

# MacIntyre Care Marley Grove

## 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

Marley Grove is a care home service without nursing. The service provides accommodation for persons who require nursing or personal care. The service can accommodate up to nine older adults with learning disabilities in three adapted buildings.

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

People were supported by staff that knew how to keep them safe. Staff knew how to raise safeguarding concerns with the provider, the relevant safeguarding body and the Care Quality Commission (CQC). People had risk assessments in place associated with their care. Staff followed the guidance within the assessments to ensure people received safe care.

People were supported by enough numbers of staff that were safely recruited to meet their needs. Staff supported people to take their prescribed medicines safely and followed good practice infection control guidelines to prevent the spread of infection.

People were supported by a caring and compassionate staff team. Staff ensured people's dignity and respect was always promoted and protected. They supported people to maintain relationships with friends and family and develop new relationships.

The training staff received ensured they had the right skills and knowledge to meet people's needs. Staff were alert and responsive to any changes in people's needs and promptly liaised with the appropriate health professionals. People were supported to attend routine health checks and medical appointments.

People were supported to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The registered manager monitored the quality of care and support people experienced and acted on people's feedback to drive continual improvements in the service. Policies, procedures and other information was made available to people in formats that met their communication needs, such as easy read and picture styles.

Rating at last inspection

The last rating for this service was Good (Published 20 May 2017).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.  
Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.  
Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.  
Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Marley Grove

## 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

The inspection was carried out by one inspector.

#### Service and service type

Marley Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure the registered manager, staff and people using the service would be available to speak with us.

#### 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

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager, and a senior care worker. We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We conducted telephone interviews with four relatives of people using the service.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to keep people safe from avoidable harm and abuse. Family members said they were confident their relatives received safe care.
- Staff were aware of the signs of abuse and knew how to report any safeguarding concerns. They said they were confident the registered manager would address any concerns and make the required safeguarding referrals to the local authority.
- Records confirmed the registered manager appropriately reported all safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC).

### Assessing risk, safety monitoring and management

- Risk assessments were in place for individual risks identified. For example, risk of falling, skin damage, nutrition and hydration, behaviours that challenge, and specific health related risks. We found the risks were being effectively managed.
- Safe moving and handling practices were observed when staff supported people to change position and mobilise.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. They were up to date and reflective of people's current communication and mobility needs.
- Equipment used to manage people's health needs was regularly serviced in line with the manufacturer's guidance. Environmental checks were routinely completed to ensure the home was safely maintained. Areas identified for repair and refurbishment were promptly addressed.

### Staffing and recruitment

- People received support from staff that met their assessed needs. We observed staff responded to people's needs promptly.
- Safe recruitment checks were undertaken. Staff confirmed they were unable to provide care for people until all the necessary recruitment checks had been completed. The recruitment records demonstrated the provider carried out robust pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

### Using medicines safely

- People received the right support to take their medicines as prescribed. Staff received training to administer medicines, which included having their competency to follow the medicines administration policy observed and assessed. Medicines were received, stored, administered and disposed of safely. Staff

involved in handling medicines had received training around medicines and assessed as competent to support people with their medicines.

#### Preventing and controlling infection

- The environment was clean and well maintained. People and their relatives told us the service was always clean and pleasant. Staff used personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care and handling food.

#### Learning lessons when things go wrong

- Accident and incident forms were completed by staff and reviewed by the registered manager to identify trends, patterns and any learning from incidents. These were also reviewed at an organisational level and any learning was shared throughout the organisation. For example, in response to a medication error a 'prompt system' had been set up. This reminded staff when medicines needed to be given before / after meals and ensured the correct spacing between doses was followed.



# 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's physical, mental and social needs were holistically assessed, and their care was delivered in line with legislation, standards and evidence-based guidance, to achieve effective outcomes. People had individualised care plans that were regularly reviewed and updated as and when their needs changed.

Staff support: induction, training, skills and experience

- All staff completed a comprehensive induction and initially worked alongside experienced members of staff, to allow time to get to know people using the service. One member of staff said, "I found the induction training was very good, I was given time to read the care plans for all the people we support." Another said, "If staff need more time during their induction this is arranged. It's better we have staff with the right personality that are willing to learn. It is time well spent."
- Staff said they felt supported by the registered manager. They said they had regular supervision meetings to discuss their personal development and on-going support needs.

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

- People were supported to choose their meals through talking with staff and looking at food pictures to enable choices.
- People identified at risk of poor nutrition and hydration had their food and fluid intakes closely monitored. Fortified drinks, meals and snacks were offered to people to supplement their calorie intake.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff knew people very well and recognised when additional healthcare support was required. They had raised concerns about people's health and wellbeing to the appropriate healthcare professionals and supported people to attend appointments as required. A relative said, "The staff do a marvellous job of caring for [Name] they were seriously ill a while ago and we were told to prepare for the worst. But due to the excellent care [Name] is receiving they have rallied round; the staff are very vigilant and respond quickly. I really can't thank them enough."

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

- People's bedrooms were decorated to reflect each person's individuality.
- The garden had a pleasant accessible outdoor seating area for people, their friends and family to use if they wished.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff understood and worked within the principles of the MCA. We observed staff were very mindful of explaining what they were doing when providing personal care. They offered people choices and sought their consent before providing any care.
- When people no longer had the capacity to make decisions about certain aspects of their lives, staff consulted with people's representatives to ensure care was always provided in the person's best interests'.
- DoLS applications had been made to the local authority to ensure people were not unlawfully deprived of their liberty. This ensured staff supported people according to the agreed conditions.

# 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 staff had caring relationships and we observed a relaxed, and warm atmosphere throughout the home. A relative said, "[Name] has been with MacIntyre Care for most of their life, I can't fault the care and compassion they receive from the staff. It's fantastic. The ethos is very person centred [Name] has an excellent quality of life."
- Staff knew about people's lives, hobbies and interests and took time to sit and chat with people. A relative said, "The staff know [Name] very well, they know their ways, they go to lots of clubs and loves socialising."
- People's diversity was respected and embedded in practice. Staff were respectful to people of all faiths and beliefs.

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

- The staff were skilled in communicating with people and took time to support people communicate their wishes and make decisions.
- Regular group and one to one meetings took place, to enable people to be involved in sharing feedback to develop the service. A relative said, "[Name] is consulted about everything, they are very involved in all decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- Staff were always mindful of respecting people's privacy and dignity. We observed doors to be closed when people were being supported with their personal care. Staff knocked on people's doors and sought permission to enter. A relative said, "The staff are extremely attentive and respectful, we are incredibly lucky [Name] is cared for by such compassionate staff."
- Staff encouraged independence, to maintain people's skills and well-being. We observed staff were kind in their approach to supporting people.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were detailed and were regularly reviewed with the involvement of people and their relatives.
- Staff understood the importance of providing care that was centred around people's individuality, and this was embedded in day to day practice.
- People and the staff team had positive relationships and enjoyed spending time together. Staff took the time to find out about people's backgrounds and what was important to them.

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.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people.
- Information was made available for people in easy read formats. Some people used simple sign language and gestures to assist with communicating with each other.
- Staff were observant of people's body language and identified when communication was initiated through non-verbal means.

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 follow their interests. They attend day centres and community clubs that were socially and culturally relevant and appropriate to them.
- Staff spent time with people supporting them to enjoy their choice of activities.
- We saw photos of a variety of activities people had been engaged in.
- Each person had a daily activity programme and pictorial activity timetables were visible on notice boards throughout the home.
- Staff respected people's cultural, religious and spiritual beliefs.

Improving care quality in response to complaints or concerns

- Information was available for people and relatives on the complaints policy and procedure.
- People were supported to raise any complaints. One to one meeting's also took place between people

and their keyworker's (a keyworker is a member of staff who is responsible for liaising with the registered manager to ensure the needs of the individual are met), to discuss in private any concerns people may have.

- No complaints had been received over the last 12 months. Relatives told us, should they have any concerns they would not hesitate to raise these with the registered manager and felt sure they would be dealt with appropriately.

#### End of life care and support

- At the time of the inspection, one person was receiving palliative care with the support of a local hospice.
- Staff had received training on end of life care and worked with the specialist end of life nursing from the hospice. This meant people were supported to remain at home at the end of their life if this was their wish.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were at the centre of everything the service did. The registered manager and staff team ensured people were involved in all decisions about their care as much as possible.
- Staff commented the staff morale was good, and they took pride in working at the home. One staff member said, "The care the residents receive is very personalised. I have worked in other places where they say they provide person-centred care, but here they really do." A relative said, "The staff are remarkable, [Name] is receiving the best care I could wish for."

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

- Relatives commented the registered manager and the staff team were very open and honest in all communications with them. They said staff always contacted them if they had any concerns regarding the care of their family members.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Statutory notifications had been submitted to the Care Quality Commission (CQC) and the rating from the previous CQC inspection was on display, both within the home and on the provider website.
- The service received regular support and advice from the provider's quality assurance team to continually monitor the quality and standard of the service.
- People, relatives and staff gave positive feedback regarding the management of the service. Staff were valued and involved in driving continual improvement of the service.

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

- Relatives and staff said they would recommend the service to others.
- The feedback from people, relatives and staff was positive.
- The service had strong links with the local community and community learning disability services. People were fully supported to maintain contact with friends and relatives and live fulfilling lives.

Continuous learning and improving care

- The registered manager analysed accidents, incidents and complaints and shared learning with the staff

to improve the quality of care provided.

- The registered manager kept themselves up to date with changes in best practice and changes in legislation. They attended forums and conferences to keep up to date with changes in requirements. This knowledge was shared with the staff to enhance and develop working practices.

Working in partnership with others

- The registered manager and staff worked closely with commissioners and other health and social care professionals, to continually review and respond to people's changing needs. This ensured people received high-quality care that was centred around their individual needs.