

# MacIntyre Care Hubbard Close

## 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** 

### Overall summary

This inspection took place on 20 November 2015 and was unannounced. When we last inspected the home in April 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

Hubbard Close provides accommodation and support for up to five people who have a learning disability or physical disability. At the time of this inspection there were three people living at the home.

The home has a registered manager. 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.

People were safe and the provider had effective systems in place to safeguard them. Their medicines were administered safely and they were supported to access other healthcare professionals to maintain their health and well-being. People were given a choice of nutritious food and drink throughout the day and were supported to maintain their interests and hobbies. They were

# Summary of findings

supported effectively and encouraged to maintain their independence. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service.

There was a small but stable staff team who covered for all absences at the home. Staff were well trained and

understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

# 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.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place.

Good



### Is the service effective?

The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good



### Is the service caring?

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships

Good



### Is the service responsive?

The service was responsive.

People were involved in assessing their support needs and staff respected their choices.

People were supported to follow their interests.

Good



### Is the service well-led?

The service was well-led.

The registered manager was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good



# Hubbard Close

## 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.

The inspection took place on 20 November 2015 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about

important events which the provider is required to send us by law. The provider had completed 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.

During this inspection, we spoke with three people who lived at the home, one member of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We carried out observations of the interactions of staff and the registered manager with the people who lived at the home. We checked medicines administration records and looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People told us that they were safe living at the home. One person told us, "I've been here over a year. It is a nice area." Another person told us that the things that made them feel safe were, "The environment and the people who work here." Another person told us, "I go out every Wednesday and staff come with me. It makes me feel safe. If I go on my own I might get knocked over."

The provider had an up to date policy on safeguarding. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what to look for. They told us of the procedures they would follow if they had concerns. The registered manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission, but there had been none to report recently.

The registered manager explained the detailed system that was in place to ensure that people's monies were safe and accounted for. They showed us the records staff signed at the beginning and end of each shift to confirm the monies held for each person.

We saw that there were person centred risk management plans for each person who lived at the home. Each assessment identified possible risks to people, such as the self-administration of medicines, fire risk from smoking within the home or people getting lost when they were out of the home on their own, and the steps in place to minimise the risk to themselves. One person told us, "It is not safe to smoke in my bedroom so I smoke in the conservatory." Another person showed us the checks they completed before going out on their bicycle. Risk assessments were regularly reviewed to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. This gave staff up to date information and enabled them to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of the kitchen, storage cupboards and the fire systems. We

saw that the home held regular fire drills and evacuations. This ensured that people who lived at the home knew where to go in the event of a fire. There were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur.

The registered manager told us that there was always one member of staff on duty during the day and one member of staff who stayed at the home overnight. There was a small staff team who worked in the home and they covered absences from within this team. The registered manager told us that no new staff had joined the home since their arrival three years ago. One member of staff was absent due to an injury sustained during their leisure time. We saw that the rota had been adjusted so that their shifts were covered by other members of the team. The manager told us that they never used staff from an agency as this would have a negative effect on the people who lived at the home. The registered manager explained that their role was split and they provided cover for shifts, as they were doing at the time of our inspection.

The provider had a robust recruitment policy should any new staff be required. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, and the follow up of employment references. The registered manager told us that they were involved in a local recruitment exercise run by the provider for staff at other homes across the area.

Where appropriate people's medicines were administered safely by staff that had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in people's rooms. We looked at the medicine administration records (MAR) for two people, one of whom administered and recorded their own medicines, and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to

## Is the service safe?

receive medicines that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies. Staff understood these. A pharmacist advice visit had been completed in September 2015 and had raised no issues.

# Is the service effective?

## Our findings

People told us they thought the staff were well trained. The registered manager told us that, although not currently required at the home, they were qualified to train staff to use hoists and provided this training to staff from other homes in the region. They refreshed this training with an external body every two years.

Staff told us that they received regular training. A member of staff told us that they completed regular refresher training in all areas thought to be essential by the provider. This had been delivered by various methods, including e-learning and face to face learning. These areas of training included communication, safe movement of people and equality and human rights. The registered manager discussed training at supervision meetings, reminded staff when refresher training was due and checked that it had been completed. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff told us that they received regular supervision every four to six weeks. They told us that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. The manager showed us that there was a schedule to ensure all staff received supervision.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS) We saw detailed capacity assessments which had been completed in each area of people's lives. The service had assessed

whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and found that one authorisation was required and had been granted as a person was not allowed to leave the home unless they were supervised. The person understood the requirements of the authorisation.

People and staff told us people's decisions about their daily care and support needs were respected. One person told us, "I do what I want, when I want but the staff always ask me if they want to do something." We saw evidence that people had been involved in identifying decisions that they could make for themselves and those that they needed support with. One record showed that the person had identified that they needed support with spending their money. A member of staff accompanied them when they went shopping and helped them to buy the items they needed.

People told us that they were involved in decisions about the menus. One person told us, "We all decide what we eat." Another person told us, "We choose what we eat. I eat healthy but at Christmas I will pig out." They went on to tell us that staff bought special foods for them to reflect the diet they followed to control their diabetes. Another person told us, "There is plenty of food and it is really nice. The staff have to cook it. I can't cook as I might burn myself." We saw that people helped themselves to food from the cupboard and fridge. One told us that they had bought the food in their lunch box the day before. Another person returned from a shopping trip and made themselves a snack of toast and a drink. There was fruit on the table from which people to help themselves.

Records showed that people were supported to maintain their health and well-being. One person told us that they weighed themselves daily but that this was their choice. They also said that they would tell staff if they felt at all unwell and knew that staff would assist them to see someone if they needed to. Each person had a health plan in which their weight and visits to healthcare professionals were recorded. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians. People's care plans identified any health issues that a person had and which may have required particular vigilance by staff to maintain the person's health and well-being.

# Is the service caring?

## Our findings

People told us that the staff were caring and treated them with dignity and respect. One person told us, “I’m fine. Staff are a very nice bunch.”

We saw that the interaction between staff and people was caring and supportive. Staff spoke with people and laughed and joked with them. We saw that people were very much at ease with staff and liked to have fun with them. Staff clearly knew people’s likes and dislikes and there was a very homely atmosphere. One member of staff told us, “It is like a big family and we get to know them.” The registered manager told us, “It is like a family and people have a huge trust in the staff.”

People’s support records included a section titled ‘About Me’, which provided information about people’s preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support and their preferred daily routines. A member of staff told us that this had enabled them to understand how to support people in ways that were appropriate for them. Staff were also able to tell us of people’s personal histories and who and what was important to each person they supported. We observed that they spoke with people appropriately, using their preferred names.

People were supported to maintain relationships with their loved ones. One person had a partner, who used to live at the home but now lived at a different home because of

their increased needs, and staff supported them to visit their partner every week. Another person’s relative was in frequent contact and had arranged for the garden at the home to be landscaped at their expense. During our inspection the registered manager had supported one person to respond to an email that had been received from a relative. The registered manager told us that people’s relatives were free to visit the home at any time.

We saw that staff promoted people’s privacy and always knocked on their door and asked for permission before entering their rooms. Staff were able to describe ways in which they protected people’s dignity when supporting them. They also told us that they never discussed the care of people they supported outside of the home, which protected people’s personal and confidential information.

People were encouraged to be as independent as possible. One person was free to come and go from the home as they pleased although they always told staff where they were going. If they were away from the home for more than two hours they used their mobile phone to assure staff that they were safe. People’s rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with drawings people had completed and photographs of events, such as one person’s wedding. People had chosen which pictures were to be displayed.

Information about the provider and the home was available in an easy read format that people could understand.



# Is the service responsive?

## Our findings

People had lived at the home for many years. They had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed and we saw evidence that they had regularly reviewed the plans with staff.

Each person had been assigned a link worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. We saw that people's well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs. Staff told us that as a link worker they would, "Go through the care plans to make sure everything was up to date."

All of the people at the home assisted with running the home and the cleaning and tidying their rooms. One person told us, "I do the cleaning and make beds." Another

told us, "I am the safety man. I do the fire checks every week and check the emergency lights." The manager told us that one person had a daily routine that included the vacuuming all of the communal areas.

People were encouraged to take part in to maintain their hobbies and interests. One person told us, "I look after my pet hamster, Stacy. I have had her for about a year. When they pass away I replace them but I tend to get a bit disheartened then." They went on to tell us about their photography and their enjoyment of shopping and going out on their bicycle. Another person showed us the drum kit they had in a vacant room and demonstrated their skill at playing it to us. A third person told us of the paid work that they undertook for two hours a week. They also told us they enjoyed horse racing and that the registered manager had arranged to take them to a local race meeting.

There was a complaints system in place and people knew how to make a complaint. One person told us, "If I wanted to make a complaint I would go to [staff] upstairs. If something is wrong she just does it [put it right] herself." Another person told us, "I have no complaints. I am really happy and there is nothing wrong with it [the home]." The registered manager told us that there had been no complaints received in the year prior to the inspection and the records we looked at confirmed this.

# Is the service well-led?

## Our findings

People and staff told us that the registered manager was very approachable and that the atmosphere was very homely. One person told us, “The manager is nice and approachable.” A member of staff told us, “[Registered Manager] is a brilliant, brilliant manager. I can’t fault [them].”

The member of staff told us that the provider’s ‘visions and values’ were discussed at each team meeting. They explained that these were to enable people to maintain their independence as much as was possible and to provide excellent care and support to them. They felt that they met these values in the way they provided the care and support to people who lived at the home and said that, “The guys have really come out of their shell,” since the registered manager had taken over.

Staff were aware of the provider’s whistleblowing policy. A member of staff told us that they had used this in the past and would not hesitate to do so again. They were aware that a full investigation had been completed after they raised their concerns and action had been taken.

People were encouraged to provide feedback and be involved in the development of the service at regular house meetings. Topics covered at the meetings included items such as menu planning and the choice of activities

available. The most recent meeting had identified that people wished to be supported to complete their Christmas shopping. A satisfaction survey was sent each year and the results analysed to identify any improvements that could be made to the service provided. One form completed in 2014 showed that the person had been given the opportunity to identify areas for improvement but they were happy with the way things were and that staff listened to them.

The minutes of the staff meeting held in September showed that staff were encouraged to be involved in the development of the service. Topics such as health and safety, emergency plans, medicines management and complaints had been discussed.

The provider had an established quality monitoring programme which applied across all the homes it ran. The registered manager provided details of their latest quality audit and the service development plan to address the areas identified for improvement, such as ensuring that all staff were aware of the provider’s visions and values. We saw that a member of the provider’s health and safety team also carried out regular audits of areas such as medicines administration. The registered manager also operated a ‘hands on’ approach and monitored the quality of the care provided by staff by watching staff and talking with people who lived at the home.