

# MacIntyre Care The Grove -2

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 01 December 2015 and was unannounced. When we last inspected the home in June 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

2 The Grove provides accommodation and support for up to seven people who have a learning disability or physical disability. At the time of this inspection there were seven people living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. People were involved in the choice of food they were offered and given a choice of nutritious food and drink throughout the day. They were assisted to eat their meals where this was required. People were

# Summary of findings

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

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

There was an effective quality assurance system in place.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

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

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

Emergency plans were in place.

Good



### Is the service effective?

The service was safe.

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

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

Emergency plans were in place.

Good



### Is the service caring?

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships

Good



### Is the service responsive?

The service was responsive.

People were supported to follow their interests and encouraged to contribute to the running of the home.

Complaints were responded to appropriately.

Good



### Is the service well-led?

The service was well-led.

The registered manager was supportive and approachable.

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

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

Good



# The Grove -2

## Detailed findings

### Background to this inspection

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

The inspection took place on 01 December 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

During this inspection, we spoke with three people and three relatives of people who lived at the home, three members of staff, a recently appointed manager to the home and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for three people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked medicines administration records and looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection we looked at the recruitment records of two staff who had recently started work at the home which had been forwarded from the provider's head office to inform our inspection.

# Is the service safe?

## Our findings

People told us that they or their relative were safe living at the home. One person told us, "I've got new friends here. They care for me." A relative told us, "This is a safe place. [Relative] is never allowed out alone. [They] could not cope on [their] own." Staff told us that the home provided a safe environment for people. One member of staff said, "There are checks and balances in place. Checks are daily, weekly and monthly."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what concerns should be reported. They told us of the procedures they would follow if they had concerns. One member of staff told us, "There is a new policy and they have changed the protocol. Face to face training for safeguarding is done every year now. We also have e-learning on it." They went on to tell us that they would, "Address anything that came up." The registered manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission and our records showed that they had done so.

We saw that there were person centred risk management plans for each person who lived at the home held in a separate folder from the care plans. The registered manager explained that this ensured that the risk assessments were updated when this was appropriate. Each assessment identified possible risks to people, such as developing pressure areas, travelling in the transport provided by the home and travelling on public transport. There were also assessments where appropriate for behaviour that had a negative effect on others. The assessment identified possible triggers for such behaviour and actions that staff should take to de-escalate such situations, such as offering a drink or suggesting an activity that would divert from the situation.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by

looking at people's risk assessments, their daily records and by talking about people's experiences, moods and behaviour at shift handovers. Staff therefore had up to date information and were able to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of the kitchen, storage cupboards and the fire systems. We saw that the home held regular fire drills and evacuations. This ensured that people who lived at the home knew where to go in the event of a fire. In addition, each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. A member of staff told us that there had been two evacuation drills within the last six months period.

There were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. There were also emergency plans for other incidents such as the unexpected death of a person who lived at the home or a road traffic accident that involved the vehicle used by the home. These enabled staff to know how to keep people safe should an emergency occur.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who lived at the home. Staffing at night had been increased as one person required two care workers to deliver personal care. As a result the provider had arranged for an additional care worker to 'sleep in' overnight so that they would be available in the event of an emergency. During our inspection there was a very visible staff presence.

Documents forwarded to us showed that the provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

People told us that they received their medicines on time. One person said, "I have my medicine at four o'clock. They never forget." Where appropriate people's medicines were

## Is the service safe?

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

prescribed on an 'as and when needed' basis (PRN) and homely remedies. Staff understood these. We checked the controlled drugs record and found that this had been completed. When we carried out a reconciliation of the stock of drugs held against the records we found this to be correct

# Is the service effective?

## Our findings

People and their relatives told us they thought the staff were well trained. One person told us, "People know what they are doing." A relative said, "You can tell the difference. There is constant training going on anyway." When asked whether they thought the staff were well trained, another relative told us, "Yes and more training is being sourced for [Relative]'s needs."

Staff told us that they received regular training. One member of staff told us that they had recently completed their induction and six month probation period during which they had been supported to successfully complete the Care Certificate. They told us that they had shadowed experience staff before being expected to provide care and support themselves. This had enabled them to understand how to support each person. They said that the training, "Makes you think about what you're doing and why you are doing it."

A member of staff told us that they completed regular refresher training in all areas thought to be essential by the provider. This had been delivered by various methods, including on-line and face to face learning. These areas of training included safeguarding, which had recently been updated, communication, safe movement of people and equality and human rights. Staff told us that training was discussed at supervision meetings, and they were reminded when refresher training was due. The manager monitored staff training records to check that it had been completed. A team leader told us that they checked that the member of staff was up to date with their e-learning before any supervision meeting and set targets for the completion of any that was outstanding. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff told us that they received regular supervision every four to six weeks. One member of staff told us that during their probation period they had received supervision, "As and when certain milestones had been completed in the Care Certificate or personal development plan." Staff told us that supervision was a two way conversation, during which they discussed their training and development

needs, their morale, any concerns they had or any complaints they wanted to make. The manager showed us that there was a schedule to ensure all staff received supervision.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) We saw detailed capacity assessments which had been completed in each area of people's lives. The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and found that a number of authorisations were required and had been granted as people were not allowed to leave the home unless they were supervised.

People and staff told us people's decisions about their daily care and support needs were respected. One person told us, "I go out in the garden when I want." We saw evidence that people had been involved in identifying decisions that they could make for themselves, those that they needed some support with and those that they needed full support to make. One person told us, "Friday is my day off and I go shopping. I go to Bedford or Milton Keynes and buy smellyies." One record showed that the person could make choices about when they wished to get out of bed and would let staff know if they wished to remain in bed all day. Staff told us that if the person had chosen to remain in their bed they would ask them at intervals throughout the day if they wished to be transferred to their chair. We observed that this happened on the day of our inspection.

Staff told us that they used various methods of communication if people were unable to vocalise their needs, such as facial expressions and body language as well as using MAKATON, a form of sign language used by some people who have learning difficulties. They also used

## Is the service effective?

pictures and showed examples to allow people to make choices. One member of staff told us that since they had taken time to sit with one person they now rarely used signs as their vocabulary had improved and were now more able to vocalise their needs. Throughout the inspection we noted staff taking the time to encourage the person to tell the staff what they wanted or what they were doing.

People told us that they were involved in decisions about the menus. We saw that people chose what they wanted to eat for the coming week at the weekly house meetings. Each person chose the main dish for one day of the week. One person told us, "My favourite food is pizza. I don't like peas. I like tea. I have it all the time. I make it whenever I want." Another person told us that their favourite food was shepherd's pie. However, as they had chosen that for the current week's menu they told us that they had chosen curry for the following week. Where they were able to people were supported to make their own food and drink. One person returned from a visit with relatives and made themselves a snack and a drink. Staff told us that one

person was supported to make their breakfast every day, although they preferred for staff to do this for them. We saw that people were supported to eat their meals. People had special plates and cutlery to enable them to eat independently. Where people required additional assistance to eat their meals, staff provided this. We saw that where people required soft diets their meals were prepared accordingly. A variety of frozen meals were available if people wanted something other than the meal prepared for the day.

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight and visits to healthcare professionals were recorded. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians. People's care plans identified any health issues that a person had and which may have required particular vigilance by staff to maintain the person's health and well-being.



# Is the service caring?

## Our findings

People and their relatives told us that the staff were caring and treated them with dignity and respect. One person told us, "I've got new friends here. I am happy living here." A relative told us, "The staff are like brothers and sisters to [relative] but are extremely professional. [Relative] thinks of this as a second family. They get on so well together." Another relative told us that they knew that their relative was treated well.

We saw that the interaction between staff and people was caring and supportive with one exception. One member of staff paid little attention to people as they provided care and support. They failed to speak with the people or explain what they were doing or why it was being done. They stood over one person as they assisted them to eat their meal and did not wait until they had finished one mouthful before offering them more food. When we spoke with the team leader and the registered manager about this they told us that the member of staff was leaving the service that week. We were told that whilst they had been on probation the member of staff had supported people in a caring manner.

People were very much at ease with staff and liked to have fun with them. Staff clearly knew people's likes and dislikes and there was a very homely atmosphere. One relative told us that the staff were, "very good." They went on to say, "I used to sit in the lounge a lot and saw all the people being given attention and care."

People's support records included a section titled 'About Me', which provided information about their preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support and their preferred daily routines. Staff were able to tell us of people's personal histories and who and what was important to each person they supported. They were able to explain the different ways in which they needed to support people for the support to be effective, such as using role play with one person and giving plenty of notice of any change in routine to another person. We observed that staff spoke with people appropriately and used their preferred names.

People were supported to maintain relationships with their loved ones. One person had just returned from a regular visit to their family. Relatives told us that they were able to visit at any time. One relative said, "It is completely open. If I wanted to come at night I can." People's rooms were decorated to their own taste and personalised with pictures and items that reminded them of their friends and families. One person told us, "I like my room. I've got drapes over my bed."

We saw that staff promoted people's privacy and always knocked on their door and asked for permission before entering their rooms. One member of staff explained that before giving any care Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that doors and curtains were closed before providing any personal care. They also told us that they never discussed the care of people they supported outside of the home, which protected people's personal and confidential information. One staff member said, "What goes on in the house, stays in the house."

People were encouraged to be as independent as possible. A relative told us, "[Relative] is encouraged to do as much as [they] can." People were supported to make their own food and drink wherever possible and to go shopping for personal toiletries and clothes.

Information about the provider and the home was available in an easy read format that people could understand. This included the 'Service Agreement' that set out the roles and responsibilities of the provider and the person who lived at the home. It included information about the provider and the processes for making concerns or complaints known to the manager and provider.

We saw that people's records were stored securely in a locked cabinet. Management records were either held centrally by the provider, stored electronically on a system protected by password or locked in a cabinet in an office away from the home. Information about people and the service could therefore be accessed only by people authorised to do so.

# Is the service responsive?

## Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. One relative told us, “The care is very personalised.”

We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people’s wishes. Information from people’s relatives and others who knew them well had been included when the plans were developed. One member of staff told us, “We have a good rapport with [person’s] parents, they know [them] and we go by what they say.” We saw evidence that support plans had been regularly reviewed by staff and relatives. One relative told us, “We have a review every year.”

Each person had been assigned a link worker who was responsible for reviewing the person’s support needs and agreeing the goals they would work towards. One relative told us, “[Relative] has become more independent. [They] have been encouraged take part and be one of a team.” They went on to tell us that their relative had recently been on a holiday to Nottingham with their link worker. We saw that people’s well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs. Staff told us that as a link worker they would check on people’s well-being and that support plans and risk assessments reflected the care and support needs of the person.

All of the people at the home assisted with running the home and the cleaning and tidying their rooms. One person told us, “I change my bed on my day off, Friday.” A relative told us, “[Relative] goes to the day centre four days a week and spends one day doing chores.”

People were encouraged to take part in activities to maintain their hobbies and interests. One person was interested in writing and carried notebooks and pens with them. As we were writing notes during the inspection they joined us and demonstrated their writing skills to us. We saw that there were a wide range of activities available for people to use as they chose, including oversized dominoes. People were able to choose which television channel they watched in the lounge area whilst other people watched television of their choice in their room.

There was a complaints system in place and people knew how to make a complaint. One person told us, “If I am not happy I talk to the staff. I talk to them and they listen.” A relative told us, “I have never made any complaints. [Relative] mad a complaint when they were asked to get ready for bed whilst they were watching their favourite television programme. The manager sorted it.” We looked at the records of two complaints that had been received by the home, one of which involved communication by staff with a person’s relative. We saw that these had been investigated and a written response sent to the person who had complained within five days of the complaint having been received.

# Is the service well-led?

## Our findings

People, relatives and staff told us that the registered manager was very approachable and that the atmosphere was very homely. One relative told us, “The whole MacIntyre set up is fantastic. I cannot fault it.” A member of staff said of the manager, “[manager] is an absolute strength. Their knowledge of everybody who lives here is second to none. I would raise any issue with [Manager].” Another member of staff told us, “[Manager] is very supportive. They will listen to any concern and is very, very supportive to the team. Just wonderful.”

Staff told us that the provider’s ‘visions and values’ were discussed at each team meeting. One member of staff told us, “The DNA is about developing people. It is not what you do but the way that you do it. It is treating people with full respect and dignity. Building their dreams.” Another member of staff member said, “The DNA is the ethos of the company.”

People were encouraged to provide feedback and be involved in the development of the service at regular house meetings. Topics covered at the meetings included items such as menu planning and the choice of activities available. A satisfaction survey was sent each year and the results analysed to identify any improvements that could

be made to the service provided. We saw that where people responded with anything other than absolute agreement with questions asked of them, such as, ‘Do you know which staff support you?’, they were advised of the steps that would be taken to put things right. One example was that ‘Photographs would be used on boards to tell you who is supporting you at any time.’

The minutes of the staff meeting held in November showed that staff were encouraged to be involved in the development of the service. Topics such as health and safety, the satisfaction survey, food storage and training had been discussed.

The provider had an established quality monitoring programme which applied across all the homes it ran. We saw that a member of the provider’s health and safety team also carried out regular audits of areas such as medicines administration, emergency plans, incidents and accident reporting and risk. The latest audit completed in September 2015 identified no lapses. The recently completed monitoring visit by the local authority had also found no lapses and the home had been given a score of 100% compliance. The provider’s regional managers also completed monthly audits of the home and provided a report to the registered manager and the provider’s governance team.