MacIntyre Care

Anvil Close

Inspection report

21-24 Anvil Close
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Date of inspection visit: 13/01/2015 & 15/01/2015
Date of publication: 24/03/2015

Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 13 and 15 January 2015 and was unannounced. The service met the regulations we inspected at their last inspection which took place on 16 September 2013.

The home provides care and accommodation for up to 12 people with learning disabilities. It is located in Streatham. It is divided into four flats, each with three bedrooms. There are two flats on the ground floor and two on the top floor. People with more complex support needs lived on the ground floor and more independent people lived on the top floor.

There was a registered manager at 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.

Summary of findings

We found medicines management at the home was not safe. Audits to record the amount of medicines kept at the home were not effective in picking up discrepancies and the provider's guidance was not followed with regards to stock control of medicines at the home.

People's individual needs were not always met. Recommendations given by healthcare professionals, although acted upon were not always evidenced and implemented by staff. Care plans were person centred and written in a way that was easy for people to understand. However, they did not always identify goals or objectives that people could work towards especially those who were more independent..

People told us they liked living at the home and that staff were nice. Relatives also told us of their satisfaction with the staff and how content and settled their family members were at the home. The majority of people attended various day centres during the day. Some people that did not attend the day centre had access to activities in the home. Some aspects of internal activities could be improved and we found that activity rooms at the home were not fit for purpose.

The provider followed the Mental Capacity Act 2005 (MCA) and applied for Deprivation of liberty Safeguards (DoLS) authorisations where it was found that some people needed restrictions put on them limiting their freedom. These restrictions where put in place in people's best interests to keep them safe from harm.

The provider carried out the necessary security checks before employing people. Staff told us that the training they received at the home enabled them to carry out their role more effectively. They received regular supervision and appraisal. Team meetings were held regularly.

Quality assurance checks, such as questionnaires requesting feedback from people and their relatives about the service were carried out. Incidents were scrutinised at regional level so trends could be analysed if needed. Health and safety checks around the home were also carried out. The registered manager was supported by a team of four senior care workers, each with responsibility over one flat.

We found breaches of regulations relating to care and welfare of people who use the service and medicines management. You can see the action we have asked the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe as medicines were not managed safely. Stock control audits of medicines were not effective in picking up discrepancies in quantities of medicines.

People felt safe at the home. Staff knew what steps to take if they had concerns about people's safety.

Risk assessments for the premises and for people using the service were carried out which helped to ensure people were kept safe.

Staffing levels at the home were sufficient to meet the needs of people. People that required 1:1 support were provided it.

Is the service effective?

Good

The service was effective.

Staff received training that was relevant to the needs of people using the service. They also received regular one to one supervision.

Staff offered people choices and asked for their consent when supporting them. Where people had their freedom restricted, the provider followed appropriate guidance to ensure that these restrictions were in line with the Mental Capacity Act 2005 and in their best interests.

Meals were planned in consultation with people using the service. If people required extra support with eating, the service helped to ensure their needs were met by following guidance from dieticians and speech and language therapists.

The provider made appropriate referrals to specialists when it came to people's health needs.

Is the service caring?

Good

The service was caring.

People were supported to maintain relationships with family. Some people visited relatives on weekends.

Staff were respectful of people and their right to privacy. Our observations during the inspection was that staff and people using the service interacted well with each other.

Is the service responsive?

Requires Improvement

The service was not always responsive to people's individual needs. Concerns raised during team meetings and guidance issued by healthcare professionals were not always acted upon.

Summary of findings

Staff did not always meet people's individual needs in respect of the activities they had access to. The sensory rooms in the home were not fit for use.

People using the service or relatives were able to raise concerns during link worker meetings and reviews. Where formal complaints had been raised, the provider took appropriate action.

Is the service well-led?

Good

The service was well-led. Staff were made aware of the philosophy of the service through training modules they were required to complete, and also through staff meetings and one to one supervision meetings.

The quality of service was measured through surveys and analysis of incidents at the home.

Areas of improvements to the service were identified and we saw that some progress had been made in some areas.

Anvil Close

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 inspection took place on 13 January 2015. We returned on 15 January 2015 to complete the inspection, the provider was aware of this second day. The inspection was carried out by an inspector.

Before our inspection we checked the information that we held about the service, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised.

We spoke with two people using the service, five relatives, and six care workers. We also spoke with the registered manager and the office administrator. We looked at records including three care records, four staff files which included training records, five medicine records, audits and complaints. We contacted healthcare professionals such as the local Healthwatch, commissioners and social workers to ask their views of the service.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely which put people at risk of harm. Each flat had its own medicines cupboard which was kept locked. However, on the first day of our visit we saw that the medicines cupboard in a flat on the top floor was open. We alerted staff to this who locked it. Some of the medicine cabinets were messy, for example we saw one where there were a few empty boxes of medicines left in the drawer which should have been disposed of.

People's medicine administration record (MAR) charts were recorded correctly, except in one instance where a medicine, metformin, had been signed out as given for a lunchtime dose but it was still in the blister pack. When we asked staff about this they said, "I must have signed it by mistake." Audits had not picked up on this missed dose.

Stock checks of medicines in one of the flats were not carried out thoroughly and were not effective in picking up errors. We found a tab of co-codamol and four tabs of paracetamol in an ibuprofen box. We advised the registered manager of this who told us they would address it.

Audits were not picking up errors and no actions were assigned to staff where discrepancies in counting medicines were found. For example, in an audit done on 7 December 2014, 27 ibuprofen tablets were counted from the previous audit, a question mark had been put against how many had been administered and against how many destroyed. Staff had recorded that there were only 25 ibuprofen tablets that had been accounted for. When we counted the number of tablets, we saw that there was only one ibuprofen left. However, between 7 December 2014 and the day of our inspection only five ibuprofen tablets had been recorded as being administered which meant that there were possibly up to 20 tablets missing or unaccounted for. We also counted 34 paracetamol tablets but only one had been recorded in the audit.

The provider's own guidelines for the administration and control of medicines stated that 'Medication not in a blister pack will be stock checked daily' and 'Any discrepancies should be reported immediately to the Head of Service or Senior Support Worker'. This was clearly not being followed.

The above issues related to a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at five medicines records. Each person had a medicine profile which gave staff important information about the medicines that people were prescribed and what they were for. These were reviewed by the registered manager or senior staff to ensure the information on them was up to date.

Relatives told us their family members were safe and they had no concerns. Staff were aware of their responsibilities in terms of reporting abuse and were able to identify potential signs of abuse. Some of the comments from staff included, "We don't tolerate that" and "We discuss concerns in our team meetings." Staff told us they were confident about recognising potential signs of abuse in people, some of whom were not able to communicate verbally. One staff member told us, "You can read their body language and see if they are unhappy."

Staff confirmed that they had received safeguarding training. Records we saw confirmed this. There was a safeguarding poster and a flow chart advising staff on what steps to take if they had concerns, along with contact telephone numbers for the safeguarding team at the local authority. We saw that the provider reported allegations of abuse to the local authority and took appropriate action when concerns had been raised. The provider had a policy on safeguarding adults which was accompanied by 'good practice guidance' for staff to follow.

This helped to ensure that people were kept safe because staff knew the signs of potential abuse, how to raise concerns and the provider took appropriate action in response to concerns.

The provider carried out environmental risk assessments to ensure hazards around the home were identified and risks to people could be minimised. These were reviewed annually. In addition, a number of safety checks were performed to ensure people were kept safe. These included weekly fire safety checks of the fire sensors, fire extinguishers and checking fire exit routes were clear. Water temperatures in all the rooms were also checked to ensure people did not get burnt by scalding water.

The registered manager told us they were in the process of changing risk assessments so they were more concise. We saw some examples of the new style documents which were easier to understand and potentially easier for staff to follow. Individual risk assessments for people using the service were arranged according to different areas of care,

Requires Improvement

Is the service safe?

including personal care, physical support, medical and health support, safeguarding and relationships, finance, out and about and domestic skills. For each identified risk, staff made a judgement of the likelihood and severity of the risk occurring. Guidance was given to staff on how to manage each risk and keep people safe.

We saw evidence that the provider took steps to keep people safe by using appropriate methods when responding to behaviour that challenged the service. For example, following an incident between two people using the service, an investigation was carried out to ascertain the reasons for the incident and appropriate referrals were made for specialist support. We saw that staff followed guidance to try and prevent similar incidents from reoccurring. Staff attended multidisciplinary meetings attended by psychologists, psychiatrists, social workers and staff at the service and the day centre to look at the best way to support people with their behaviour.

Staff files contained evidence of appropriate pre-employment checks, which helped to ensure that only prospective employees who were suitable to work with people were employed by the service. These checks included identity checks, written references and criminal record checks. The registered manager told us there were some vacancies for full time staff at the home which were being covered by relief staff. These positions had only been vacant since December 2014 and the provider was planning to recruit to these posts.

The registered manager told us that there were five or six staff on duty during the day depending on the needs of people using the service, and two waking staff and one sleep in staff at night. One person using the service required one to one support three times a week and their needs were met by using additional staff. Staff told us that they felt staffing levels at the home were sufficient to meet people's needs. We looked at the rota for the past month. Staffing levels were as the registered manager described to us. We saw that the provider considered the skill mix of staff when allocating staff to the rota, for example assigning a senior care worker as a shift leader and allocating both male and female care workers to ensure people's needs were met.

Good

Is the service effective?

Our findings

Relatives told us that staff were "Very professional" and said "Staff are good." Staff spoke positively about the training that was available to them. Some of their comments included, "The training is really good", "I can do it in my own time" and "Training is great."

The majority of the training was available via an e-learning training programme which all staff had access to. This programme included a section on interactive policies where staff could learn about a policy through an e-leaning module. Staff told us they found this helpful. Within the service, there were in-house key trainers, usually senior support staff that were available to give advice and offer training in areas that needed a more practical approach such as moving and handling. The provider also made use of specialists within the company to deliver training in specialist areas such as 'positive approaches support'. Training records showed that staff had completed training in areas that were relevant to meeting the needs of people using the service. For example, administering medication safely, safeguarding, epilepsy awareness, dysphagia (difficulty or discomfort in swallowing) and manual handling.

The registered manager told us it was not always clear when someone's training was expiring as the e-learning programme did not flag this up. However, she said she was in the process of collating all training records for staff so that she could have an overview of the training completed and when this was due for renewal. We were shown a version of this training matrix which showed that some progress had been made in this area.

We looked at staff supervision records and saw that people received regular supervision every six to eight weeks and an annual appraisal. Progress towards agreed objectives, actions from the previous meetings, new actions and learning and development needs were all discussed at each supervision meeting. Staff said they felt well supported by the registered manager.

Staff were aware of the importance of asking people for their consent and offering them a choice, especially those that were not able to communicate verbally. Staff told us that they asked people what they wanted to eat and tried to include them in the decision making by showing them pictures of meals, or for example showing them cereal boxes for breakfast and seeing their response. In our observations, we saw that staff asked people before supporting them and waited for their response before proceeding.

Care plans were written in plain English and made use of pictures which enabled people to understand them better and express their choice about how they wanted staff to support them.

Some people were restricted from leaving the home as it was not safe for them to be out unaccompanied by staff and others needed constant staff supervision. We saw that where people had such restrictions placed on them, limiting their freedom, the provider followed the Mental Capacity Act 2005 (MCA) and applied for Deprivation of liberty Safeguards (DoLS) authorisations. This was in line with the Supreme Court judgement that had broadened the scope of the MCA. The local authority had agreed to these restrictions which were in the people's best interests to keep them safe from harm. Seven people using the service had their liberty restricted in some way. Some of the people had certain conditions attached to the DoLS authorisations which included having access to more activities and specialist furniture. We saw that where this was the case, the provider had taken steps to ensure these conditions were met.

The majority of people using the service spent their day at different day centres so people were supported to have their breakfast and main meal at the service, with lunch being catered for by staff at the day centre.

Menus were planned a week in advance and each flat had their own menu. Staff told us they did weekly shopping for food for the whole home and that "residents help us sometimes." Although the menus were on display in each individual flat, we noted that in two of the flats an old menu was on display from December 2014.

People using the service told us that the food was "nice", "it's good" and "I like it.". Relatives told us they had no concerns about their family member's nutrition and one relative said, "I told them he likes Indian food, and they made arrangements for that."

The kitchen areas were clean and cupboards were well stocked. Food in the fridge was all within date and labelled with its use by date. Food was temperature checked before serving, ensuring that it had been cooked properly.

Good

Is the service effective?

We observed people going into the kitchen and making themselves tea, with staff support. Some people had been diagnosed with dysphagia. Staff told us, “The dietician came and did an assessment.” There were prescribed food and fluid plans for people with dysphagia containing guidance for staff on the best way to support people. They gave guidance in relation to the best seating position, equipment, environment, nutrition, and assistance.

Relatives told us, “When he comes to visit me, I ask his care workers about his health and they keep me up to date.” Another relative said, “I have asked them to manage his nails better, they referred him to a chiropodist.”

People had individual health files which staff used to record information related to their health needs. This contained a hospital passport containing key information in case people were admitted to hospital. Care records also contained a ‘My Health’ folder although this was not fully completed in all the care records that we saw. This folder contained information related to people’s support needs around their health.

We saw evidence that people had appointments made with their GP, medicine reviews, dentist, community nurses, and diabetic reviews. We were able to track appointments easily as Staff completed an information sheet whenever people had contact with a healthcare professional.

Is the service caring?

Our findings

We observed interaction between people using the service and staff and saw that people were treated kindly. Staff spoke with them in a friendly manner and people told us "I like staff" and "I like [staff member], she is my friend." Relatives told us, "He's happy, well looked after, always clean and well dressed", "I like the staff there" and "He is happy there." Health professionals who we spoke with told us whenever they visited the service they felt that staff had a caring attitude and were always available.

Although we did not see any relatives visit the service during our inspection, people using the service were supported to maintain relationships with their family. Some relatives who we spoke with told us they were regular visitors to the service. In other cases, people were supported to go and see their relatives. Some of the comments from relatives were, "I visit Anvil close, [staff] are kind, [my family member] does come and visit me on Sundays. He said he is happy, I ask him if he is alright" and "I used to take him all weekend, now every two weeks, because he likes it there."

During our conversations with staff, they demonstrated a caring attitude and were also knowledgeable about people preferences and the types of activities they enjoyed doing. They told us they enjoyed caring for people and getting to know them. One member of staff said, "People identify us as family members and I like working closely with residents", "…will stroke or laugh and so you know he is happy", "Residents think of this place as their home" and "Once you get to know the people here, even though some are non-verbal they will let you know what they want".

We saw evidence that the provider took steps to ensure staff knew the importance of a caring attitude. The registered manager told us about the work that had been done around 'facilitation skills' which were 10 key skills that all staff were expected to show an aptitude in. These were, observation, responsive, reflection, positioning, eye contact, being creative, communicate, listening, touch and warmth. Facilitation skills were discussed in one to one and team meetings, indicating that they were an important aspect of the expectation that the provider had of staff.

People's care records were written in a person centred way and made use of pictures where possible so that they were more accessible to people using the service. They also contained a communication profile giving details on the best ways of communicating with people and how they liked to express themselves.

Staff respected people's right to have privacy. We saw that staff always rang the doorbell before entering any of the flats even though the doors were open; similarly they knocked on people's bedrooms. We looked at some people's bedrooms with their permission and saw that they were able to personalise them. For example with pictures and other mementos.

On the day of our inspection, it was a person's birthday and we saw staff preparing for a party later on in the evening. One relative told us, "We celebrated [my family members] birthday, all our relatives came. It was really good and everyone liked it."

Requires Improvement

Is the service responsive?

Our findings

The majority of the people attended various local day centres throughout the week which took up the majority of their time. However, two people did not attend any day centres and we saw that although staff spent time with them, more could have been done in terms of supporting them with activities in the home. Each flat had its own separate room which the registered manager told us was an activities/sensory room; however it was not possible to see how it could be used for such. One of the rooms contained a clothes dryer and was being used to dry clothes, in another room there was an old blind and flat packed furniture and other rooms were being used to store hoists and other equipment. The registered manager showed us some plans that they had for developing the rooms in the future.

Two of the people who had DoLS authorisations in place had conditions attached stating they needed access to more activities due to the restrictions placed on them. We spoke to their link workers who told us they were aware of these conditions and did try and incorporate more activities into their daily lives. For example, they told us they had applied for a taxi card for them and had taken them out in the community more to the hairdressers, aromatherapy and music therapy. Staff told us that the activity rooms in the home were not used and it would be better if some use was made of them to provider better activities for people. One staff member told us, "Training or access to more activities would be good" and "I would like more sensory activities." One relative told us they would like the home to provide more activities for their family member.

The four flats at the home were split according to people's needs, with those with more complex needs on ground floor and those who were more independent on top floors. There was a lack of personalisation in some of the flats to show that people had been involved in making decisions about the décor to make it homely and to meet their personal preferences. It was noted that menus were not always displayed in pictorial form to support people's understanding of what meals were being provided.

The registered manager told us they were in the process of reviewing and changing all the care plans. We were shown some examples of the new and old style care plans. Some of the major changes was splitting records into care plans and health records, developing 'one plan' containing information about the care and support required in a concise manner, and simplifying the risk assessments to make it easier to record and manage risk to people. However, we noted that there was a lack of outcome or goal monitoring for people which could prove beneficial for people, especially those that were more independent and living on the top floor.

Relatives told us they were invited to care plan reviews, one said "I get invited to reviews, there was one just before Christmas. We discussed his health and activities." Staff were allocated as 'link workers' for people. Care records contained details of link worker meeting minutes. These contained a review of actions from previous meetings and action plans for staff to follow up. Some of the areas discussed included, health and medicines, keeping me safe, my home, my money, happy with the support and activities. However, we saw evidence that staff did not accurately record all information discussed in these meetings as we read one example where a person had asked for a new TV and this was not mentioned in the actions for staff to follow up.

Staff meeting minutes showed that staff did not always respond appropriately to concerns around the support given to people using the service. For example, we noted that concerns had been raised about transferring one person into a shower chair during two consecutive meetings in September and October 2014. In response to this, some guidance had been sought from a physiotherapist who attended the service and left some feedback forms for staff to complete so that a solution could be found. When we looked at the records, we saw that since 24 October 2014 only two feedback forms had been completed by staff even though this person was being transferred on a daily basis. This meant that there was potentially little feedback for the physiotherapist to work on in providing a solution to the problem to ensure the person was kept safe. In the interim, the physiotherapist had provided best practice guidance on how to transfer this person safely and although staff told us they were following this guidance, they said the issue had still not been fully resolved. One staff member said, "I still feel we are stuck and it's still difficult. I used the equipment and guidance this morning but still found it difficult." The feedback that we received from the physiotherapist following the visit was that the service was good at referring concerns but ongoing monitoring could be evidenced stronger and documented.

Requires Improvement

Is the service responsive?

Therefore the provider did not always meet people's individual needs. The above issues related to a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw one person before they went to the day centre and saw that they were visibly happy and clapping their hands when it was time to leave for the day centre. The provider had access to a minibus which was used to take people to health appointments, day activities, visiting family, social clubs and shopping as well as day trips at weekends.

There was an activities poster on display in the staff room and people had individual activity timetables on display outside their rooms. People's artwork was displayed in the home and during the inspection; they pointed these out to us, telling us, "I did the painting for [staff member]."

Relatives told us staff kept them up to date with any changes, one relative said, "They phone me and let me know." They told us they felt confident that if they raised concerns, they would be listened to. One relative said, "I have raised concerns before and they have responded."

The registered manager told us that meetings for people using the service or relatives meetings were not held but that concerns and complaints could be raised during link worker meetings and reviews. Two relatives told us they would be happy to attend relatives meetings.

There had been one recorded complaint in 2014, we saw that this had been resolved and appropriate action taken by the provider which had included seeking advice from a speech and language therapist.

Good

Is the service well-led?

Our findings

Anvil Close is part of Macintyre Care whose philosophy is to 'welcome all' and their statement of values stresses the importance of placing an individual at the centre of their service. The registered manger made reference to work that had been done around 'great interactions' which were based on the facilitation skills that are included in the 'caring' section of this report. During our conversations with the registered manager and with staff it was clear that these were an important part of the way that staff were expected to work. Part of the training that staff received was in great interactions, what it meant and how they could develop these. These were also discussed during supervision meetings.

The registered manager was familiar with the needs of people using the service and we observed her speaking to people during the inspection. People responded to her and it was clear that they liked her. The registered manager told us that she received good support from her area manager. She said, "I always get good support", "Someone is always on the end of the phone.". She also said that she attended monthly head of service meetings which provided an opportunity to share ideas and get support from registered managers at other services.

The registered manager was supported by four senior staff. Each senior had responsibility for one flat. Staff worked across all four flats and those that we spoke with told us that they preferred this way of working as it meant they became familiar with all the people living in the home. It also allowed them to discuss issues about people with the senior responsible for that particular flat.

General feedback from the staff was that they worked well together and felt that they were valued members of the staff team. They told us, "I enjoy working here" and "The organisation is great." However, two said that teamwork could be improved and support from the registered manager could be better. They did not give more details regarding their experiences. Team meetings were held monthly and minutes were available for staff who were unable to attend.

Although relatives meetings were not held, the service did send out surveys to people using the service and to their relatives. The most recent one had been sent to people in November 2014. The registered manager told us that once all the responses had been received, they would be sent to the regional team for analysis to support improvement in the service. We looked at a sample of responses that had been received and saw that generally the responses were positive and no major concerns had been raised. One relative did raise a suggestions around more access to activities for their family member

The service analysed incidents at the home to monitor the quality of service. We looked at a breakdown of incidents at the home for the year 2014. Incidents were recorded as near misses, injuries and property damage and were assigned to different departments to investigate, for example the health and safety manager. Staff completed incident forms which were subsequently uploaded onto a computer system so they could be analysed for trends and seen at regional level.

The registered manager was aware of the areas of the service that needed improving. Some of these had already been actioned, such as the care records. Some areas of the home were in need of repair. We saw a broken handle to a laundry room and an emergency light in the laundry was falling and was held together by duct tape. There were also some broken drawers in a kitchen. We were shown a redecoration plan for the service which included redecorating walls and replacing some carpets. We were also shown plans for the activity/sensory rooms in each of the flats. We noted that there were no timescales for completion of these planned renovation works.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not always protected from the risks associated with the dispensing and recording of medicines. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered provider had not taken adequate steps to ensure that care and treatment was delivered in a way that met the needs of people using the service.