MacIntyre Care

The Grove -2

Inspection report

2 The Grove
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16 November 2018

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

2 The Grove is a care home for up to seven people with learning disabilities and/or autistic spectrum conditions. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection seven people were living at the home.

We checked to see if the care service had been developed and designed in line with the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen. The provider's values were strongly connected to these principles, which was reflected in the systems and processes used by the service. However, we found that the service did not always uphold these values in practice.

This unannounced inspection took place between 1 October 2018 and 16 November 2018.

At our last inspection we rated the service as 'good'. At this inspection we rated the service as 'requires improvement'. This was because we found some areas of the service needed work to ensure the service provided consistently good quality support to people.

There was a registered manager in post although they had little involvement in the day to day running of the service. 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.

Although people had detailed risk assessments in place to enable them to be as independent as possible whilst also remaining safe, staff did not always follow this guidance.

Although staff were kind and caring in their approach towards people, there were occasions when people were left without staff contact for long periods of time.

There was information available to people about how to make a complaint, and information for staff on how to understand how people communicated this. However, this information was not used effectively to identify and act on complaints made by people who used the service.

Although people's support plans included information about end of life care and funeral plans, this information had not been reviewed or updated for many years.

Support plans and risk assessments had not been rewritten since 2015, and any changes that had been

necessary since had been added by hand. This led to records having many crossed out sections and added information, which made it difficult to find current guidance.

Audits and provider quality monitoring visits had taken place but issues found at the inspection had not been identified and acted on quickly to make improvements to the service.

People who were able to speak with us told us they felt safe. Those who were not able to tell us were clearly comfortable in the presence of staff. Staff had received training to enable them to recognise signs of abuse and they felt confident in how to report these types of concerns.

There were sufficient numbers of skilled staff on duty to support people to have their needs met safely. Effective recruitment processes were in place to ensure only suitable staff were employed

Medicines were managed safely and administered as prescribed and in a way that met people's individual preferences. The service was clean and people were protected from the risk of infection.

Staff understood and worked in line with the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. People were supported to have choice and to make decisions and staff supported them to be as independent as possible; the policies and systems in the service supported this practice.

Staff received an induction process and on-going training. They had completed training related to the specific needs of the people using the service to ensure that they were able to provide skilled care based on current good practice. They were also supported with regular supervisions and annual performance reviews (appraisals).

People were supported to have enough to eat and drink and were involved in making choices about meals.

People were supported to access a variety of health professionals when required, including opticians, doctors and specialist nurses to make sure that people received additional healthcare to meet their needs.

Staff knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. Where people were unable to be involved, the reason for this was recorded and care plans were written in people's best interests in consultation with people who knew them well.

People's privacy and dignity was maintained and staff treated them with kindness and respect. Care plans were written in a person-centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk Assessments were detailed and identified risks that were specific to individual people. However, staff did not always follow risk assessments.

People were protected from abuse because staff understood the signs to look for and the process for reporting concerns.

People were protected from the risk of infection and medicines were managed safely.

There were enough staff deployed to keep people safe and effective staff recruitment reduced the risk of unsuitable staff being employed.

There was evidence that the provider learned from when things went wrong and made improvements to the service.

Is the service effective?

Good

The service was effective

The requirements of the Mental Capacity Act were met.

People had enough to eat and drink.

Staff received training to provide them with the skills and knowledge to support people who used the service.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were left for long periods without staff interaction.

People were supported by staff who knew each person well and had a kind, respectful approach.

People were involved in planning their care and support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Support plans were person centred but were sometimes difficult to read and understand.

People were encouraged and supported to find meaningful activities to be involved in, but staff missed opportunities to engage with them.

End of life plans had not been recently updated.

Complaints from people using the service had not been managed or recorded sufficiently.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered manager did not have sufficient oversight of the service.

Systems to monitor the quality of the service did not identify some issues at the service that required improvement.

The provider promoted person centred care, but this was not consistently seen at the service.

Staff completed surveys on behalf of people who used the service, but no independent support was provided to ensure people's views were accurately represented.

The service worked in partnership with other professionals to meet people's needs.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took between 1 October and 16 November and was unannounced. It was carried out by two inspectors.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider is required by law to notify us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we observed how the staff interacted with people who lived at 2 The Grove. We met the people who lived there, and where they were not able to tell us about their experiences in detail, we observed the interactions between them and staff. We also spoke with the Registered Manager, the Home Manager, and two care staff. We looked at three people's care records as well as other records and systems relating to the management of the service. These included systems relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided.

After the inspection we contacted relatives of people who used the service to seek their views about the care provided to their family member.

Requires Improvement

Is the service safe?

Our findings

There were individualised risk assessments in place to enable people to be as independent as possible whilst maintaining their safety. They included assessments in relation to issues such as: going out in the community, using a kettle, finance, medicines, specific medical conditions, and participating in specific hobbies. The risk assessments were detailed and regularly updated to ensure they met the current needs of the person. However, updated information was handwritten and there was a lot of crossing out as new details were added. This could have led to people receiving inappropriate support because it was not clear which information was current. The home manager told us that work was underway to fully update all risk assessments and showed us the records for one person that confirmed this.

We saw occasions where staff worked in line with risk assessments, and other times when they did not. For example, a member of staff followed a person's risk assessment about using colouring crayons to keep the person safe whilst maximising their enjoyment of an activity. However, staff did not follow a risk assessment about how to support a person to manage behaviour that had a negative impact on other people's privacy. We asked the staff member why this had not been followed, and they said, "It is very difficult to get [person] to listen and understand sometimes." This meant there was a risk that people received inappropriate care because guidance to staff was either not followed, or all the risks had not been fully assessed. We saw that the staff member recorded our concern to share with the management team.

We saw one person often approached another person's personal space throughout the day. The other person's body language suggested that they may not always have been comfortable with this attention. We spoke to the deputy manager about this who confirmed that this interaction was well known. However, we reviewed documentation for the people concerned and found there was no record of how this was being identified and managed.
There were sufficient numbers of appropriately skilled staff on duty to support people safely. Although there were some vacant permanent posts at the time of our inspection these were being recruited to. In the meantime, these vacant posts were being covered by the provider's own relief staff and agency staff. Most of these staff knew the people living at the service, having worked with them for some time.

People and their relatives told us that the staff supported them to feel safe. One person told us, "I like the people I live with and I like the staff. I am always with staff when I go out." We saw that people appeared comfortable and at ease in the presence of staff, and this led us to believe that they did feel safe.

Staff had received safeguarding training and were able to tell us about different types of abuse and how they would report any concerns they had. They told us they had confidence that, if they reported concerns, the registered manager and the provider would take appropriate action to keep people safe from harm. There was information displayed about how to report safeguarding both within the provider's organisation and to external bodies such as the local authority and the Care Quality Commission.

Staff had been recruited using robust procedures and all necessary checks, such as references from the previous employer and disclosure and barring (DBS) checks were completed prior to the member of staff

starting work.

Medicines were managed safely. All the people using the service needed full support to take their medicines and we saw care plans were in place to support staff to know how to do this. We looked at the Medicines Administration Records (MAR) for two people who used the service and these were completed correctly with no unexplained gaps.

Regular audits of medicines management were undertaken to ensure the providers medicines policy and processes were followed, and that errors in administration and stock management were identified quickly should they occur.

A relative said," It (2 The Grove) is always clean." The service was clean and people were protected from the risk of infection because staff followed current guidance on good practice in relation to infection prevention and control. People were supported by staff to keep their bedrooms clean and we saw that they were involved in cleaning other parts of their home with varying degrees of support.

We saw that incidents and accidents were reported and investigated appropriately. Action plans were put in place by the management team to reduce the risk of similar incidents happening in the future. We saw this had happened with an incident where medication had been missed for one person. Appropriate action had been taken to ensure that the error did not happen again and the staff member involved in the incident had received appropriate support from the management team. The provider had a system in place to support managers to analyse incidents and to identify trends and patterns and causes of incidents. This showed that that lessons were learned when things went wrong and improvements were made to the care people received as a result.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to coming to live at the service. The provider's systems and processes were designed to ensure their care and support was delivered in line with current standards and evidence-based guidance, such as 'Registering the Right Support'. 'Registering the Right Support' values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service should be able to live as ordinary a life as any citizen. Care and Support was reviewed and updated as people's needs changed, and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

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. Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity people had in relation to various specific aspects of their care. Where people lacked capacity, decisions were made on their behalf in their best interests. We saw that staff took time to support people to make decisions and used communication aids, such as pictures, and objects of reference to support them to understand the decision they were being asked to make.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We saw from records that DoLS authorisations had been applied for as appropriate.

People's relatives told us that staff had the skills to support people well. One relative said, "I've always really liked the staff. I think they are well trained. They seem to know the job." A second relative said, "I've not noticed any problems. The care for people seems to be very good." Staff told us they received training that supported them to do their job well and our observations and review of records supported this.

Training records showed that staff undertook training related to the specific needs of people using the service such as epilepsy, positive behaviour management, and dementia awareness. This was in addition to training such as safeguarding people from abuse, moving and handling people. first aid, food hygiene, fire safety and health and safety.

Staff told us they received regular one to one supervisions and an annual appraisal. They confirmed that they were supported to develop within their role and those we spoke with had opportunities to complete qualifications to support their career progression.

Staff worked well together to ensure people received consistent care. They had systems in place such as daily logs, communication diaries and a process for sharing information at the change of shift. These helped staff to keep up to date with people's needs on a daily basis.

People were supported to have enough to eat and drink and to make choices about their meals. One person told us, "I love the food here. I hope it is pasta tonight." Relatives confirmed that the quality of food provided to people was good. One relative said, "It's great, I would be more than happy to eat it."

Staff told us that people decided what they wanted to eat at the weekly house meeting and a menu was planned from this. People were supported to be actively involved in this process through a range of communication aids, such as pictures and objects of reference. This enabled them to understand the choices they were being asked to make. and staff assisted when required.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred to external professionals in a timely manner and staff had accompanied them to a variety of appointments, including dentists, GPs and specialist outpatient clinics. Each person had detailed health action plans that identified their health needs and how these were to be met.

The premises were accessible and suitable to people's needs. Corridors and rooms were wide enough for wheelchairs and hoists if required and there was level access to a garden area. The communal areas of the service were pleasantly decorated and comfortably furnished. People's bedrooms were personalised to their tastes.

Requires Improvement

Is the service caring?

Our findings

People and relatives told us that the staff were caring. Where people were unable to tell us about their experiences of the service, we observed the support they received and the engagement between them and staff to help us understand. One member of staff said, "I love the people here and I love caring for them."

There was a positive rapport between people and staff. Staff supported people in a quiet and unobtrusive manner, which showed respect towards them and it was clear that people had 'ownership' of their home. There was a homely atmosphere and people appeared to be in control of their home environment and their lives with as much or as little support as they needed.

Although the engagement we saw between people and staff was positive, there were occasions where people were left alone with no interaction from staff for long periods of time. For example, one person was at home on the day of the inspection. This person's care plan described them as a sociable person who liked the company of others. However, they were left in the kitchen for a period of almost two hours on their own with an unopened photo album in front of them. The member of staff on duty had gone to clean the person's room, but did not interact with them to find out if they wanted to join them. This was a missed opportunity for the member of staff to spend quality time with the person.

A second person went to rest in bed immediately on returning home from the day centre as they were tired. We noted that they did not receive much interaction from staff on shift for a prolonged period of time, although they were awake. We saw in this person's support plan that their needs had changed significantly in the last couple of years and they now had very limited mobility and became tired easily. Their ability to communicate had also deteriorated. Before this they had been known to be a social person with a good sense of humour. The section of their care plan referring to this had been crossed out. When we asked staff why this was, they informed us that the person no longer interacted with others. However, when we were introduced to the person, they very clearly responded to our presence positively. Staff then confirmed that they did show some signs of responding to sound and particularly music. However, this had not been incorporated into the care plan. There was no indication of how the service was going to support the person to maintain their engagement and sense of humour with their new support needs going forward. The lack of guidance to staff about this resulted in staff on duty on the day of the inspection not trying to engage with the person.

One member of staff told us, "Staff are friendly and caring here; don't take over people's lives, they give choices." Staff communicated skilfully with people, and understood how each person needed to be supported to make decisions. They used a variety of methods to support communication, such as signs and gestures, pictures, objects of references, short simple questions, options (would you like this or this?). They took time and communicated at a pace that supported people to make choices as much as possible. We observed a member of staff prompt a person to take part in an activity by singing the person's favourite song and allowing the person to move at their own pace.

The registered manager told us that some people's families were involved in their loved one's care and

support but that an advocacy service was available for anyone who may need it. Relatives confirmed they felt involved and were able to give their views about their loved ones' care.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's bedroom doors and waited to be invited in. Staff involved people in conversations rather than talking to each other. When we arrived, we were introduced to everyone, the purpose of our visit was explained and people were included in the conversation as much as they were able. However, on one occasion we saw a person's bedroom door had been left open when they were in a state of undress. This did not uphold their privacy, but was quickly addressed by staff.

Staff understood their role and promoted people's independence. Where people needed assistance, staff offered it in a natural and low-key manner. For example, we saw one person was supported to make a drink; staff were on hand to support but stood back to enable the person to do as much as they were able to do independently.

Requires Improvement

Is the service responsive?

Our findings

Records showed that people had been involved as much as possible in planning their support. Where people were not able to be involved in this process the reasons for this was clearly recorded, particularly where a person lacked the capacity to understand their support plan. In these circumstances it was recorded that the support plan had been written in their best interests.

Support plans were very detailed and reflected people's needs and preferences, although hand written amendments meant current information was not easily identifiable in some cases. Each aspect of support included guidance about what the person was able to do for themselves and what degree of support they required. Where people had plans in relation to managing behaviour that may have a negative impact on the person or others, they were written in a respectful and positive way. They detailed triggers and signs of escalation to support staff to reduce the chance of this behaviour occurring, and explained why the person may be communicating their needs in this way.

People were supported to follow their interests. One person told us, "I support Liverpool." We saw that they had been supported to visit the football grounds and watch some games several times. The person also told us, "I won the world cup" They went on to explain that they played football with staff. Another person told us, "I have been to see Katy Perry and she was really good."

On the day of our inspection most people had gone to a day service where they took part in activities such as horse riding, exploring the countryside and cooking. One person was at home for the day and went out to lunch and to the shops with a member of staff in the afternoon. Staff told us they helped people to access a variety of activities within the local community, such as going out for meals, and shopping. People were also supported to go on holiday if they wished. One person was excited to tell us about their holiday and there was clear evidence in their support plan that they had chosen where the holiday would be and had thoroughly enjoyed this.

The provider had a complaints policy and processes in place to support people to make complaints. Within people's support plans there was detailed information about how each individual communicated complaints, which included changes in body language, mood and behaviours that may show the person was dissatisfied. We saw complaints logged in people's support records but they were not recorded in the formal complaints log and no action was taken to resolve the complaints that were identified. We saw no evidence that information in support plans had been used to understand when people were making a complaint. When we asked why this was, the house manager told us that, "People would not understand how to make a complaint." They then went on to explain that people made their dissatisfaction clear in other ways. However, they were unable to show how the service used this information from people to address their complaints and make improvements to the service.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes. However, this information was more than 10 years old in some instances and people's needs and preferences may have changed in this time. The provider had introduced a new end of life support plan

document which was very detailed and in an accessible format. The registered manager told us that they were aware this part of people's support plan needed updating and that they would address this as a priority.

Requires Improvement

Is the service well-led?

Our findings

The provider showed a strong awareness of current guidance in relation to good practice in services for people with learning disabilities. The recent paper "Registering the Right support" is clear that the values that underpin a good service are choice, independence and inclusion; that people with learning disabilities and autism have the same rights to an ordinary life as all citizens. Although the provider promoted a person-centred culture, and systems were available to support and encourage this, the registered manager had not ensured this was consistently followed in practice at the service.

The registered manager had little input into the day to day running of the service, which was mainly left to the house manager. They were not always aware of issues in the service and redirected our questions to the house manager several times during the inspection. This was a concern because as registered manager they are legally required to maintain day to day control of the service. For example, they were not aware that the home manager had made a decision to stop using a record detailing how people were supported on their day at home. This record provided information about how people had been supported to be independent and what they had achieved in the day. The home manager had decided that the standard daily log was sufficient. However, daily logs reviewed were task led and positive information about people's achievements were lost. After the inspection the provider sent us the documents requested, which did contain more person - centred information than those seen at the inspection.

We discussed their lack of input to the service with the registered manager who also managed another service next door. They agreed to be more involved with the day to day running of the service from now on.

People were supported to provide feedback on the service through a number of means including surveys, care reviews, house meetings and one to one key worker meetings. However, the surveys we looked at were completed by staff members on behalf of the person and there was no evidence that people had been meaningfully involved in this process. The manager was also unable to show us how the results from these surveys were analysed in order to improve the service. The registered manager said they would consider ways to support people to share their views that would provide more meaningful information to support improvements to the service.

Staff we spoke with were clear about their role and responsibilities and had a good theoretical understanding of the provider's values, talking with enthusiasm about their role in supporting people to take control of their lives. In practice, however, some opportunities to support people in this way were missed on the day of the inspection. For example, the providers support planning processes encouraged staff to have clear information about how people communicated their needs. Although the information was recorded, in practice staff did not make use of this information in a way that empowered people. For example, no action was taken when people communicated a complaint. This had also not been identified by management monitoring processes.

Support plans and risk assessments had not been fully reviewed since 2015, and where changes had taken place, these had been handwritten. This resulted in a lot of crossing out and additional content being

added. It was difficult to identify which information was current as the documents were messy. This put people at risk of receiving unsafe or inappropriate care because staff had to search for current information. The home manager showed us the support plan for one person that had been fully updated, and told us that this work was underway to ensure all support plans were revised.

The provider had systems in place to assess and monitor the quality of the support provided. A number of quality audits were carried out on a regular basis to assess the quality of the service and to support continuous improvement. There were regular visits made by the provider's regional managers to check on the quality of the service and action was taken to make improvements when issues were identified. However, we found that these monitoring checks were not always robust enough, and issues such as the maintenance and updating of support plans and risk assessments, and low levels of engagement with some people who used the service had not been addressed or followed up.

Staff meetings took place on a regular basis and staff told us they had the opportunity to contribute to discussions and to share their views about the service and how improvements could be made. Staff were positive about the support they received from the management team and the provider. One member of staff said, "The managers are good here. They hold us accountable." All the staff we spoke with told us the management team were approachable and they were confident that they would listen to any concerns they raised and take appropriate action.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as the local authority, hospitals and other health professionals to ensure the provision of joined-up care.

The provider had reported all notifiable incidents to the Care Quality Commission as required by law.