

MacIntyre Care

Coriander Road

Inspection report

25 Coriander Road
Bede Island
Leicester
Leicestershire
LE2 7ER

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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

About the service

25 -27 Coriander Road is a residential care home providing personal care to three people with a learning disability and/or autism spectrum disorder. People are accommodated in two semi-detached houses. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe, risks were assessed, monitored and well managed. Staff knew how to report concerns when people's safety and wellbeing was at risk. Staffing levels met people's personalised care needs. Staff followed good practice guidelines to prevent the spread of infection and the home was clean and tidy. People's medicines were managed safely.

People's dietary needs were met, and healthy eating was promoted. Staff ensured people's healthcare needs were met. Staff were alert and responsive to any changes in people's needs and liaised with health care professionals. Staff received an induction before they started work with the service and felt well supported by the management team. Continued professional development for staff was promoted and encouraged by the registered manager.

People were supported by staff who knew them well. Care was personalised according to people's support needs and preferences. People's independence and social engagement was promoted. Staff supported people to take part in activities and hobbies of their choice. Staff supported people to maintain relationships with family and friends. Staff spoke with pride about supporting people to live fulfilling lives.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The manager and area manager completed audits to monitor the quality of the service. The service put improvements in place if these audits proved not to be effective. People, relatives and staff were supported to feedback about the service and the service linked and worked well with other organisations. The manager and area manager promoted a positive culture and were passionate about continuing to improve the experience for people using the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 31 August 2017).

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 re-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.

Coriander Road

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

The inspection was undertaken by two inspectors.

Service and service type

Coriander road 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

This inspection was announced. 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 there would be people at home 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, commissioners, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including the area manager, registered manager and senior care worker.

Some people were unable to speak with us, we observed staff interactions with these people.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including but not limited to quality assurance, and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from two professionals and spoke to one member of staff.

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 training in safeguarding adults and health and safety was kept up to date and records confirmed this.
- Staff knew how to identify abuse and how to report safeguarding concerns, they told us there was a whistle-blowing policy and staff felt confident if they raised concerns these would be promptly addressed by the registered manager. The provider had a dedicated whistle-blower help line for the benefit of staff.
- Staff supported people to recognise, report and protect themselves from abuse, using person-centred work plans, pictures and basic sign language.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments contained comprehensive detail and were reviewed regularly. They included risks to the individual such as seizure support during bath time and swimming.
- Referrals to professionals for advice and support was made in a timely way to promote people's safety.
- Regular fire drills and safety checks took place. Individual personal evacuation plans (PEEPS) instructed staff of the support people needed in the event of an emergency.

Staffing and recruitment

- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People were supported by a consistent team of staff that knew them well. The registered manager told us they had recruited three new staff, and said, "Staff work together to cover extra shifts, they work as a team."
- The registered manager told us, people were involved in the staff recruitment and interview process.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff had received training in managing and administering medicines and had regular checks to ensure their competency.
- The manager completed regular audits of medication to ensure that people were being supported safely.

Preventing and controlling infection

- The home was clean and tidy throughout. The registered manager told us the landlord will be updating the kitchen and kitchen floor.

- Staff had received infection control training and used personal protective equipment to help prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager maintained a good level of oversight in relation to all accidents and incidents that occurred, and a comprehensive log of all significant events and outcomes was maintained.
- Learning outcomes from safeguarding incidents were shared by the registered manager in team meetings, to prevent a similar occurrence.

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

- Systems and processes were in place to ensure people's physical, social and wellbeing needs were holistically assessed before receiving care from the service. This ensured information relating to the person's culture, religion, likes, dislikes and preferences were included in their care plan. Most people living at the service had lived there many years and staff knew them well.
- The provider worked in line with good practice guidance when assessing people's risks, needs and planning their care. This ensured assessments were consistent, person centred and were regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction programme. Ongoing e-learning and face to face training was provided by the provider and Leicester City Council. New starters with no experience completed the care certificate. This is a set of standards which ensure staff had the basic skills needed to provide safe care. Staff also had the opportunity to study National Vocational Qualifications up to level 5.
- The registered manager told us they were presently supporting a member of staff who wished to study a social work qualification.
- Staff received regular spot checks, supervisions and appraisals, they told us they felt well supported in their role.

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

- People's nutritional needs were identified and met. If people needed additional support with their diet, staff referred them to dietitians and/or speech and language therapist (SALT).
- Staff supported and encouraged people to eat a healthy diet. Staff encouraged fluid intake, such as water and juice, in addition to tea.
- Mealtimes were flexible to fit around people's activities. People were involved in meal choices, there was a rotating meal plan and others chose what they wanted on the day.

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

- Staff and the registered manager worked closely with people and their families to co-ordinate and support their healthcare needs and appointments.
- Staff knew people well and recognised when people needed healthcare support and raised concerns about people's wellbeing to community services such as the dietitian and psychiatrist.
- Records showed that people had access to the GP, dentist, optician and chiropodist who provided home visits as well as other health professionals such as the adult Learning Disability and Autism service and in-

house positive behaviour specialist.

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

- The building was rented by the provider. The registered manager had identified areas for improvement such as slight damage to the ceiling and other remedial work. However, there had been delays in undertaking the home improvements as the service was awaiting the housing provider to complete the repairs.
- The registered manager told us improvement work was scheduled for March 2020. Feedback from a health and safety professional said, "The registered manager needed quite a bit of tenacity to get the landlord to make the necessary improvements, but they persevered."
- Bedrooms were decorated reflective of each person's individual taste and were personalised. In one of the properties we observed picture frames that contained photos of people from childhood through to adult hood.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 make specific 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 receiving care were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

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

- Staff supported people to visit their relatives. Staff and the registered manager also accompanied people to significant family events, driving three to four hours and staying overnight in a bed and breakfast with the person.
- We observed staff promoting compassionate, empathetic and respectful behaviour towards people. For example, a person was displaying behaviour indicating they were anxious, on returning home after a day in the community. Staff followed personalised positive behaviour plans to enable the person to feel safe and minimise feelings of anxiety.
- We observed positive rapport between the service user and staff. The person interacted with two members of staff, the registered manager and area manager. They engaged the person in conversation, the person verbally expressed what they wanted to eat for tea as well as using some basic Makaton sign language. They sat listening and singing along to music.
- We asked a social care professional if the home was caring and they answered, "Based on my visit, the service user presented as being very settled and cosy around staff. When asked questions staff presented as having an in-depth understanding of people's needs, family dynamics, the current support being provided, and further support required."

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

- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The registered manager told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.
- People and relatives were involved in all aspects of decision-making about people's care and support. For example, planning a hospital visit, Records detailed considerable planning for the day before and the day of the appointment, the persons choice of staff and the role of each member of staff. This was referenced to the best interest decisions including the views of the family member.

Respecting and promoting people's privacy, dignity and independence

- People were asked if they had a preference as to the gender of staff who provided personal care, recognising people's dignity. Preferences were recorded in peoples care plans.
- Individual detailed support plans were devised with people and family members, to enable people to feel confident to maintain their independence in all activities, such as swimming, walking, horse riding and attending health appointments.
- We observed staff speaking to people politely and referring to people by their preferred name.

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 had personalised care plans which recorded how they wanted their care and support provided, their likes and dislikes, family histories, daily routines, hobbies and interests. Information was communicated in easy-read text and picture form.
- People's and relatives' views were used to develop care plans. Care plans were continually reviewed with the person and updated as people's needs changed.
- People's relationships with their families were promoted, there was no restriction on visiting. One person's relative visited on a regular basis. Staff invited families to all events and celebrations, such as Christmas and birthdays.

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.

- Communication passports and care plan's provided information about communication needs. For example, speaking to people slowly and clearly, being positive, using Makaton sign language, photos and picture prompts. Specific guidance was also included. For example, people indicated their likes by clapping, laughing and saying yes and indicated dislikes by banging things, throwing items, facial expressions and body language.
- Staff used a variety of communication methods to ensure people were able to make choices about every aspect of their lives including: verbal; PECS (a pictorial communication system); sign language and photographs. This was recorded in their care plans and observed during the inspection.

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

- Staff supported people to maintain external friendships. For example, one person enjoyed visiting the dementia café to socialise with friends, and another person regularly attended a local social club.
- Staff recognised the importance of isolation and encouraged people to identify new hobbies and interests. For example, people enjoyed going for walks, disco, arts and crafts and spending social time at home watching their favourite television programmes. Personalised, pictorial timetables enabled people to plan their day. Photographs of these activities were displayed in peoples care plans.

Improving care quality in response to complaints or concerns

- The provider had systems and processes in place to manage complaints. The registered manager used the information gathered to improve the home, discussing themes at team meetings and learning from mistakes.
- Staff supported people to use easy read, pictorial complaint forms, which explained who to speak to if they were not happy with their care. Feedback in easy read pictorial form was provided by key workers.

End of life care and support

- No end of life care was being delivered at the time of inspection.
- The registered manager told us end of life discussions had been explored with some people. However further discussions would be approached when people were ready, and the appropriate support provided, such as an advocate.

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

- Care plans were person centred and people were involved in planning their care. Staff understood the need to treat people as individuals and respect their wishes. The registered manager was committed to ensuring people received person centred care.
- The registered manager told us they promoted a positive culture by always being accessible and having an open-door policy for staff and people living at the home. We observed a person calling the registered manager and area manager by their first names.
- The registered manager told us they worked shifts with the staff, promoting leading by example. Staff told us they felt supported by the registered manager. Staff said morale was good, and they took pride in working at the home and supporting people to have a good quality of life.

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

- The management team understood their regulatory requirements and responsibilities. This included acting on the duty of candour when needed. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- An easy read copy of the CQC ratings of performance was displayed in both properties. The registered manager had notified us about events and incidents which happened in the home.

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

- The registered manager told us they were supported in their role by the area manager and provider.
- The home had some long-standing staff members who knew people and their roles well. Staff spoke positively about the support they received from the management team. Staff said, "The provider was forward thinking and continued to re-invest in the organisation."
- Staff were clear about their roles and responsibilities towards the people they supported. Records showed staff's performance was reviewed during supervisions, appraisals, observations and their continued professional development was encouraged.

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

- Feedback on people's care experience was sought using easy read, picture feedback forms. Staff

supported people and advocated on their behalf if needed.

- Staff meetings were regularly held, giving the opportunity for staff to share information about the people they supported to improve people's care. Staff meetings were also used by the registered manager to update staff on key issues, training and to encourage staff to share ideas.
- The registered manager told us, annually the service nominates a member of staff for recognition of their work. One member of staff told us they had been nominated for the complex support worker award and attended an awards ceremony. Staff told us achievements were recognised and shared on the providers internet page and staff received a card and gift. Staff said this made them feel valued.

Continuous learning and improving care

- The registered manager told us, there had been a reduction in the use of 'as required' (PRN) prescribed medicines to minimise anxiety through the introduction of comprehensive, individualised, positive behaviour support plans. The provider had signed up to the NHS STOMP 'stop the over medication of people' programme for people with a learning disability, autism or both.
- The registered manager told us one of the people living at the home was involved in recruiting staff to work with them. For example, new staff spent time with the person during the second interview. They completed an activity which was observed by staff and the person provided feedback. Photographs of the activity were displayed in the persons care plan.
- The registered manager and staff worked with professionals and families to ensure the service continued to meet people's needs.
- The registered manager encouraged staff development. For example, they had identified a staff member who needed extra support during the probation period, extended opportunities to shadow staff were introduced.

Working in partnership with others

- Staff and the management team worked in partnership with community groups.
- The local authority and social care professionals shared positive views with us about the service. A social work professional said, "The registered manager provided very effective communication regarding my visits and service user needs. They responded promptly to emails or telephone contact. They provided all information required in a timely manner."
- The registered manager told us they had a good relationship with the advocate service. Recorded feedback which had been shared with staff, said, "How warm and friendly the service was."