

MacIntyre Care

The Grove -6

Inspection report

6 The Grove
Westoning
Bedford
Bedfordshire
MK45 5LX

Tel: 01525718063

Website: www.macintyrecharity.org

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Grove-6 is a residential care home providing personal care to seven adults living with a learning disability or autism 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 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

Quality audits of the service were not always effective in ensuring that the service was safe, in areas such as fire safety. The management team did not always check the effectiveness of staff training or observe staff performing their jobs, to feedback and improve their practice. Some aspects of the service did not promote positive outcomes for people, as staff members would sometimes be required to support the other services on the site with transport to and from day services.

People and their relatives were happy with the support they received at the service. One relative told us, "The Grove is one of the best services in the world and is the best place that [person] can be."

People received kind and compassionate care from a staff team who knew them well. Staff supported people to be as independent as they could be and respected their privacy and dignity. People received personalised care which met their needs and they were supported to take part in activities, in and out of the service, depending on their interests. People had been supported to put plans in place for the end of their life.

People were kept safe by a staff team who had a good understanding of safeguarding and the risk assessments that were in place to protect people from harm. There were enough staff to support people safely and checks were in place to ensure that staff were suitable to work at the service. Staff received training and support to be effective in their job roles. People were supported safely with their medicines and the home was kept clean and free from infection.

People's needs were regularly assessed to ensure that people were receiving the correct support. Staff

supported people to have a balanced diet and live healthy lives. Health professionals were involved in people's care to ensure that they received the right support. 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.

The service didn't always apply the full range of 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. However, the location of the service sometimes limited people's access to new activities or the community.

The management team promoted a positive culture at the service. People and their relatives were involved and encouraged to feedback about the service. The service linked and worked well with other organisations to ensure good outcomes for people.

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 21 February 2019). At this inspection, although improvements had been made, the service still requires improvement. This is the second time this service has been rated as requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Grove -6

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-6 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. The registered manager was not available during the inspection and an acting manager and the area manager were supporting the service in their absence.

Notice of inspection

This inspection was unannounced.

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 one person and three relatives about their experience of the care provided to them or their family members. We spoke to six staff members including support workers, the acting manager and the area 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 acting 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

- We reviewed a fire risk assessment which had been completed by an external contractor in October 2019 which identified several areas for improvements to fire safety. These had not been actioned at the time of this inspection. This meant that known risks had not been actioned to help ensure people were kept safe.
- The acting manager immediately completed the action points which could be addressed on the day of our inspection. The area manager sent us evidence that other actions were planned to be completed the week following our inspection. We were satisfied that this mitigated the risk to people using the service.
- People had detailed risk assessments in place depending on their needs and these were understood by the staff team. These had been fully updated following our last inspection. One relative said, "[Staff] have been through all of the training with [piece of equipment] to safely support [person]."
- Staff completed health and safety checks and audits of the service to help ensure that people stayed safe.

Staffing and recruitment

- There were enough staff to support people safely. One person told us there was, 'Always someone about.' A relative said, "There are enough staff and they do really well. A nice mix of personalities as well."
- Relatives gave us mixed feedback about how current staffing levels met people's social needs. Some relatives told us that staffing levels sometimes meant that people were not able to access the community or go on holiday when they wanted to.
- We noticed at several points during the inspection staffing numbers reduced, which sometimes limited opportunities for staff engagement. Staffing numbers were reduced because people, from all three services on the same site, needed transport to and from their day services.
- We addressed this with the area manager and acting manager. They showed us evidence that the transport situation at all three services was being reviewed and that actions would be put in place to improve in this area.
- The provider completed thorough recruitment checks on potential new staff members to ensure that they were suitable to work at the service.

Using medicines safely

- People were supported safely with their medicines. One person said, "I like to take my medicines and the staff know what they are doing."
- Staff members had training in medicines administration and had their competency assessed. Staff members knew how people liked to take their medicines and what to do if something went wrong.
- People who were prescribed 'as and when required' (PRN) medicines had detailed protocols in place so

that staff knew when to administer these.

- The checks in place to ensure that medicines were administered safely was not effective in one case. We discussed this with the acting manager who told us that they would put improvements in place.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "I feel safe because [staff] all look after me." A relative told us, "[Person] is absolutely safe at the service. [Staff] are on top of all the health and safety bits and pieces."
- Staff received training in safeguarding and had a good understanding of how to notice and report concerns both internally and externally to the local authority or CQC.

Preventing and controlling infection

- The service was clean and fresh, and we observed staff members completing cleaning tasks. One person told us, "It is nice and clean here at the Grove."
- Staff received training in infection control and had access to equipment such as gloves to use during cleaning duties.

Learning lessons when things go wrong

- The management team reviewed any incidents and accidents and shared learning from these with the staff team in meetings and supervisions.
- The area manager used lessons learned from the other service so on site to improve the quality of care that people received.

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 remained the same. 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 had been living at the service for a long time and were happy with their support. People's needs were regularly re-assessed to ensure that they continued to receive the right support.
- The provider was aware of best practice such as Registering the Right Support and had plans in place to embed this in to the service and the staff team's practice.

Staff support: induction, training, skills and experience

- Staff received training in areas relevant to their job roles such as safeguarding, first aid and supporting people living with autism and learning disabilities. A relative told us, "[Staff] are well trained and know how to support [person] with all of their needs, like using the hoist."
- Staff felt supported in their roles and told us that they received supervision and guidance to complete their job roles effectively. Staff completed a thorough induction at the service before they started supporting people. This involved working with senior and established staff members to get to know people and the service.

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

- People were supported to eat a healthy and balanced diet and were involved in choosing their meals. Staff explained how they encouraged people to choose healthy options for their meals. One person said, "I like the food here. I like sausages and bacon and staff help me cook it in the pan. We get a good choice here."
- Staff supported people who needed more help with their diet and had a good understanding of people's dietary needs and requirements.

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, physiotherapists, speech and language therapists and dentists. Information and guidance from health professionals were recorded and shared with the staff team.
- Staff told us how they supported people to understand the importance of visiting health professionals. Staff supported people with patience and kindness if they found attending appointments difficult and this resulted in positive health outcomes for people. A relative told us, "[Staff] will always call and let me know if [person] is unwell. They always have it under control."
- People were supported to live healthy lives in ways such as eating a balanced diet or taking regular exercise. Staff members understood the importance of exercise to help people maintain their independence

and stay healthy.

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

- The service was large and spacious which allowed people to have their own space and have room to take part in daily living skills.
- The service was nicely decorated, and people's bedrooms were very personalised. There was some signage around the building to help people understand where they were in the service. One relative said, "The Grove has a nice homely feel to it, rather than an institutional one and I think [Person] really likes this."
- People had access to a large garden and a separate building which was used as an activities area. Staff supported people to use this area to take part in arts and crafts, use a computer or to relax.
- The area manager spoke to us about plans to make improvements to the premises, which would further improve the experience of people living there.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked people for consent before supporting them. Staff members received training and had a good understanding of the MCA.
- Where people may lack capacity, detailed assessments took place to see if they needed more help with certain decisions. If this was the case then decisions were made in people's best interests with input from the person, their relative or advocate and relevant professionals.
- People had DoLS in place, if this was necessary and these had been put in place following the correct legislation and guidance.

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 relatives were positive about the care they received. One person told us, "The staff all talk to me very nicely. They are very kind." Another person described the staff as 'lovely darlings'. Relatives said, "[Person] loves living at the Grove. They are always happy to go back after visiting us." And, "[Person] adores all the staff and the staff adore them."
- We observed staff members speaking to people with kindness and respect and staff knew how to communicate to people in ways which made sense to them. People were happy and relaxed being supported by the staff team.
- Staff knew people as individuals and knew what was important to them. People were encouraged to talk about their interests and were visibly happy discussing these with the staff team.

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

- People were offered choices throughout the day, such as what to eat, what to wear, and what activities to take part in. Staff knew how to support people to make choices using things such as pictures or objects, if people found it difficult to verbalise their choices. One person said, "I didn't fancy a shower today so chose to have a wash instead. Makes me feel ready for the day."
- People and their relatives took part in regular reviews of their care. Their views were recorded and used to update their support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. For example, one person required support with their mobility needs, however staff supported the person to complete any tasks that they could themselves. People were supported to make meals, clean their rooms and complete tasks such as washing up. One relative said, "[Person] likes being motivated, and staff know how to help them get involved."
- People's privacy and dignity was promoted. Staff gave people space to themselves and were discreet when supporting them in areas such as personal care.
- Information about people was stored confidentially.

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

Improving care quality in response to complaints or concerns

- At our last inspection people were not always being supported to record their complaints about the service. At this inspection we found that improvements had been made. Detailed information was now available to staff which explained how people may show dissatisfaction with their support. These were recorded and responded to by the management team.
- People and relatives had access to a complaints procedure and knew how to make a complaint. Relatives told us that they were confident that any complaints would be taken seriously.
- There had been few complaints at the service. Complaints that had been made were responded to promptly and to the complainant's satisfaction.

End of life care and support

- At our last inspection people had not been supported to effectively record what their wishes were at the end of their life. At this inspection we found that improvements had been made.
- People had been supported to put plans in place for the end of their life and these were very detailed. Staff members had a good understanding of how they would support people at this time.

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

- People received personalised care which met their needs. Support plans were very detailed and focused on people's preferences, likes and dislikes as well as their support needs. One relative told us, "They know [family member] as a person. They know all their likes and dislikes and anything [person] wants, they get."
- Staff members had got to know people well. They used people's likes and preferences to help encourage people to take an active part in how they spent their time in the service.
- People had choice and control in areas of their lives such as food and drink and what to do on days off from the local day service.

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.

- Staff members were trained and knew how to communicate with people using methods such as sign language or pictures. A relative said, "[Person] makes their own signs up but [staff] know what these mean and know if [person] needs anything."

- Information such as how to make a complaint was available in accessible formats for people to use.

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 supported to take part in activities which they enjoyed such as shopping, trips to the zoo, swimming and visits to pubs and restaurants. A relative said, "[Staff] support [Person] to the café or to go window shopping in the town which [Person] really enjoys."
- Staff were 'key workers' for people and as part of this role they regularly discussed what activities people might like to try on days off from the day centre. They also talked to people about how well activities had gone and whether people would like to do these again. One person was excited about being supported to an upcoming football match.
- People were supported to take part in activities at the service which met their interests. These included puzzles, looking through cookery books, using sensory and music items and helping to cook. Staff knew what each person liked to do and continually offered opportunities for people to engage in activities at the service. People were visibly happy to be supported with these activities.
- People's relatives were able to visit the service whenever they wanted to. Staff members supported people to visit their family regularly, if family members were no longer able to visit the service.

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.

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 monitoring of the service was not always thorough enough to identify where improvements to the service could be made. For example, the recent actions resulting from a fire risk assessment had not been actioned in a timely fashion.
- Staff received training to help them understand their roles, however, the effectiveness of this training was not always checked by the management team. Records showed that not all staff members received observations of their competencies in areas such as medicines administration, or supporting people in a person-centred way. Staff were also not receiving formal supervision in line with the providers policy. This meant that opportunities to test staff knowledge or develop their skills may be missed.
- The acting manager showed us that they had started to address this by introducing 'interactions audits' to monitor how staff were supporting people. They also told us that plans were in place to address the shortfall in staff supervisions.
- The provider and management team completed audits in areas such as health and safety, medication and finances to monitor the quality of the service.
- Staff members had a good understanding of their job roles. Plans were in place for emergencies at the service such as extreme staff shortage or flooding.
- The management team were open and honest when things went wrong. Notifiable events had been reported to the CQC and the local authority where this was necessary.

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

- Some aspects of the service, such as the way that transport was shared across the three services, did not promote positive outcomes for people. People would miss out on engagement with staff, if staff members were required to support the other services with transport. The area manager showed us that plans were in place to address this situation.
- The staff team were passionate about supporting people to meet their individual needs and preferences. They took their roles seriously and enjoyed supporting people to achieve their desired outcomes.
- There was a positive atmosphere at the service during our inspection and people were empowered to be in control of their day to day lives.
- People and their relatives were positive about the management of the service. One person said,

"[Management] are good. They come and see me all the time." A relative told us, "I am very confident in the management of the service."

- The registered manager and acting manager spent time at the service to get to know people and to support the staff team.
- The area manager was keen to improve the quality of support people received. They showed us plans in place to improve in areas identified at this inspection, and in other areas. Improvements had been made and sustained in the areas we identified as needing improvement at the last inspection.

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

- People and their relatives were regularly asked for feedback about the service. Feedback was collected through questionnaires and surveys and used to inform how the service could improve.
- People took part in regular house meetings and in discussions with their key workers. They discussed subjects such as meal times and activities in the community.
- Staff were involved in regular meetings about the service and felt that their ideas were listened to by the management team.

Working in partnership with others

- The management and staff team worked well with health professionals to ensure good outcomes for people.
- The service linked with local day services and with the other services on site. This ensured that people received consistent care in all areas of their support.