to how to support people when they became anxious or they exhibited behaviour that challenged. A member of staff told us when asked about their role, "To help people do things for themselves. Helping them to make decisions and helping them to smile.".

People had contact with their relatives, which included visiting them supported by staff.

People using the service in some instances expressed themselves through their behaviour, gestures or actions. Staff were able to tell us how they interpreted people's actions so that they could provide the support they needed. People's plans of care included information as to how people communicated and how staff were to respond.

People using the service due to their disability would not be able to contact advocacy services independently and therefore their relatives or representatives who commissioned their care were involved in the reviewing and development of plans of care.

Everyone had their own bedroom which helped in the support of their privacy and dignity. The three bedroom semi-detached properties provided communal space for those living at the service. This afforded people with privacy in their day to day lives.

Records showed people were supported to attend Church and staff confirmed they supported people to attend, which included other related activities, such as fetes and coffee mornings. This showed people's religious beliefs were promoted and respected

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to their moving into Coriander Road. Assessments had been carried out by a social worker and had, where appropriate, included the views of people's relatives.

People's records included information about their lives prior to moving into Coriander Road. This enabled staff to understand how people's life experiences affected their lives today.

People's plans of care contained information and documents as to their needs, which included information as to what was important to the person and how to support them in their day to day lives. This included information as to how people communicated through their behaviour, gestures and symbols. Plans of care were specific to the individual needs of people, which enabled staff to provide consistent support with care that was responsive.

Plans of care were in place to enable staff to respond appropriately to people. One person's plan of care provided guidance for staff to follow throughout the day and night to promote a routine for them to reduce the person's anxiety and respond to any signs of distress. A second person's plan of care provided guidance for staff to follow with regards to the management of the person's food and fluid intake as this was an area which caused the person anxiety and concern.

One person's plan of care identified how standard phrases were to be used by staff to support the person in their daily lives. This was important to the person as it helped them to understand what was being asked of them as well as providing a clear structure to their day to help them manage their anxiety and prevent their becoming distressed.

We asked staff how people using the service influenced the care they received. They told us they reviewed people's plans of care regularly, speaking with the person and involving others involved in their care, which included representatives of day care facilities where appropriate.

One person's plan of care included information that people external to the service would need to adopt to support them when accessing transport to attend day care facilities. We asked staff how this information was shared. They told us the relevant departments responsible for organising transport were provided with information that enabled drivers of vehicles and the escorts on journeys to support people in a way which was consistent with their plan of care. This showed how the service responded and worked with others to support and respond to people's needs when it involved other services and agencies.

People's records showed they accessed the wider community on a regular basis, which included visiting local shops and places to eat, swimming, visiting the local cinema, attending day care facilities, and involvement with a local church. Holidays and day trips took place, which included visiting relatives.

People's needs were reviewed with the involvement of staff from the service and external health and social care professionals. Staff at the service recorded changes to people's well-being, which were shared with external professionals. This resulted in people's plans of care being revised to reflect changes to the support people required. We looked at records which provided examples of where people's plans of care had been updated following changes to people's needs. These included changes to the medicines people were prescribed that were used to support people with their anxiety and behaviour that challenged.

The service had a complaints procedure which relatives and others could use. However the registered manager stated that due to the needs of people using the service any concerns they had would be identified by staff through a change in a person's behaviour or through communication systems understood by staff. Records showed that staff raised complaints on behalf of people who used the service to promote their rights. This included when people who they shared the service with had caused them concern.

Good

Is the service well-led?

Our findings

The provider, through seeking the views of people using the service and their representatives, promoted a culture that was open and inclusive. People's representatives and those using the service were annually invited to complete a survey that sought their views. The information gathered from these surveys was reviewed and participants were provided with a summary as to the findings that included what action the provider plans to take. The provider's response to the most recent survey had identified a need for greater inclusion of people using the service in the recruitment of staff, further consultation with people using the service in the development and reviewing of their person centred plan of care, and the continued need to encourage and invite people to meetings.

The registered manager spoke to us about how the measures taken to address this. The registered manager said that when staff were recruited part of their interview process was to meet people (supervised by staff) who used the service to observe how they interacted with people and how those using the service responded to them. These observations were used to help assess people's compatibility in the role they had applied for in supporting people with a learning disability.

Staff were encouraged to share their views about the service through staff meetings and through on-going supervision and appraisal of their work. Minutes of staff meetings recorded any changes to people's individual needs. This gave staff the opportunity to question their practice and that of their colleagues to monitor how well it was working. Minutes also highlighted the expectations of the provider and registered manager of staff in the undertaking of their role to ensure people received a service that met their needs.

The registered manager promoted the development of the service by a commitment to the staff's continued development and greater awareness. They invited specialist advisors to team meetings to talk with staff about internal projects being rolled out by the provider that were related to the needs and promotion of people's wellbeing. These included talks about autism and personalised care.

Whilst people who lived at Coriander Road were unable to verbally communicate, we saw people were comfortable around the registered manager during our visit. The registered manager told us about their plans for the next 12 months, which included the development of the 'people plus' programme. The aim of the programme is to identify and support the gifts and talents of people using the service with a view to improving links with the wider community.

The provider had links with a range of specialist advisors and departments whose role is to keep up to date with good practice. The advisors and departments then cascaded information to staff working with those using the service, via e-mail, staff bulletins and newsletters.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe.

We asked staff what communications systems were in place to enable them to work well. We were told that individual supervisions (one to one meetings) took place, where staff had the opportunity to discuss the needs of people using the service, their personal training and development, and suggestions as to the development of the service. Staff also told us daily 'handovers' of information between members of the staff team promoted consistency of support to people by ensuring all staff were informed about events within the service.

The provider demonstrated good management and leadership through the use of team meetings that informed staff about policy and procedural updates. Meetings were also used to inform staff as to the outcome of quality assurance audits that had been carried out by external agencies, which included the local authority, and to raise staff awareness of the CQC and its approach to inspection.

Before the inspection the provider sent us the completed PIR, which identified areas for improvement over the next twelve months. The registered manager, within the PIR and on the day of the inspection, told us about the development of the service. This included seeking the views of specialists and best practice advisors in areas related to the needs of people using the service which would include positive behaviour support.

The provider assures themselves of the service's ability to deliver quality care through its range of audits that are carried out by members of the provider's 'compliance

Good

Is the service well-led?

team', other representatives of the provider, and the registered manager. The audits ascertain the quality of the service being provided and detail any action required to address any shortfalls.

The provider had considered how people who used the service could continue to receive the appropriate care and support should an untoward event occur, such as adverse weather, failure of electrical systems, or damage to the building which made it uninhabitable. A business contingency plan had been developed which had assessed the potential risk and outlined the action to be taken should an untoward event occur. This showed that the provider would be able to continue to provide the appropriate care and support and keep people safe.