

MacIntyre Care

# Abbey House - Evesham

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8 March 2017 and was unannounced. Abbey House provides accommodation for up to six adults who have a learning disability. There were six people who were living at the home on the day of our visit.

At the last inspection on 16 December 2014 the service was rated as good. There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at Abbey House live with complex learning disabilities and were unable to verbally communicate with us. We spent our time with people in the communal areas of the home; we observed how staff interacted with people and how people responded to staff. From what we saw and heard the atmosphere in the home was calm and relaxed. People were free to mobilise around the home through their choice. People were happy and responded well to the staff who were working on the day of our inspection. Relatives we spoke with felt their family members were looked after well and kept safe by the staff who worked there.

People lived in a safe environment as staff knew how to protect people from harm. Staff recognised signs of abuse and knew how to report this. Risk assessments were in place and staff took appropriate actions to minimise those risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs and keep them safe. Staff worked flexibly to reflect people's activities that were happening that day. People's medicines were administered and managed in a way that kept people safe.

The provider supported their staff by arranging training in areas that were specific to the people who lived in the home. People received care and support that met their needs and reflected their choice. Staff provided people's care in line with their consent and agreement; staff understood the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy. People had access to healthcare professionals and attended appointments where required.

We saw staff treated people in a dignified and respectful way. Relatives told us that they felt staff treated their family member kindly, with dignity and their privacy was respected.

We saw that relatives, healthcare professionals, and where appropriate, the people, were involved in the planning their care. Relatives we spoke with and records we viewed showed that relatives had expressed their views and decisions and they were listened to and acted upon in-line with the person's best interest. Relatives knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that no complaints had been received.

Staff told us the provider visited the home and ensured people were happy with the service they were receiving. The registered manager demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support which was in-line with their needs and wishes.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were cared for by staff who had the knowledge to protect people from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had knowledge, understanding and skills to provide support.

People received care that had been consented to and staff understood the importance of this.

People were supported with meal preparation and food they enjoyed and had enough to keep them healthy.

People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were committed to providing high quality care.

The staff were friendly, polite and respectful when providing support to people.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs and in-line with their preferences.

People's had access to information should they need to raise a concerns or complaints.

## Is the service well-led?

Good 

The service was well-led.

People, relatives and staff were included in the way the service was run and were listened to. Clear and visible leadership meant people received good quality care to a high standard. Staff were involved in improving and developing the service.

# Abbey House - Evesham

## **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.

We undertook an unannounced inspection on 8 March 2017. The inspection was completed by one inspector.

We reviewed the provider information return (PIR) that the provider submitted to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spent time with people in the communal areas of the home throughout the day of visit. We spoke with two relatives on the telephone following our visit. We spoke with four care staff, the deputy manager and the registered manager. The registered manager told us they had been promoted to a more senior management role within the organisation and that a new manager, who had been working as a staff member within the home had been recruited into the manager's post. The new manager was not available on the day of our visit; however we were told they were in the process of registering with the CQC to become the new registered manager. We also looked at two people's care, finance and medication records. We also looked at complaints and compliments; expert by experience audit, relative's survey and staff meeting minutes.

# Is the service safe?

## Our findings

We spent time with people within the communal areas of the home to understand how staff interacted with people and how they kept them safe. We saw people were comfortable within their surroundings and relaxed around the staff. We saw that people sought comfort from staff and would sit with staff on the sofa. A relative we spoke with felt their family member was safe living in the home while enabling their independence to move around the home freely.

All the staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. The registered manager had a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed and plans put in place in a way that protected them. For example, ensuring one person who had epilepsy remained safe while out in the community. Staff told us that only staff who were competent with supporting people with epilepsy, following specific training were able to support the person in the community and during the night. Staff told us that without this knowledge the person would not be safe whilst in their care.

All the relatives we spoke with told us they felt there was enough staff on duty to keep people safe. Staff and management told us they had a steady staff team and absences were covered by their own staff. They explained the staff worked hours that reflected people's individual needs. For example, staff worked flexibly dependant on what different activities were happening for people, the staffing levels within the home reflected people's individual needs.

The registered manager told us they reviewed staffing levels weekly dependant on people's daily activities and up-coming healthcare appointments. They told us they also reviewed their staffing levels against people's dependency, as some people's health care needs were changing. They told us that following one person's decline in health, a meeting took place with the person's social workers to review their staffing levels during the night.

Relatives we spoke with did not raise any concerns regarding the management of people's medicine. We spoke with two staff members who administered medication. They both had a good understanding about the medication they gave people and the possible side effects. We found that people's medicine was reviewed and where staff felt that this was necessary and would contact the person's doctor. People's choices and preferences for their medicines had been recorded within care plans. We found that people's medication was stored and managed in a way that kept people safe.

## Is the service effective?

### Our findings

We spent time with people in the communal areas and saw how staff supported people. The deputy manager told us how they had completed training for people with profound learning disability and autism. They told us that this had helped them understand how one person living in the home may be feeling. They told us that they shared their learning with all staff to ensure the person received consistent care. They said, "We've understood that it is okay for, [the person's name] to be on their own. We understand the triggers, such as noise and touch and that it's okay for [the person's name] to be by themselves". Other staff we spoke with were able to share this information with us also and we saw how staff respected the person's choice to be in their own room.

Both relative's we spoke with felt staff were knowledgeable to care for people who lived at the home. One relative said, "They support [the person's name] very well. Staff know what [the person] can do and can't do for themselves, as they have gotten older their needs are changing". Another relative told us, "[The person's name] health is very good, so they must be doing a good job".

Staff told us the training they had was useful and appropriate for the people they cared for and that the training was tailored to people's individual needs. One staff member said, "I'm proud of the things I have learnt. I've been supported by other staff and the manager with all of my training and qualifications". All staff we spoke with told us they received further training where people's care and support needs changed, for example, staff told us "The dentist visited and we had lots of hands on-experience, so now I know how it feels".

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 we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured people consented to their care. Through our conversations with staff it was evident staff knew people well and understood each person's individual capacity to make day to day decisions. We saw people's capacity was considered when consent was needed or when risk assessments were carried out. The registered manager ensured people received care and treatment that was in-line with their consent. Where it had been assessed that people lacked capacity to make specific decisions peoples best interest decision had been made with their family members and external healthcare professionals.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.



Staff were aware of the Deprivation of Liberty Safeguards (DoLS) and told us that all of the people who lived in the home had their liberty restricted lawfully. Steps had been taken to determine who had legal responsibility to make decisions for the person where they lacked capacity to make them. The registered manager had made applications to the local authority where it was assessed that there were restrictions on people's liberty.

We saw people were offered a choice of food and were given time to enjoy their food while staff ensured people were happy with their meals. Relatives we spoke with told us their family member's weight was stable and raised no concerns about people's diet. One relative said, "Always nice fresh food. The food is very important to [the person's name] and its always home cooked".

Staff we spoke with knew who required assistance with their food and who required specialised diets, for example, a softer diet. We saw a weekly meal planner was written to ensure staff prepared a balanced healthy varied diet for people. We saw people were assisted with regular fluids throughout the day. Where staff had recognised one person had begun to eat less food, we saw from records and what staff told us that they had contacted relevant healthcare professionals. This ensured the person received the right care at the right time to ensure they remained healthy.

Throughout our inspection day we saw staff supported people to their health care appointments that were planned for that day. We looked at two people's care records and could see that regular appointments were made and attended. One relative told us, "Staff have always taken (the person) for their annual check-up at the GP's. I know they have a very good relationship with the GP and have phone consultations. They do make sure they are okay". Staff we spoke with were knowledgeable and up to date with people's health care needs and any actions that were necessary as a result. A relative we spoke with said staff responded to their family members physical and mental health care needs in a timely way.

## Is the service caring?

### Our findings

Throughout the inspection we saw staff were kind and caring towards people they supported. We saw where one person was sat on the floor; staff were sat on the floor and engaged in activities with them. Staff told us about people's verbal sounds and expressions and how they recognised what these meant to individual people and how they should respond to this. We saw staff interacted with people in a natural, relaxed way and people were comfortable around staff. People sought reassurance from staff in the way of hugs or relaxing on the sofa together. Staff shared examples of how they recognised early non-verbal signs if people became upset, so they were able to support the person in a way which would help to reassure them.

One relative we spoke with felt staff cared for the person well. They told us, "Staff are sensitive to (the person's) needs, they try very hard." While another relative said, "Staff are very caring and helpful".

People were free to move around the home and staff respected people's choice to either stay in their room or spend time in the communal areas of the home. Staff explained how one person sometimes preferred spending time in their own in their room and listen to music. We saw throughout the day, periods of time where the person would go to their bedroom. Staff were supportive of this and ensured they offered a choice of music, and that the person had what they needed to hand. We heard staff periodically check to ensure the person was okay and whether they needed any support.

People were supported and encouraged to maintain relationships with their friends and family. Relatives we spoke with told us they visited their family member when they wanted, one relative said, "I can go to Abbey House when I want". Another relative told us that their family member would stay with them some weekends or they would go out for day trips. The relative continued to say, "[The person's name] is always happy to come home to us, but they are equally happy returning back to their home".

On the day of our inspection we saw people were treated with dignity and respect by the staff. Relatives we spoke with felt their family members were cared for in a way which promoted their dignity. We saw staff ensured people's clothes were clean and they supported people to change if needed. We overheard staff speaking with people in a calm and quiet manner and where encouragement was needed, this was done gently and at the person's own pace. The person responded positively to this calm interaction. We saw that the provider had received compliments from people's family members around the quality of the care provided by the staff at Abbey House. One compliment read, 'We think the care and consideration given to (the person's name) was very good. Always respectful of their age and preferences'.

Where staff were required to discuss people's needs or requests of personal care, these were done in a way that promoted their dignity. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

## Is the service responsive?

### Our findings

Relatives told us that staff were responsive to people's needs. One relative said, "They try very hard for (the person) to have stimulation. They tailor activities to their needs". The relative spoke about how their family member had a key worker and felt this worked well in gaining the most for the person. The relative told us, "[The keyworker's name] is very forthcoming with ideas for them. They always get in touch with new things to try, or if they need something." The relative felt that due to this the person received better care that was personalised to them. Another relative told us how staff knew their family member well, knew their likes and dislikes and explored new ways of adding interest to their lives.

Relatives, staff and management told us that annual reviews of people's care took place with the person's social worker. We were told that the person was present in the room while discussions around their care were taking place, however they were free to leave when they wanted. Relatives told us they were involved and listened to. One relative told us, "As their parent, I know them very well, staff always discuss things with me and we talk it out together. They do listen to what I have to say".

The deputy manager shared with us action they took to improve one person's independence within the home. Staff had recognised through learning, that one person who lived in the home was okay to spend more time in their own space when they chose. Staff held discussions with families about the possibility of moving the person to a downstairs bedroom for them to have easier access. Staff told us they first had to ensure the move would not impact on other people living in the home and had discussed the change with relatives. One staff member said, "We would always take them upstairs when they wanted to go, but (the person's name) would always have to sign to us that they wanted to go. Now, they are downstairs, they can come and go whenever they want, they're not waiting on us". Staff told us and we saw, that now the person's bedroom was on the ground floor, it gave them the choice to go to their bedroom when they decided.

All staff told us they worked together as a team and had good communication on all levels and had handover of information between shifts. All staff we spoke with felt that due to the small service, there were good levels of communication were in place so people received responsive care in a timely way.

People and relatives did not express any concerns or complaints to us. We spoke with a relative who told us that they felt listened to and felt the registered manager was receptive and responsive to any concerns.

The provider shared information with people and relatives about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. This was also available in a format for people who used the service. We looked at the provider's complaints over the last 12 months and found that no complaints had been received.

## Is the service well-led?

### Our findings

We saw people who lived in the home knew the registered manager and were comfortable in their presence. The registered manager showed us how they involved people in the service provision by way of an expert by experience. They explained that people who lived at the providers other services were trained and supported to fill the role, so that they felt confident to speak up and not agree with what staff told them. They told us that one person had visited the home and completed a checklist, which looked at items such as, how people are supported, staff and their interaction with people to the environment and access to the community. We saw that from the most recent visit the results had been positive and the person would choose to live at Abbey House.

Both relatives we spoke with felt welcomed into the home, and felt able to share ideas with staff and be listened to. One relative said, "We have a very good relationship with management, we are very fortunate". For example, relatives were involved with discussions with management about plans for the garden in the near future.

Staff told us they felt involved in the service and knew what was happening for people living there and themselves. One staff member told us how staff had been supported by management in understanding the CQC role. They told us that this had helped them to understand what standards were expected of the service and also who to contact should they feel the service did not meet the standards. Another staff member told us that they were aware management were recruiting for a further staff member, which reassured them, they told us, "We pick up the extra shifts, as we don't want to use agency, and [management] thank us for doing this, but it's reassuring to know that it's not expected of us all of the time and they are trying to get new staff in".

Relatives told us that while they understood the registered manager would not be managing the home since their promotion, they felt confident that the new manager was approachable and responsive to their requests.

Staff we spoke with told us that the registered manager and other staff in a management role were always visible within the home or available on the phone if staff needed them. One staff member said that the new manager, "Does what she says she is going to do". All staff members we spoke with told us they enjoyed their work, and working with people in the home. One staff member told us that there was a good team of staff and good management in place. All staff told us they felt supported by the registered manager. One staff member said, "If ever I've had any concerns, I've spoken with the manager and it's been dealt with straight away. Nipped in the bud and not brushed under the carpet".

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, medication, finance, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, that while no errors in people's finances had been found and people's money was safe, it was identified that better recording for some people's monies was needed. The registered manager told us this had been

addressed with staff and actions put into place immediately to address this.

The registered manager told us that in their new role within the organisation they had completed a piece of work which focused around staff interactions towards people. They told us that having an over view of other services they knew that "Abbey House have got it right. We are that benchmark for other services, we are focused on people".

The senior management team held staff meetings once a year, which gave staff the opportunity to ask questions and raise any ideas or suggestions. Staff we spoke with felt this worked well in keeping them involved with the organisation, in having their say. One staff member said, "We have the opportunity to raise suggestions, but there is nothing I would change. I'm proud of my career".

The provider had sent surveys to relatives to gain their views about the service provision and the results were due back October 2016. Overall, the response was positive with no actions required by management to address any shortfalls.