

MacIntyre Care Anvil Close

Inspection report

21-24 Anvil Close
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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Anvil Close is a residential care home providing personal care for up to 12 people with learning disabilities, the service is arranged into 4 flats each accommodating up to 3 people in individual bedrooms and communal spaces. At the time of the inspection, there were 11 people living at Anvil Close.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. Staff supported people to achieve their aspirations and goals and to pursue their interests. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. People had a choice about their living environment and were able to personalise their rooms.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 03 May 2018).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture. The inspection was prompted in part due to concerns received about a number of issues including the culture and management of the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well led section of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anvil Close on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

Anvil Close

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Anvil Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Anvil Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced. The provider knew we would be returning for a second day.

What we did before inspection

The provider was 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.

We reviewed information we had received about the service since it had registered with us. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We also spoke with 4 support workers, the administrator, the registered manager and a registered manager from a different service who was supporting the inspection. We reviewed a range of records. This included 3 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at 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 our last inspection we rated this key question good. At this inspection the rating 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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. They were able to identify potential signs of abuse. They said, "Safeguarding is how we protect people from abuse. If we have any concerns, we must report it regardless of who it is."
- People using the service and their relatives told us they felt safe. Comments included, "I feel that [person] is safe and happy and we have a lot of contact" and "He is happy."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People had individual risk assessments in place, which included details about the risk and the steps needed to minimise the risk to enable people to be kept as safe as possible. Areas of risk that were assessed included personal care, medical and health support, financial risk, risks whilst out in the community and epilepsy.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. The registered manager confirmed there were some vacancies to be filled and they were hoping to recruit some more support staff.
- We reviewed staff rotas which showed there was some use of agency staff to cover for some shifts. The registered manager confirmed that regular agency staff were used. Where agency staff were used, the provider requested evidence of their competency and any training they had attended. We reviewed three agency staff profiles which showed they had received training in relevant topics including autism awareness and learning disabilities.
- People told us that staff supported them to access the community and there was always someone available to take them out. This was reflected in the feedback we received from relatives and the records we saw.
- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- The provider had robust recruitment checks in place which including checking employment history, reference checks, proof of ID, right to work and criminal record checks.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People's medicines were kept securely and medicines records included information about the medicines that people were taking, their uses and possible adverse effects.
- We found some instances where medicines that were given as needed, such as painkillers were not counted correctly. We raised this with the registered manager during the inspection who took prompt action and carried out an audit of all PRN medicines by the second day and confirmed this was a one-off and all other medicines counts were accurate. We were reassured by this response.
- People, and their relatives told us staff gave them their medicines on time.
- Records showed that staff were given training in medicines administration which included a competency assessment.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Incidents and accidents records included a description of the event, what happened before, during and after and what action was taken.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed staff wearing PPE throughout the inspection.
- The manager told us that testing was in place for those that displayed symptoms, in line with current guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

Visitors were safely supported to enter the home with face masks and the option of a lateral flow test if required.

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training that meant they could meet the needs of people using the service.
- The registered manager told us that training was a mixture of e-learning or face-to-face. Updated training and refresher courses helped staff continuously apply best practice.
- The staff training records showed that topics that were relevant to supporting people using the service were delivered.
- We found that although staff received regular refresher training, this did not include any specific training in relation to supporting people with a learning disability. This was covered during the induction for new staff but was not delivered as part of the providers refresher training. We raised this with the registered manager during the inspection who confirmed that 'MacIntyre's Autistic Voices' eLearning was delivered as an introduction to autism, however the service's training records did not clearly identify when staff had completed it. We noted that in a recent staff meeting, it was noted that staff needed to complete the Macintyre autistic voices training. We recommend the provider documents the training that is delivered to staff, especially in relation to supporting with a learning disability more clearly.
- In 1 person's risk assessment, it stated that staff needed to have training in diabetes which had not been delivered. We raised this with the registered manager who acted immediately and confirmed that diabetes training had been booked for staff.
- Although staff supervisions took place, these were not as regular as expected. This was acknowledged by the registered manager who confirmed by the second day that staff supervisions had been booked for staff. We were reassured by this response.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Care plans were reviewed on a regular basis which helped to ensure the provider could continue to meet their needs.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. People were given meals at a time of their choosing such as when they returned home from outside or the day centre.

- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Staff followed guidance from the Speech and Language Team (SLT) and dietitian when supporting people. One staff member said, "We try and offer a choice and he is able to say yes or no. We have a menu plan but if they don't like it we offer something else."
- People told us they enjoyed the food at the home, this was also reflected in the feedback we received from relatives. One person said, "I eat take away food and snacks. I like chocolate buttons."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening and primary care services.
- Each person had a health action plan in place which was used to monitor and document any healthcare support they needed.
- There was evidence that people were able to see healthcare professionals such as their GP, dentist and opticians if needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative said, "[Person's] needs have increased and they have coped with the changes and communicated."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. One staff member said, "Even though [person] is non-verbal, we give them choices, offer them two types of clothes and food choices. It gives them pleasure."
- A restrictions checklist was in place which prompted the staff to consider if any restrictions in place were the least restrictive option and if they amounted to a deprivation of liberty to consider whether these needed to be legally authorised.

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

- People's care and support was provided in a safe, clean and well-maintained environment. People lived in small, shared flats which were all individually furnished according to people's needs.

- There were communal and private spaces for people to engage or relax in, this included lounge, dining room, a conservatory and a sensory room.
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The bedroom and communal areas of the service were homely. People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One relative said, "He loves his bedroom which has a small shower room attached and the staff and I have decorated his room to his choice."

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 our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People and their relatives told us that staff were caring and they were treated well. One relative said, "He considers Anvil his home." One person said, "[Persons] are my flatmates, I like [person], we are best pals."
- People and staff had developed caring relationships; this was because the staff had been working at the service for a number of years and they were familiar with people's needs. People told us they felt comfortable around staff. We observed warm, caring interaction between people and staff. One relative said, "The carers know what makes him happy."
- Staff demonstrated a good understanding of people's support needs but also about people's likes and dislikes, the things they enjoyed doing, their behaviours and how best to support them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as cultural or religious preferences. One relative said, "They've tried to take him to church which is what he wants."

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

- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- People told us that they were able to express their choices and lived their lives how they wanted.
- People, and those important to them, took part in making decisions and planning of their care.
- People's views were sought in relation to their menus, activities and how they liked to spend their day. Staff respected people's choices and supported them to make informed decisions about their day to day care and support.
- People held meetings with an allocated key worker, this gave them an opportunity to express their views and let staff know what things they wanted to do.
- Staff supported people to express their views using their preferred method of communication.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. One person said, "They take me to the cinema, I went to see Batman. It was my first time" and "I've got a new office desk, I like to draw comic book art."
- Staff told us ways in which they encouraged people to maintain their independence. One person said, "I

make my own breakfast – jam or toast, cup of tea."

- People were supported to maintain relationships that were important to them. One relative said, "I visit him regularly, roughly every 8 weeks and his [relative] takes him out at least once or twice a month. I also speak to him every day on his contract mobile phone."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Care plans were person-centred and included people's wishes, their likes and dislikes, how they liked to spend their day and their daily routines. Staff we spoke with knew these routines and were knowledgeable about people's individual needs.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. There was a section in people's support plans about their hopes and dreams for the future.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. These were achieved through key worker meetings. We discussed with the registered manager how people's hopes and dreams could be incorporated into their key worker meetings. We will follow this up at our next planned inspection of the 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 had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Information about the service, including people's care plans were available in a format that was accessible to people using the service.

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 participate in their chosen social and leisure interests on a regular basis. One relative said, "He loves art and goes to art class once a week." Another said, "They take him out for a ride which he really enjoys."
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone/ skype/ social media. One relative said, "All in all we are happy that [person] has

moved. He has been there for a year now and he has settled in."

- Staff ensured adjustments were made so that people could participate in activities they wanted to and helped people to have freedom of choice and control over what they did. Although there were individual activity timetables in place for each person, people had the freedom to take part and change their day to day activities. One relative said, "We have a musical person coming in and in the summer they take him to the garden."
- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- We noted that some of the individual activity/sensory rooms were being used as storage spaces rather than for their intended purpose. The registered manager acknowledged this and confirmed that there were plans to develop the inhouse activities provision, the sensory room and the garden and this was included in the development plan for the service. We will follow this up at the next planned inspection of the service.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative said, "They take on board any concerns."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- There had been one formal complaint received by the provider in the past year regarding laundry. This was responded to in a timely manner to the satisfaction of the complainant.

End of life care and support

- There were end of life care plans in place for people. These were in the form of a bereavement plan in which people's end of live wishes were captured.

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 our last inspection we rated this key question good. At this inspection the rating 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; 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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager was new and had only been in post since September 2022. She was well regarded by people, staff and relatives.
- People and relatives were happy with the culture within the service. One relative said, "I have good contact with staff and can phone and speak with [The registered manager] at any time." Another said, "We've known [the registered manager] all the way through and we were told when she was taking over the service. We find her to be very good."
- Managers worked directly with people and led by example.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. Staff spoke in positive terms about the support from the registered manager and teamworking with their colleagues, "Yes it's a good place to work. We work together – when it comes to the job we pull together. [The registered manager] has been good, very approachable."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- Managers completed robust audits which were effective in identifying areas of improvement. A number of external and internal audits, these included health and safety audits, hoists checks, medicines, finance and infection prevention and control audits.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. These included through staff and key worker meetings.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.

Continuous learning and improving care

- The provider kept up-to-date with national policy to inform improvements to the service. The provider confirmed they were a partner organisation that was committed to delivering the mandatory autism training for Health and Social Care called 'Oliver McGowan Mandatory Training' (OMMT) and as part of this, had co-produced and co-facilitated training for staff.
- There was a service development plan in place which identified key service objectives including staff recruitment, training, supervision and activities amongst others. .

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. One relative said, "We have regular MDT meetings."