

MacIntyre Care

The Grove -4

Inspection report

4 The Grove
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Grove-4 is a residential care home providing personal care to 7 adults living with a learning disability or autism at the time of the inspection. People had their own bedrooms and shared communal areas such as the kitchen, bathrooms and the garden.

The service had not 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.

The service was part of a larger cluster of three services which were all located on the same site. The size of the service had some negative impact on people living there due to the service being located far away from local amenities and having limited access to public transport. The service was clearly a care home and there were identifying signs such as a large sign and industrial waste bins.

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

People were not always empowered to achieve good outcomes. The registered manager and provider were not fully aware of current best practice and guidance about supporting people living with a learning disability. Staff members were not promoting people to take full control of their lives in all areas and this was not being monitored by the provider. There were missed opportunities for continuous learning and improving care at the service due to this lack of monitoring.

There were enough staff to support people safely. Staff received appropriate training, however this training was not always effective in practice and staff's use of this training was not always being monitored. Staff members had a good understanding of person-centred care in theory but did not always apply this in practice. Staff were not always supported to identify areas where this practice could be improved.

Staff members had got to know people well as individuals and were caring in their approach. However, staff did not always promote people's independence and enable them to develop life skills. People were not always supported to have maximum choice and control of their lives and staff did not always support them to try new activities or take part in meaningful activities; the policies and systems in the service did not always support this practice.

The service rarely applied 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 did not fully reflect the principles and values of Registering the Right Support as people were not fully supported to take part in community and social activities. People were not always

supported to maintain their independence and daily living skills.

People were kept safe at the service and policies and procedures were in place to safeguard people from abuse. People received effective support with their food, drink and health needs. The premises were adapted and suitable to meet people's needs. People had access to a complaints procedure if they needed to use this. The provider completed a range of audits in areas such as health and safety to ensure that the quality of the service in these areas was maintained.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 12 January 2019). The service remains rated requires improvement. This is the second time that the service has been rated as requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see all the sections of this full report.

Enforcement:

We have identified breaches in relation to good governance and leadership at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grove -4

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 this inspection

Service and service type

The Grove-4 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. We spoke with relatives over the telephone on 07 January 2020 to gain their feedback about the service provided.

What we did before the inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Some people had complex needs which meant they were not able to tell us about their experience of the

service. We observed how staff interacted with and supported people in communal areas of the service. This helped us understand the experience of people who could not talk with us.

We spoke to three relatives about their experience of the care provided to their family members. We spoke to five staff members including three support workers, one senior support worker and the registered manager.

We reviewed a range of records. This included two people's care records and multiple 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 audits, policies and procedures were reviewed.

After the inspection

The registered manager sent us further evidence in relation to training data and quality assurance records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place depending on their needs such as accessing the community, using vehicles or eating and drinking. Risk assessments had been updated, following our last inspection to ensure that they were clear and easy to follow.
- One person was at risk of choking and required staff support to eat. This person took a food that was unsafe for them from another person whilst there was no staff presence in the dining room and attempted to eat the food. This could have caused harm to the person if staff had not intervened quickly. Staff were not following this person's risk assessment stating that staff should be present in the dining room to support this person to only eat food which is safe for them. The registered manager addressed this with staff immediately.
- Staff and the registered manager completed health and safety and fire safety checks of the premises to ensure that people were kept safe.

Staffing and recruitment

- There were enough staff to support people safely. However, people were sometimes limited if they wished to go out in to the community. Most people using the service required two staff to support them outside of the service. There were three staff on shift most of the time which meant that taking people out was dependant on how safe it would be to support the other people in the service with one member of staff.
- One relative said, "[Person] needs to go out more. [Person] likes walking but I am not sure there are the staff to do it at the moment." We reviewed daily notes which showed that people regularly stayed at the service unless they attended pre planned day service activities or had allocated staff time one day a week.
- We discussed our concerns with the registered manager and senior support worker who told us that people tended to want to go out more in the summer. The registered manager told us that they would review staffing levels to support people to access the community more often.
- The provider carried out robust recruitment checks to ensure that staff were suitable to support people living at the service.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the service. One relative told us, "[Person] is safe at the service. Measures are in place to keep everyone safe and happy."
- Staff received training in safeguarding and had a good understanding of how to report concerns, including to outside authorities if this was necessary.

Using medicines safely

- People were supported safely with their medicines. Staff received training in administering medicines and had their competency in this area checked regularly.
- People who were prescribed 'as and when required' (PRN) medicines had detailed protocols in place so staff knew when to administer these. Staff completed regular audits of medicines to ensure that they were administered correctly.

Preventing and controlling infection

- The service was visibly clean and felt fresh. We observed staff keeping the service clean throughout the day. Staff members received training in infection control and had access to equipment such as cleaning products and gloves to promote good infection control.

Learning lessons when things go wrong

- The staff team reported incidents and accidents to the registered manager and these were reviewed to see if any learning could take place. Potential lessons learned from incidents were shared with the staff team in 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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The registered manager did not have a good understanding of current best practice guidance such as Registering the right support or the Accessible Information Standards. There was limited oversight from the provider as to whether the staff team supported people in line with current guidelines and best practice, meaning that people may have been missing out on receiving more effective care.
- People had been living at the service for a long time. Their needs had been assessed when they started using the service, however there was little attempt made to re assess people's needs as they grew older. This meant that people were not always supported to make meaningful choices about their support or supported to explore and achieve new goals.

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding, health and safety and supporting people living with autism. However, this training was not always implemented by the staff team, as shown by the evidence of staff practices in other areas of this report.
- The registered manager and senior support staff had not checked whether training had been effective in areas that involved staff interacting with people. Staff had not received regular checks on their day to day support with people. This meant that there were missed opportunities to support staff members to improve their skills.
- Staff members told us they felt supported and received regular supervisions from the registered manager. However, supervisions did not happen as regularly as the provider stated they should. Supervisions were not focused on how staff might improve in their job roles which meant that further opportunities to improve staff practice were missed.
- We spoke with the registered manager about our findings. They told us that they were finding it difficult to manage the amount of supervisions which the provider had stated was necessary. They also showed us a historic form which had previously been used to monitor staff interactions with people being supported. The registered manager told us that they would speak to the provider about reintroducing this form and having more support with completing staff supervisions.

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 GP's dentists, opticians and speech and language therapists (SALT). Advice and guidance from these professionals was added to people's care and support plans and shared with the staff team.

- Staff members put measures in place to help people attend appointments. For example, one person was supported to have a health professional come to them as they found visiting the health professional difficult.
- Staff members promoted people to live healthy lives. They encouraged people to eat and drink adequate amounts and to keep healthy in all areas of their lives, such as personal care.
- People had detailed hospital passports in place. These contained information which hospital staff would be able to access to support people if they attended hospital in an emergency.

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

- People seemed to enjoy the food prepared by staff at the service. People were involved in choosing menus and could choose when and where to eat and drink. Food looked and smelled appetising.
- People who required support with eating and drinking had guidelines in place for staff to follow. One relative said, "[Person] needs more help with their eating and drinking than what they used to, and staff are on top of this."

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

- The service had been designed to meet people's needs. Communal areas were large which gave people space to take part in daily living skills and have their own space.
- The provider had installed a sensory room. We saw that people enjoyed using the equipment in this room and they were happy to show us which equipment they liked. One relative said, "The sensory room is great. There is loads of stuff for [Person] to use in there."
- Some areas of the service, such as the kitchen, had pictures to help people know where things were kept. This helped people to understand the service and take part in daily living tasks.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People were asked for consent before staff supported them in areas such as personal care.
- People had capacity assessments and decisions were made in people's best interests if they did not have the capacity to make decisions themselves. These decisions involved people's relatives and professionals. One relative said, "[Staff team] have [person's] best interests at heart."
- People had DoLS in place appropriately and staff understood how to support people according to the conditions of the DoLS.
- Staff received training in the MCA and had a good understanding of the impact this had when they were supporting people.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff members missed opportunities to promote people's independence. People's support plans identified areas such as hoovering or preparing meals which people could do independently with staff support. However, staff completed these tasks without asking the person if they would like to take part. This meant that people were often walking without purpose around the service or were sitting without anything to occupy them.
- We spoke to the registered manager about our observations. They told us that the staff team may have become used to doing things for people, rather than supporting their independence. The registered manager told us that they would start observing staff practice more thoroughly.
- Staff understood and respected people's privacy and dignity. Staff were discreet when they needed to support people with personal care and gave people space to themselves when people wanted this.

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

- We observed mixed interactions between staff and people. Some staff members would talk to each other over people being supported about tasks which needed to be completed around the house. One staff member told a person to, "Come on. I need to do the 'runs' [transport to day service] and you need to eat now." These observations did not show respect to people.
- Other interactions were positive and staff members had got to know people well as individuals. People were happy and relaxed in the presence of the staff team and staff knew how to communicate with people in their preferred communication methods.
- Relatives were positive about the care at the service. One relative told us, "[Person] is more than happy living at The Grove-4. The support from staff is second to none." Relatives told us that their family members always looked smart and were happy to go back to the service following visits to the family home.
- People's care plans were detailed and gave a good overview of people's likes and dislikes. Staff were able to tell us what these were and what was important to people.

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

- People did not always have a lot of choice with regards to activities both in and out of the house. People were not routinely supported to try new things which would have increased the choice of activities available to them.
- People were supported to make choices about their care in areas such as what they would like to eat and what they would like to wear. Staff members supported people to make choices using different methods such as pictures or objects.

- People's support plans were reviewed regularly, and people and their relatives were invited to take part and be involved in any decisions that were made for them.

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 remained the same. This meant people's needs were not always met.

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 not always supported to take part in a wide array of activities. Other than going to a local day service or an occasional pre-booked community activity, there was little for people to do. We reviewed daily notes which showed that this was the case. One relative said, "I do not think [Person] goes out as much as they used to. I think [Person] might be getting a little bit bored."
- We observed that on return from the day service people were walking around the service without purpose or were sitting falling asleep on chairs. Staff members did not always engage people in activities in the house, or try and offer different activities for people to take part in. One person was waiting in the dining room for an extended period on return from the day service. Staff did not see if there was something this person may wish to do, or if this person needed something from the kitchen.
- Another person was showing that they wanted some interaction. Staff members continued to ask this person to go and watch DVD's in their bedroom. When this person said no, staff members did not attempt to offer alternative activities in the house.
- The service was in an isolated location and there were few public transport links which limited people's ability to access the community.
- The registered manager and senior support worker told us that they would work with people and the staff team to find more activities which people may wish to take part in.
- People were supported to go on holiday once a year and went in to the community once a week on planned days off from the day service. We saw evidence that people enjoyed these.
- Relatives told us that staff supported people to stay in contact with them. Staff supported people to visit family, and this included when the family member lived a long way away from the service.

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

- People's support plans were very personalised and gave a good overview of people as individuals. However, we found that these support plans were not always followed in practice by the staff team. This was evident in the lack of choice of activities for people, and the lack of involvement which people had in tasks around the house.
- People did not always have choice and control of their lives as staff did not support people to try new things and discover new interests or preferences. We saw evidence that people had been supported to try new things in the past, and that the outcomes this had for people were recorded using photographs. This gave people an opportunity to look back on things they had done and show a preference to do things again. However, this had not been used since 2018.
- The registered manager told us that they had not had the time to update evidence from 2019 to show

what goals people had achieved and the impact this had on them. Staff members and relatives were not able to give us examples of different things which people had done or the impact that this had on their well-being.

- Staff had a good understanding of people's preferences in areas of their support such as food and drink and what people would like to wear. Staff respected people's equality and diversity and people could access a local church if they chose to do so.

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.

- The registered manager was unaware of the AIS and what this meant, however we found that people were being supported well with their communication needs.
- People were supported to communicate using photo, pictures or objects. Staff members knew what people's communication meant and people clearly understood what staff were communicating to them.
- Information was available in easy read formats for people who needed this.

Improving care quality in response to complaints or concerns

- There was a detailed complaints policy in place and this was available in different formats for people to use. The service had not received any recent complaints. A relative said, "I have no complaints at all, but I know who to speak to if I have concerns."
- The registered manager recognised that some people may not be able to make formal complaints. Staff recorded signs that people were unhappy, and these were investigated as concerns so that actions could be taken if necessary. This was in response to an action plan put in place by the provider following our last inspection.

End of life care and support

- People and their relatives had been supported to put plans in place for the end of their life. These were detailed and explained the support which people would need at this time as well as their preferences. These had been updated following our last inspection.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and provider did not always promote a positive culture. There was a lack of oversight at the service with regards to promoting people to be empowered and achieve good outcomes. This was evident from the lack of opportunities on offer for people to try new activities both in and out of the service.
- The registered manager and staff team had a good understanding of person-centred care in theory. However, in practice this was not always supported for people using the service. This was evident in some of the staff interactions we saw. People were not engaged or involved to take control of their lives in areas which they were able to do so, such as daily living skills.
- The registered manager was not aware of best practice guidance such as registering the right support or the accessible information standard. The registered manager explained that they would like to see people accessing the community more often, however were unsure as to how they would support this.
- The registered manager and provider were not supporting staff members to keep up to date with best practice guidance. Staff members were not receiving effective supervision or observation to ensure that they were supporting people to achieve good outcomes. This meant that opportunities for learning were being missed.
- The senior support staff member explained that they monitored how people were being supported and fed this back to the registered manager. However, this was not formally recorded, and we were told that no problems with the way that people were being supported had been found. This was not the case as evidenced in the other areas of this report.
- The provider and registered manager had completed actions to address the findings from our last inspection in 2018. However, they had not focused on how people were being supported in practice at the service. This is the second time that this service has been rated as requires improvement.

We found no evidence that people had been harmed. However, the provider was not keeping up to date with best practice guidance around supporting people living with a learning disability. There was limited oversight of how staff were supervising people to achieve good outcomes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that they would re-introduce an audit around staff interactions to improve in this area. They also told us that they would ensure that people would be supported to try new activities

and that these would be recorded to monitor for good outcomes.

- People were happy and content living at the service, despite our findings. People had lived at the service for most of their lives and enjoyed each other's, and staff members company.

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

- People were not always as involved as they could be at the service. This was evident in the lack of activities and engagement in household chores which people may have wished to take part in. People were involved in other areas of their support such as choosing menus.
- Relatives gave us mixed feedback about their involvement at the service. One relative said, "I used to get updates about what [Person] has been up to but this has stopped recently." Another relative said, "[Registered manager] keeps me informed if there are any issues." We saw evidence that relatives were invited to attend regular reviews about their family members support.
- People had been supported to fill in questionnaires about their experiences by staff at the service. This meant that the answers given may not have been a true reflection of how people felt as staff members answered on their behalf. Relatives told us that they could not recall being sent surveys or questionnaires recently to give more formal feedback about the service.
- Relatives were generally positive about the registered manager and the way the service was run. One relative said, "[Registered manager] is brilliant. They really care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and provider completed several audits in areas such as health and safety, people's support plans, medication and finance. This helped to ensure that people were kept safe and that the quality of the service in these areas were maintained.
- Detailed plans were in place for any emergency which may disrupt the running of the service such as a fire or extreme staff shortage.
- When things went wrong, the provider was open and honest with people and kept them up to date with any actions that had been taken to rectify what went wrong.
- The registered manager reported all notifiable events to the CQC. The previous rating for the service was clearly displayed at the service and included an easy read version for people to use.

Working in partnership with others

- The staff team linked and worked well with health professionals to ensure that people were supported to achieve good outcomes with regards to their health.
- There was a strong working relationship between the three different services. Staff from all the services supported each other to ensure that people received safe support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed. However, the provider was not keeping up to date with best practice guidance around supporting people living with a learning disability. There was limited oversight of how staff were supervising people to achieve good outcomes.