

## MacIntyre Care

# The Grove -2

### Inspection report

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Date of inspection visit:

13 January 2020

16 January 2020

17 January 2020

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Grove-2 is a residential care home providing personal care for up to seven adults living with a learning disability or autism. At the time of our inspection there were seven people using the service. People had their own bedrooms and shared communal areas such as the kitchen, bathrooms and the garden.

The service didn't always apply the full range of 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. However, the location of the service sometimes limited people's access to new activities or the community.

The service was part of a larger cluster of three services which were all located on the same site. The size of the service had some negative impact on people living there due to the service being located far away from local amenities and having limited access to public transport. The service was clearly a care home and there were identifying signs such as a large sign and industrial waste bins.

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

People and their relatives were happy with the care they received. One person told us, "I love it here. The staff are like my friends and help me out with everything."

People were supported by a kind and compassionate staff team who had gotten to know them as individuals. Staff knew how to support people to maintain their independence and people were involved in all aspects of their care and support. People took part in activities both in and out of the service depending on their interests and preferences. 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.

People were safe living at the service. There were enough suitably trained staff to support people and they had training in how to recognise and report potential abuse. People were supported safely with their medicines. The service was kept clean and there were good infection control measures being followed.

People were supported to lead healthy lives and received support to see health professionals and follow a healthy and balanced diet. The premises were suitable and had been adapted to encourage and promote people's involvement at the service. People had access to a complaint's procedure. The house manager had supported people to put plans in place for the end of their life.

The house manager was managing the service well. However, the registered manager had little oversight of

the service and had not kept up to date with current best practice guidance and legislation. Regular audits were completed to monitor the quality of the service. People, relatives and the staff team were engaged with the service and asked for feedback regularly. The house manager and staff team worked well with other organisations. The house manager and staff team had worked hard to make improvements at the service following our previous inspection.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 17 January 2019).

Why we inspected:

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# The Grove -2

## 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

One inspector carried out this inspection

#### Service and service type

The Grove - 2 is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced on 13 January 2019. We spoke to relatives over the telephone on 16 and 17 January 2019.

#### 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. The provider was not asked to complete 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

Some people had complex needs which meant they were not able to tell us about their experience of the

service. We observed how staff interacted with and supported people in communal areas of the service. This helped us understand the experience of people who could not talk with us.

We spoke with two people and three relatives about their experience of the care provided to them or their family members. We spoke with five staff members including three support workers, one senior support worker and the house manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were also reviewed.

After the inspection

The house manager sent us further evidence in relation to training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe because there is always a staff member to help me out." A relative said, "[Person] is safe living at the service. No concerns there at all."
- Staff members received safeguarding training and had a good understanding of how to report concerns. This included to organisations outside of the service such as the local safeguarding authority.

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs such as eating and drinking or accessing the community. These were much more detailed following a full review and update, after our last inspection.
- People were supported to take positive risks including travelling long distances and accessing busy community areas. One person told us, "I always have staff with me, so I am always safe."
- Staff members completed health and safety and fire checks at the service to help ensure that people stayed safe.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staff members had time to complete their job roles and spend quality time interacting and engaging with people. One person said, "There are enough staff and I know them all. Not many strangers about here."
- The provider carried out robust recruitment checks to ensure that staff were suitable to support people living at the service.

Using medicines safely

- People were supported safely with their medicines. Staff members received training in administering medicines and had their competency in this area checked. The house manager completed regular audits to ensure that medicines were administered safely.
- People who had been prescribed 'as and when required' (PRN) medicines had detailed protocols in place which were well understood by the staff team. These had been updated since our last inspection to ensure that they were easier to use for the staff team.

Preventing and controlling infection

- Staff kept the service visibly clean and people were supported to help complete cleaning tasks if they chose to do so.
- Staff members had access to equipment such as gloves and cleaning supplies to help ensure good infection control at the service.

### Learning lessons when things go wrong

- Incidents and accidents were reported to the management team for investigation. Any learning from these were shared with the staff team in meetings and supervisions.



# 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 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 needs had been assessed and were regularly reviewed to ensure they were receiving the support they wanted. One person's needs had changed significantly, and the house manager had ensured that staff received the training and knowledge to support this person effectively. This person's relative said, "[Staff] have been great with [person's] changing needs and [person] is much happier because of this."
- The house manager explained to us that one person had begun to live with a condition which meant their choices and needs changed on a frequent basis. The house manager was meeting with this person weekly to re-assess their needs and update their support plan. This meant that staff were continuously up to date with how best to support the person.

Staff support: induction, training, skills and experience

- Staff received training in areas such as, supporting people living with autism, moving and handling and food hygiene. The house manager completed regular supervisions and observations of staff practice to ensure that this training had been effective. A relative said, "[Staff] are very well trained. They are always so happy and lively with [person]."
- Staff were positive about the support they received from the management team. Staff members had a thorough induction at the service before they begun supporting people directly.

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

- People were positive about the food at the service and were involved in choosing and preparing meals. People could eat and drink whenever they chose to do so. One person told us, "Pasta is my favourite food and I get to eat that a lot here. We have a cooked meal every day."
- People received support with their diet where this was needed. Staff monitored people's food and fluid levels and supported people to eat where this was required. Staff informed the dietitian if there were any concerns.

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

- People were supported to see health professionals such as GP's, dentists and occupational therapists. One relative told us, "Whenever [Person] has any health concerns [staff] let me know and sort it out straight away. They are very good at this."
- Advice from health professionals was recorded in people's care plans and shared with the staff team. This ensured that people were supported to live healthier lives. Staff members also promoted healthy choices of food and supported people to exercise regularly, if this was the person's choice.

- People had detailed records known as 'passports' in place which detailed their support needs if they ever needed to stay at a hospital. This meant that hospital staff would be better prepared to support the person.

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

- The design and layout of the service met people's needs. The service was spacious and people had room to take part in domestic chores and activities. One person was very happy to show us the large garden area which they enjoyed using.
- Following a change in a person's needs, several adaptations had been made to their bedroom and the bathrooms to ensure that they could be supported.
- People's bedrooms were personalised depending on their likes and interests. Some people were looking forward to having their rooms re-decorated and were involved in this process.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for consent before staff members supported them with their care. One person said, "The staff are all very polite and ask if I am OK."
- Where people did not have capacity to make decisions, detailed assessments and best interest decisions were put in place. Best interest decisions involved people's relatives and advocates. One relative said, "[Staff] 100% have the best interests of [person] at heart."
- Staff received training in the MCA and had a good understanding of how this impacted on giving people a choice in all areas of their care.

# 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 requires improvement. At this inspection this key question has improved to good. 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 relatives were positive about the care they received. One person said, "[Staff] are all very polite. The way they talk to me is very nice." A relative told us, "The Grove does not feel like a 'care home'. [Staff] make it feel so homely and comfortable for [Person]."
- There was a significant improvement in the level of engagement and interaction between people and staff following our last inspection. We saw staff talking with people with kindness and respect. Staff spoke to people in ways that made sense to them and people were relaxed being supported by staff.
- People's equality and diversity was respected, and staff knew what was important to people. This meant that staff were able to easily involve people in what was happening throughout the day. A relative told us, "[Staff] know [Person] so well and know what they likes. Even small details are not a problem for [Staff]."

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

- People were able to make choices such as what to eat, what to wear and where to go during the day. People were supported to make choices in ways that they understood such as pictures or objects of reference that they pointed to such as a cup. One person said, "I get to choose what I want to do every day and what clothes I want to wear."
- People and their relatives were invited to regular reviews about their care and support. People's choices were recorded, and changes were made to their support if this was necessary.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff supported people to take part in daily living skills such as cooking and cleaning and knew how to encourage people to take part in these. People were visibly happy being supported to be independent with these tasks. One person told us, "[Staff] help me do the things that I can't do by myself."
- Staff had a good understanding of how to respect people's privacy and dignity. Staff members gave people personal space when they needed this and were polite in their conversations with 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 requires improvement. At this inspection this key question has improved to good. 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 received personalised care that met their needs. People's support plans had been tailored to meet their specific support needs such as health conditions, routines and likes and dislikes. A relative told us, "[Staff] are amazing and have really got to know [Person] well."
- Staff had a good understanding of people's needs and their likes and dislikes. We observed staff members talking with people based on the person's interests and supporting them to make their needs known.
- People had choice and control in areas of their life such as food and drink and where to go during their days off from a local day service.

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 were supported to communicate in a variety of ways such as using photos or objects. One person was happy to show us an activity timetable which they were supported to complete daily which used symbols. This helped them to understand what was happening during the day.
- One relative said, "[Staff] know how to communicate with [person] well. They are always able to tell what [person] is trying to say."
- Information such as a complaints procedure was available in easy read formats for people who used different communication methods.

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 take part in activities which they were interested in. This included music concerts, football matches and walks and drives in the local community. One person said, "We went to see [favourite pop star] in concert and I had such a good time. We stayed in a hotel and took the train to get there." A relative told us, "[Staff] always try hard to get [Person] involved in things that spark their interests."
- People were supported to record and take pictures of where they had been. Staff members would then talk with people to discuss whether they enjoyed it. This meant that people were supported to identify new activities which they would enjoy.
- People were encouraged to take part in activities at the service such as using sensory items, artwork or having some exercise in the garden. Staff members made a real effort to ensure that people had plenty to do

whilst they were at the service and this had a positive impact on people. People visibly enjoyed taking part in these activities.

- People were supported to stay in contact with their relatives and those close to them. Relatives spoke to us about the efforts that staff made to support people to visit them when they lived far away from the service.

Improving care quality in response to complaints or concerns

- People and their relatives had access to a complaints policy and knew how to make a complaint. One relative said, "I made a minor complaint some time ago and [house manager] dealt with this immediately."
- Complaints had been dealt with in a timely fashion and actions had been put in place to prevent their recurrence.

End of life care and support

- People had been supported to put plans in place for the end of their life. Relatives had been consulted to ensure that people's wishes at this time were considered and respected.
- Staff members had supported people at the end of their life in the past and had a good understanding of how to support people at this time.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The house manager spent a lot of time at the service and fed back to the staff team on a daily basis. The house manager explained that this had helped the staff team identify improvements that could be made to the support people received. This had worked well as evidence from the improvements at the service since our last inspection and staff feedback about the support they had received.
- However, the registered manager had little understanding of new legislation such as registering the right support or the accessible information standards. The registered manager was rarely present at the service and left the house manager to manage the day to day running of the service. This meant that the registered person may not have a good understanding of what was happening at the service at any given time. This also increased the risk to the quality of people's care.
- The house manager would be leaving the service soon and we spoke to the area manager about how they would ensure that improvements at the service would be maintained. The area manager explained that registered managers from other services would support the Grove 2 until they could recruit for a new house manager.
- The registered manager and house manager completed audits in areas such as support plans, medication and finances.
- Detailed plans were in place, and understood by the staff team, if there were to be an emergency at the service such as a fire or a flood.

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

- Some aspects of the service did not promote good outcomes for people. For example, the service shared vehicles with the other two services located on the same site. This meant that it was not always possible for people to access the community when they chose, particularly when people from all three services accessed day services at the same time.
- We spoke with the area manager and house manager about this. They told us that they would be considering actions that could be taken to ensure that this had less impact on people accessing the community.
- The house manager and staff team had a good understanding of person-centred care. This had led to a positive and calm feeling at the service.

- Staff supported people to be included in all aspects of the service and supported people to achieve their desired outcomes. Staff spoke passionately about what people had achieved and what their plans were for the future.
- The house manager was open and honest with people if things needed improving. The registered manager reported notifiable incidents to the CQC as appropriate.

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

- People and their relatives were regularly asked for feedback, both formally through reviews and informally through talking with the staff team. People took part in 'house meetings' once a week where they were given the opportunity to choose meals and discuss new and upcoming activities.
- People and their relatives were positive about the management of the service. One person told us, "[House manager] is brilliant. They know exactly what I like." Relatives said, "I rate [house manager] very highly and it is a real shame that they are leaving." and, "[Management] communicate very well and if I have any problems I can go straight to [management]. They have always been there for me."
- Staff felt involved at the service and told us that ideas they put forward in team meetings and supervisions were listened to by the house manager.

Working in partnership with others

- The management and staff team worked well with health professionals to ensure good outcomes for people.
- There were good working relationships with local day services which people used. This ensured that people received good continuity of care whilst they were being supported there.