

# MacIntyre Care Glenview

## 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

Glenview is registered to provide accommodation and personal care for up to people six people who have learning disabilities. At the time of our inspection five people were living there.

A registered manager was in post but owing to pre-arranged annual leave was not available on day one of this inspection. However, the registered manager was present during day two. 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.

At the last inspection the service was rated good. At this inspection we found the service remained good.

People continued to remain safe as staff knew how to recognise and respond to concerns of ill-treatment and abuse. There were enough staff to support people to meet their needs. The provider followed safe recruitment procedures when employing new staff members.

The provider followed infection prevention and control guidance. The equipment that people used was maintained and kept in safe working order.

The provider learnt from incidents and accidents and worked with people and families to minimise the risk of reoccurrence if things had gone wrong.

People continued to receive care that was effective and personalised to their individual needs and preferences. They were assisted by a staff team who were well supported and had the skills and training to effectively assist people.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible. Staff were aware of current guidance which informed their practice and people's rights were protected by the staff who supported them.

People received support that continued to be caring and respectful. People were supported by a staff team that was compassionate, thoughtful and kind.

People's privacy and dignity was respected by those providing assistance. People were supported at times of upset and distress.

People, and those close to them, continued to be involved in developing their own care and support plans. When changes occurred in people's personal and medical circumstances, these plans were reviewed to reflect these changes. People's individual preferences were known by staff members who supported them

as they wished. People and their relatives were encouraged to raise any concerns or complaints. The provider had systems in place to address any issues raised with them.

Glenview continued to be well-led by a management team that people and staff found approachable and supportive. People were involved in decisions about their care and support and their suggestions were valued by the provider. Staff members believed their opinions and ideas were listened to by the provider and, if appropriate, implemented. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Glenview

## 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 checked 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 was a comprehensive inspection that was completed by one inspector.

This inspection took place on 14 and 20 December 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was partly prompted by an incident which had a serious impact on a person using the service and that indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which is subject to internal investigation, we did look at associated risks.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

During the inspection we were not able to talk with people living 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 spoke with three family members, the registered manager and three care staff members. We looked at the care and support plans for two people including assessments of risk and guidance for the

use of medicines. We looked at records of quality checks completed by the registered manager and the provider. In addition, we confirmed the recruitment details of two staff members.

# Is the service safe?

## Our findings

People continued to be protected from the risks of abuse and ill-treatment whilst living at Glenview. Staff knew how to recognise and respond to any concerns of this nature. Relatives we spoke with told us they felt their family members were safe and protected by the staff that supported them. One relative said, "[Relative's name] is safe and we feel reassured that they are at Glenview."

Staff members told us they had received training on how to identify and respond to any concerns of abuse or ill-treatment. Information was available to people, relatives and staff members on how to report any concerns that they had to the registered manager or the local authority. We saw that the registered manager and provider had made appropriate notifications to the local authority in order to keep people safe.

People told us they were safely supported to live at Glenview. This was because risks from equipment and the environment were assessed and actions taken to minimise the potential for harm. We saw the provider completed regular health and safety checks to ensure the equipment people used was safe and maintained. The provider followed infection prevention and control guidance and undertook regular checks. These included checks to confirm cleaning schedules had been completed.

We saw people being safely supported around their own home. For example, we saw people being supported by staff members to make hot drinks in the kitchen. They were supported by staff members throughout to minimise the risks of scalds or burns.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. When an incident or accident occurred the provider undertook an investigation to identify the facts and what, if anything, could have been done differently. One relative told us about when something had gone wrong with a family member. They told us they were kept informed and asked for their opinion and what they would like to see as an outcome of the internal investigation. This relative went on to say, "We recognise things do go wrong, but we as a family feel MacIntyre Care (Provider) were open with us from the start."

People had personalised emergency evacuation plans in place which detailed their communication preferences and the assistance they would need in an emergency.

Family members told us, and we saw, that there were enough staff to support people safely and to assist them to do what they wanted. The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

People received their medicines when they needed them and were supported by staff who were competent to do so. When errors had occurred, the provider had systems in place to seek advice from medical

professionals and to investigate the error. The provider had appropriate guidelines and policies in place to safely support people with their medicines.



## Is the service effective?

### Our findings

People told us they continued to be supported by staff who had the knowledge and skills to effectively meet their needs. One relative said, "The staff are skilled and appear to be well trained and supported by MacIntyre Care (Provider)." Staff members we spoke with felt they were provided with the opportunities to expand on their skills with training relevant to their role. One staff member said, "I went on an external training session on epilepsy. This helped me understand the different types and how to respond to people when they need help."

New staff members completed a structured introduction to their role at Glenview. This included completion of induction training, for example, basic food hygiene and fire awareness. In addition to this, they worked alongside experienced staff members until they felt confident to support people safely and effectively.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems at Glenview supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate DoLS applications and, when required, repeat applications had been made. We saw the provider was complying with the conditions on the DoLS authorisations in place.

People were supported to have enough to eat and drink to maintain their well-being. We saw people were supported to make healthy-eating decisions. We saw one person making a decision about what they wanted to eat and drink and another preparing their food in the kitchen with the assistance of a staff member. One relative told us, "They (staff) are very vigilant. [Relatives name] did lose some weight but the staff got some fortified foods and the weight went up to a healthy level again." We did see some gaps in the monitoring of peoples weights. One staff member told us, "Sometimes it is really difficult to weigh someone if they don't want it and we don't want to cause them upset." Another staff member told us, "If we see clothes are getting baggy or the person starts to look thinner in the face then we will always contact the GP. Just because someone doesn't want to be weighed does not mean we do nothing."

We asked staff members about special diets and people's eating preferences. All staff we spoke with could tell us about people's needs when it came to eating and drinking and the potential risks involved. For example, one person required thickened fluids and their food prepared to a certain consistency. All those we spoke with could tell us about this requirement. The care and support plans and risk assessments reflected what staff members told us. We later saw staff members supporting this person in a way which followed the advice of healthcare professionals in order to keep this person safe.

People had access to healthcare services when they needed it. These included foot health, GP, district nurses and opticians. The provider referred people for healthcare assessment promptly if required.

## Is the service caring?

### Our findings

People continued to be supported by staff who relatives described as, "very professional", "welcoming" and "fun." One relative told us, "I have full confidence in all the staff and the management team. We are so reassured that [relative's name] lives there. This is the perfect place for them and all the others. The staff are just lovely." Staff members spoke about those they supported with warmth and fondness. All the staff we spoke with could tell us about people's personal histories including where they previously lived and who mattered in their lives.

People were supported to pursue their religious beliefs and practices, where they requested this. . We saw one person had their preferences recorded but over time had declined attendance at any formal religious service or place of worship. We asked a staff member about this. They told us [person's name] over time showed less and less interest in attending. As a result alternatives were put in place like walks in nature. The staff member said, "Spirituality can be experienced in other areas and not just kept to places of worship so we support people as they wish to be supported."

We saw people receiving support from staff members when they started to become upset and anxious. Staff members took the time to sit and reassure people and allowed them the opportunity to express themselves.

We saw people were involved in decisions they were able to make. These included decisions about what to where, what to eat and drink and the activities they wanted to take part in. When people could not make decisions for themselves the provider engaged the thoughts and opinions of those close to people. If needed, the provider engaged the services of advocates who presented the options which would best meet the person's needs.

People's privacy and dignity was respected by those supporting them. We saw staff members asked people's permission before doing anything to support them and waiting for a response. If the response was not forthcoming, the staff member would later return to the person and seek their permission. We saw people had the time and opportunity to express themselves to staff members and to be involved in decisions about their care and support.

People were encouraged to do what they could for themselves and staff members assisted where needed. We saw people engaged in household tasks and involved in their own home. We saw one person baking and clearing the kitchen after they had used it. We saw others assisting with putting away their personal things and clearing tables after they had used them.

Information which was confidential to the individual was kept securely and only accessed by those with authority to do so. We saw staff members confirming people's authority to access confidential information.

## Is the service responsive?

### Our findings

People, and their family members, were still involved in the creation and development of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. One relative said, "They (staff) ask me regularly about how we thought things were going and if there was anything additional we would like to add or even change. However, we understand things progress very slowly for [relative's name]. Changes have to take place over many months if not years so the plans do appear to remain the same for a long time."

We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal histories and things that were important to people. For example, what type of new and different activities one person liked and also things that upset and caused the person anxiety.

We saw people's care and support plans were reviewed to account for any personal or health changes. For example, we saw one person's support had changed following guidance from the Speech and Language Team (SaLT). The care and support plans reflected the guidance and instruction from SaLT and staff understood and followed the information given.

People were engaged in a range of activities which reflected their personal likes and preferences. On day one of this inspection, activities outside of Glenview had been cancelled owing to adverse weather conditions. One staff member told us the risk of injury in this instance outweighed the benefits of going out. As a result we saw people engaged in activities in their own home. This included relaxation, baking, involvement in household tasks and arts and crafts.

People had individual assessments regarding their communication and information needs. These assessments followed the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

We saw information was available to people in a format appropriate to their communication styles on how to raise a complaint or a concern if they needed to do so. Relatives we spoke with told us they had the information they needed should they need to express a concern. However all those we spoke with told us they had not needed to do so in the last couple of years prior to this inspection. The provider had systems in place to record and investigate any complaints. However, at this inspection the provider had not received any complaints in the last 12 months.

## Is the service well-led?

### Our findings

Relatives we spoke with told us they knew who the registered manager and providers were, and that they saw them or were in contact with them regularly. Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required.

People were involved in the service they received and contributed to decisions regarding their own home environment. We saw people had been involved in the decoration of their own rooms and helped with decisions about recent redecorations in communal areas.

People and staff members received updates and communications from the providers which included newsletters. We saw the provider (MacIntyre Care) published regular updates on their website informing people about the organisation and any changes which had occurred. These were also available in Glenview for people and visitors to look at if they wanted. Those we spoke with were aware of any changes which affected them or those living at Glenview. For example, all those we spoke with told us about the temporary changes to the management structure owing to pre-arranged absence. In addition they had been provided with information on who to contact during this time.

People, and those close to them, were encouraged to provide feedback on the care they or their loved ones received at Glenview. They received feedback on the results of these surveys and any changes made.

We asked staff about the values they followed when assisting those living at Glenview. Staff members told us they supported people in a way that not only kept them safe but also expanded on their skills and abilities. Relatives told us they believed staff members and MacIntyre Care demonstrated these values when supporting their relatives.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

The registered manager and the provider undertook regular checks to drive quality. These included regular checks on the environment in which people lived and the support they received. Following checks on the environment they identified that refurbishment was needed to some communal areas. As a result redecoration had been completed.

A registered manager was in post and was present on day two of this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. We saw the last rated inspection was displayed for people in a communal area and also on the provider's website in accordance with the law.