

MacIntyre Care Hubbard Close

Inspection report

15 Hubbard Close
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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

About the service

Hubbard Close is a residential care home providing personal care to people with learning disabilities, and autism. During the inspection five people were living at the service. The service can support up to five people. People had their own bedrooms and shared facilities such as the kitchen, the bathrooms and the garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were positive about their care. One person told us, "I love it here. The staff are all great."

People were supported with kindness, respect and compassion by a staff team who had gotten to know people as individuals. There was a focus on people making choices about their support and the staff team promoted people to be as independent as possible. People received personalised care and were communicated to in their preferred communication methods.

People were protected from harm and abuse by systems put in place at the service. People had assessments in place which enabled them to take positive risks. There were enough trained and knowledgeable staff to support people safely and to allow people to do what they wanted throughout the day.

However, people did not always have as required medicine guidelines in their medicine files as they were accessed online. The provider reassured us these would be put into place following the inspection so that staff could easily follow them.

People were supported to take part in a wide array of community-based activities and to take part in daily living skills in the home. Staff members encouraged people to try new things and to be involved in choosing how they spent their time. The manager and staff team had a passion for promoting people's involvement in the local community.

People were positive about the way they were supported with food and drink, people were involved in cooking and preparing meals. People were supported to see health care professionals where this support was needed. People had access to a detailed complaints procedure which was available in accessible formats if people needed to make a complaint.

The manager completed audits to monitor the quality of the service. These included medication audits, health and safety and care delivery.

People and their relatives were encouraged to feed back about their care and support and were involved in service delivery at all levels. The manager and the staff team worked with other organisations to ensure good outcomes for people using the service. People were positive about the management of the service. The manager was passionate about putting plans in place to continue to improve the way people were supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, capacity assessments did not always clearly document how people were involved in the assessment process. We discussed this with the provider who assured us they would review these assessments to ensure consultation with people was clearly documented.

The service applied the the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 ●

Hubbard 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

Hubbard close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the provider's regional manager, registered manager and two care workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives to gain feedback of their experience of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel very safe, the staff take care of me." A relative said, "I feel [family member] would always be safe at Hubbard close as the staff support [family member] so well."
- Staff received training in safeguarding people from abuse and had a good understanding of how to keep people safe.
- People and staff had access to information about how to report any concerns to the correct authorities.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs and what activities they chose to take part in. These risk assessments covered areas such as health, behaviours that may challenge and accessing the community. Staff updated these risk assessments following events that meant people's needs had changed.
- People had risk assessments in place for emergencies such as a fire or extreme staff shortages at the service.
- Staff members completed health and safety and fire safety checks to ensure that the service was safe.

Staffing and recruitment

- People told us there were enough staff at the service. One person said, "There is always staff here to help me and take me out."
- Staff told us that there were enough staff on shift to support people safely. The registered manager ensured that there was a list of relief support workers who knew people well available to cover sickness and holidays. This system was working well, and the service had not needed to use any agency staff.
- The provider completed robust recruitment checks for all staff members to ensure that they were suitable to work with people at the service.

Using medicines safely

- People were supported safely with their medicines. One person told us, "The staff give us our medicine." We saw people being supported with their medicines in ways which they preferred, and staff followed good medication administration guidelines.
- Staff received training and competency checks in medicines administration. The staff team and the manager completed audits to ensure that there were no medication errors. One staff member told us, "We have to complete medication training face to face. We also have competency check of three observations

administering medication and these are reviewed every year with new observations."

- People did not always have had protocols in place for 'as and when required' (PRN) medicines which told staff when a person may need these medicines. However, this had not resulted in any harm to people.

We recommended that the provider reviews people's medicines to ensure that PRN medicines have guidance for staff to follow within people's medicine records.

Preventing and controlling infection

- Staff kept the service clean and the service was fresh and well-maintained. One person said, "It's fresh and always seems clean here. The floor is clean, not like the last place I lived."
- Staff had training in infection control and we observed staff following good hygiene practices such as wearing gloves and washing hands throughout the day.
- Staff completed regular checks in areas such as legionella, fridge and food temperatures.

Learning lessons when things go wrong

- The manager and senior support worker reviewed incidents and accidents and updated people's care plans if any changes were required. Lessons learned were shared with the staff team in handovers and team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant 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

- People's needs were assessed before they began living at the service. Assessments focused on people's emotional needs and preferences as well as their physical care needs. One relative said, "I was involved in the transition for [person] to this service. My [relative] lived in another service before, however the move to Hubbard Close was excellent."
- The manager and staff team had a good understanding of current guidance such as registering the right support and person-centred care. This was evident throughout our inspection.

Staff support: induction, training, skills and experience

- Staff had training in areas such as safeguarding, supporting people with behaviours that may challenge, supporting people who use different forms of communication and health and safety. One staff member told us, "There is extensive training here. I also am a representative for the service for dementia. Every 3 months I attend meetings which are specialised. I share this information with the team during team meetings to escalate the knowledge. These include healthy lifestyle group, autism and dementia. We are focused on how people with a learning disability want support in their older life and how we must respect people's choices and preferences and still encouraging new experiences."
- The registered manager had appointed staff who attend additional further training in one area including safeguarding, dementia and health and healthy lifestyle. These staff members were passionate in driving improvements in these areas and regularly gave feedback to the rest of the staff team in team meetings.
- Staff received an induction when they started at the service. One staff member said, "I had a good induction and also had time shadowing other staff."
- Staff received regular supervision and competency checks and told us that they could request more of these if they felt they needed more support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the food at the service. People said, "Staff cook all the things I like." and, "The food is nice. I get a choice of what I want to eat, and I can eat when I want."
- People were involved in creating menus and we observed that meal times were relaxed, and people could choose when to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to follow a healthy and balanced diet. Staff monitored people's weight and referred them to dietitian if there were any concerns.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as GPs, psychologists and dietitian depending on their needs. One person told us, "Staff will ring the doctor and take me to appointments if I need them."
- One relative spoke to us about how the service had linked with health professionals to resolve an issue with their family members medicines. This had a positive impact on the person.
- People discussed living healthy lives and accessing appointments with staff on a daily basis.

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

- People told us the service met their needs. One person said, "There is lots of space here which is nice. I know I should keep my bedroom cleaner, but staff do not push me to do this as it is my space."
- People were happy to show us their rooms. These were personalised to people's preferences.
- All the areas of the service were large and spacious which allowed people to cook or clean if they chose to do so. The manager acknowledged that the garden area needed some maintenance and told us that this would be dealt with by the local contractor.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had completed detailed mental capacity assessments for people for decisions relating to their care and treatment. Where a person was assessed to lack capacity, a best interest meeting had been held and a record completed including the views of relatives and professionals involved with the person. Where needed the registered manager had applied for a DoLS. Some capacity assessments had not clearly documented how the service had involved the person in the assessment. However, people had not been harmed by this omission. We discussed this with the provider who assured us they would review their capacity records to ensure that people's involvement, their relatives and advocates were included into assessments.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the care and support they received and with the staff who supported them. Relatives told us they felt staff respected people and provided a high standard of care. One relative told us "My relative is so happy there." Another relative told us, "Staff are all very good, they are patient."
- Staff were passionate about delivering person-centred and high-quality care to people. One staff member told us, "The vision of the service and within the team is to put people at the centre of the service, this is people's home and people must be treated with respect."

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

- Positive and caring relationships had been developed with people. Staff were observed to interact with people in a kind and friendly manner. Staff understood that their role was to support people to learn new skills and be involved in all aspects of decision making.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. This allowed them to provide a more personalised service.
- People's care records included information on their likes, dislikes and preferred routines. A staff member told us, we have personalised care plan in place which are reviewed regularly to include people's preferences and talk to them frequently. We do not assume that people want something a certain way or because they usually do something a certain way then this is what they always want we understand that people's needs change."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to encourage people's independence. We saw one person make their own breakfast, help prepare lunch and go to access a day centre. Another person accessed the community for a day centre opportunity which they enjoyed.
- People's dignity was respected, and personal information was stored securely. We observed staff respected that the service was people's homes by knocking on doors and calling the doorbell instead of using the house keys.
- One staff member told us, "We care for people in a way in which they want to be cared for and ensure they

are treated as individuals. We encourage people to feedback to us how they like their care to be delivered."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed with regards to people's likes, dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they may have needed more support. Staff members used this information to support people in a non-intrusive way. The registered manager told us, "All the care plans are devised within a person-centred approach which are made for the individual." One staff member told us, "We support people in a person-centred way based on the individual's needs, likes and dislikes and preferences. We speak to them and involve them in their care and provide care which is personalised and allows them to live a life they want and need.

- It was clear that people were well known by staff who were responsive to their needs. Staff shared with us information around people's preferences and how they wanted their care to be delivered. Staff knew people, their families and their backgrounds well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, body language, and other verbalisations.

- A keyworker programme was in place, which gave staff the responsibility of working closely with a person to record monthly progress. This included information about what had gone well, what the person preferred to do, any changes that might be required, and any choices they had made.

- Staff told us they had contact with people's families to update them and gain support and information for people as and when they required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in the wider community. They were supported to go on activities of their choice or to stay at home if they wished. Some people regularly attended a day centre and records showed they enjoyed and looked forward to this activity. People were supported to attend social events such as clubs, shopping trips, walks and drives. One person told us they were going on a short break with

staff next week to Blackpool to watch a show. One relative told us "My relative is always out on trips. [Relative name] loves musicals and the home always go above and beyond to facilitate her to access different musicals all over the country."

- People were able to request any activities they would like to participate in through weekly meetings with the staff team and management, we saw that these activities were then facilitated for people.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, there had been no complaints made recently. However, the registered manager was confident that they would respond to any complaints formally and investigate where needed. The registered manager had issued quality assurance questions to people and relatives to gain feedback on the care provided and held regular staff and service user meetings.

- People were comfortable and knew how to make a complaint and felt confident that the registered manager would act upon any complaints raised quickly. One relative told us, "I have no complaints. If I did I would go straight to the manager."

End of life care and support

- During inspection no one was receiving end of life care. However people had end of life support plans in place. People had been involved in completing end of life support plans which detailed their wishes and preferences.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the staff team promoted a positive culture at the service. Throughout the inspection it was clear that people were treated in a person-centred manner and that they were involved in all aspects of their support at the service. People were encouraged to feedback about their support.
- People had achieved positive outcomes since being supported at the service and this had been commented on by relatives and professionals involved in people's support.
- People were positive about the management of the service. People told us, "The manager is great, she is always here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as was possible.
- The registered manager notified CQC and other agencies of any incidents which took place at the home.
- People knew who the management team were and saw them regularly. One person told us, "Yes I know (managers name) she is so nice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Relatives, professionals, and staff gave positive feedback about the registered manager and the whole staff team. The vision and values of the service showed that people were at the centre of everything the staff team did.
- The registered manager showed an open and honest approach with everyone involved in the care of people at Hubbard Close. They led by example, were visible in the service day to day and used a coaching style of management to support and develop staff skills and knowledge.
- Staff were motivated and proud of what they had achieved at the service. They explained about the joy they got from seeing all the positive changes in people's lives.
- The registered manager had reported all incidents and accidents to the relevant authorities promptly and reviewed actions needed to reduce the incident repeating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were regularly involved in feeding back about the service in one to one meeting with staff and weekly meetings with the registered manager.
- Relatives were positive about the way the registered manager and staff communicated with them. One relative told us, "Communication is good. The staff always ring and update me about how [family member] is and let me know if there are any concerns." Another relative said that communication had improved recently.
- Staff members were encouraged to feed back about the service in supervisions and staff meetings. One staff member said, "We are all fully involved in the ongoing improvement of the service and encouraged to share ideas. The manager is excellent."

Continuous learning and improving care

- The registered manager was passionate about continuing to improve the service and the skills of the staff team.
- The registered manager put actions in place following audits and completed these to improve the service.

Working in partnership with others

- The manager and staff team worked well with others to ensure good outcomes for people. This included health professionals, psychologists and local places of interest which people enjoyed visiting.
- The manager felt supported by the provider.