

MacIntyre Care

# Abbey House - Evesham

## Inspection report

7 St. Wulstans Close

Evesham

WR11 2GB

Tel: 01386 401401

Website: [www.macintyrecharity.org](http://www.macintyrecharity.org)

Date of inspection visit: 16 December 2014

Date of publication: 05/03/2015

### 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



### Overall summary

We inspected Abbey House on the 16 December 2014. Abbey House provides accommodation, personal care and support for a maximum of six people whose primary condition is learning disabilities. At the time of our inspection there was a registered manager. 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.

We found that people were kept safe by trained staff who knew how to protect people. We found that people were cared for in a supportive way that did not restrict their freedom. There were sufficient staff to meet people's needs.

People's medication was stored and managed in a way that kept people safe. People received their medication at the correct times by staff who were trained to do so.

People who lived at Abbey House were unable to tell us verbally if the staff were kind and caring however we observed that people were relaxed and calm in the home.

# Summary of findings

We saw care staff spoke kindly to people and maintained their dignity when providing assistance. People were supported to remain independent and received assistance when they needed it.

We found that the provider was meeting the legal requirements for the Mental Capacity Act (MCA) (2005) and the Deprivation of Liberty Safeguards (DoLS). Staff understood what this meant for the person and the way in which they were to be cared for.

People were provided with a healthy balanced diet that matched their dietary requirements. Relatives spoke about the good support people were offered with maintaining their nutrition where there were concerns. We observed people received regular fluids and staff supported those who needed assistance.

Abbey House had an experienced team of staff and management who knew people well. This meant that the registered manager knew what people's needs were, what skill mix of staff they had and was able to ensure that staffing levels remained at a safe level for each shift. Staff told us that they had no concerns around staffing levels that they were able to meet people's needs and did not need to use agency staff.

We found that the service was responsive towards people's social needs. Staff showed us how they used

people's history and past experiences to develop activities that people enjoyed and that they were personalised to their choice. Staff knew people's likes and dislikes and respected their wishes.

Relatives told us they found staff and the registered manager approachable and told us they could raise any complaints or concerns should they need to. Most relatives we spoke with told us that they had never needed to complain or had anything to complain about. One relative had raised concerns and the registered manager had responded to this.

Through regular meetings and using an 'open door' policy we found that the registered manager promoted a positive culture, in which they invited people to talk with them about any concerns they may have. We found that when concerns were raised to the provider, the provider had acted promptly and appropriately.

We found the registered manager had systems in place to ensure that the quality of the care was monitored. Checks such as medication and environment were carried out and completed monthly. Where there were any actions following these audits they were followed up and improvements had been made.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Good



The service was safe.

Staff recognised signs of abuse or potential abuse and how to respond to any concerns correctly.

There were enough staff on duty to meet people's needs and keep them safe.

People's medicines were managed in a safe way.

### Is the service effective?

Good



The service was effective.

Staff had the knowledge and skills to meet people's needs.

People who required restrictions to their freedom was done so in the correct way.

People were supported with sufficient food and drink to keep them healthy.

People had access to health professionals and were supported to attend hospital and doctor appointments.

### Is the service caring?

Good



The service was caring.

Staff were able to spend time with people in order to get to know them and their likes and dislikes.

Staff encouraged people's independence to make their own decisions about their care.

People's privacy and dignity was respected.

### Is the service responsive?

Good



The service was responsive.

People received personalised care that was responsive to their individual needs.

People felt confident to raise a complaint should they need to. Support was offered to those who needed help to raise concerns.

### Is the service well-led?

Good



The service was well-led.

The registered manager promoted a positive culture which encouraged people, their relatives and staff to help develop the service. People and relatives were given opportunities to be inclusive in the way the service was developed.

The service had good leadership with a strong management team.

# Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

# Abbey House - Evesham

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 December 2014. The inspection was announced; this meant that we gave the service short notice so that management and staff were available to assist with our inspection.

The inspection was completed by one inspector.

Before our inspection we looked at and reviewed the provider's information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. We also looked at the notifications that the provider had sent us. Notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection we spoke with three relatives. We also spoke with four staff and the registered manager and a healthcare professional. People who lived at Abbey House were unable to communicate verbally with us. We spent time observing care to help us understand the experience of people who could not talk with us. We pathway tracked three people who lived at Abbey House. Pathway tracking looks at the experiences of a sample of people who used the service. This is done by following a person's route through the service to see if their needs were being met. We also looked at the provider's audits, these included audits of medication, complaints, infection control, incidents and accidents and staff training.

# Is the service safe?

## Our findings

We observed people in the home, how they interacted with staff and others who lived there. We saw that staff spoke with people in a respectful manner and people looked comfortable with the care provided. One relative we spoke with told us, “[The person] would let us know very quickly if anything was wrong. When we take [the person] back to Abbey House following the weekend they are always happy to go back”.

Staff were able to tell us what they believed poor practice meant and examples of what they would immediately report to the management team. This meant that staff knew how to respond appropriately if they had any concerns over the safety of people who used the service. One member of staff told us, “I received safeguarding training before I started. If I saw anything inappropriate I would report it to [the registered manager]”. We found there were suitable arrangements to safeguard people against the risk of abuse, including reporting procedures and a ‘whistleblowing’ process. We saw that advice about how to report concerns was displayed and included contact details for the relevant local authority. The registered manager documented and investigated safeguarding incidents appropriately and had reported them to the local authority and the CQC where necessary.

Relatives told us the home was well looked after and that any maintenance problems were dealt with promptly. Appropriate levels of security were in place to keep people safe without restricting movement throughout the premises.

We observed and spoke with relatives about staffing levels in the home. Relatives told us there were enough staff on duty to keep their family member safe and meet their needs. One relative told us, “I have no concerns about staffing levels, the support [the person] received is very good”. One relative did however raise concerns regarding staffing levels at night for their family member. We found that the registered manager had put arrangements in place to minimise the risk. Health care professionals were sought for their advice and staff knew the correct arrangements to ensure that the person was safe. Staff that we spoke with told us that the staffing team was stable and Abbey House’s own staff covered gaps in the rota and no agency staff were used. One carer that we spoke with said, “We don’t have problems with staffing levels, we are very fortunate”.

We observed during our inspection that staff responded to people in a timely way. We also saw staff spent time interacting with people. Staff were not rushed and spent as much time as people needed. For example, one person enjoyed passing a ball to a staff member; the staff member remained with the person and continued this activity until the person made the decision to stop, rather than the staff member deciding when to stop. We spoke with the registered manager about staffing levels and we were told that they had the flexibility to adjust staffing levels should people’s needs change. We saw that people’s dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people’s changing needs.

We saw risk assessments were in place that identified when and how people were to be supported. For example, one person could move around the home independently however they required assistance if they needed to use the stairs. The registered manager ensured that the person’s bedroom was on the ground floor so that the person could get to their bedroom without seeking support from staff or requiring the use of the stairs. This ensured that people were supported appropriately and in a way that promoted independence rather than restrict them. Staff we spoke with knew about risk assessments that were in place for people and how to report new risks to the registered manager.

We looked at how the provider managed medicines at the service. There were suitable arrangements for the safe storage, management and disposal of medicines. These included procedures for giving medicines in accordance with the MCA 2005 where people lacked capacity. Medicines were stored securely. At the time of our inspection no recording of the room temperature was in place, the registered manager resolved this at the time of our inspection and we found that medicines were stored at a safe temperature. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. An audit of medicines found that medicine administration charts (MAR’s) were used to record what medicines were given and when. This meant the risks had been reduced to ensure people received the right medicine at the right time by staff who were trained to do so.

# Is the service effective?

## Our findings

Relatives told us they thought the staff knew people well and were confident when with the care and support provided. One relative told us, “[The person] has a good relationship with staff”. Another relative told us, “We have been involved in the planning of [the person’s] care, staff listen”. One staff member explained to us that as a person was getting older their mobility needs were changing and they required a hoist to assist them. The staff member told us that this was raised with the registered manager, the equipment was provided and staff had received the appropriate training to use the equipment. This ensured the safety of the person and their individual needs were met.

We spoke with staff about the training they received. One staff member told us, “The training keeps you up to date”. Another staff member told us, “My requests for extra training, the manager arranges it for me”. All staff told us they were supported by management in learning and developing. New staff were required to complete an induction programme and not allowed to work alone until assessed as competent in practice. All staff had been set annual goals and targets to support both their personal and professional development. We saw that staff received training in essential topics.

Staff told us they received regular support meetings and an annual review of their personal development. Staff told us that the meetings gave them the opportunity to share any concerns they had. One staff member told us, “[The registered manager] listens, I feel empowered at team meetings”. Staff said if they had any concerns between meetings they would speak to management and not wait until the next meeting. Staff told us these meetings were mainly held to discuss changes at the service, best practice and an opportunity to bring all the staff together for support from each other. Having such opportunities meant staff were supported by management to do their job.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. All staff we spoke with understood the implications of the MCA and how this affected their practice. Staff gave examples of how they helped people understand their choices by using plain language. The registered manager

told us that all the staff had been trained in MCA and Deprivation of Liberty Safeguards DoLS. We saw that people’s capacity was considered when consent was needed or when risk assessments were carried out. We saw that where decisions were made on people’s behalf, best interest meetings had been held in line with the requirements of the MCA. These decisions included matters relating to medicines and people’s finances.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The provider had policies and procedures in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three applications had been submitted in line with the provider’s policies and procedures and three applications had been approved. Staff who we spoke with knew whose DoLS applications had been approved and what this meant to the individual people. This meant that the provider had suitable systems in place to ensure this was managed in a safe and legal manner.

We spoke with a speech and language therapist (SALT) following our inspection. They told us that the registered manager was pro-active in ensuring people had their annual assessments for eating and drinking completed in a timely way. They told us that staff knew people’s support needs for eating and drinking and followed people’s individual guidelines that they had set.

We observed lunch time at Abbey House; this was a positive experience for people. People were able to choose where they wanted to sit. People were offered a choice of food and were given time to enjoy their food with staff ensuring that they were happy with their meals. A relative told us, “I have no concerns about [the persons] diet, the food seems of good quality and their weight is steady”. People were provided with suitable equipment that aided their independence to eat the food provided. Staff knew who required assistance with their food and provided this at a pace which suited the person. A menu had been written for the week which provided people with a variety of healthy meals.

People were offered hot and cold drinks throughout the day. We observed staff support people to drink who were not able to do this themselves. Staff did not rush people and took their time to assist people to enjoy their drink. Staff we spoke with knew which people were at risk of dehydration and knew whose fluid intake needed to be

## Is the service effective?

monitored closely. Staff spoke to us about one person's low fluid intake. Staff told us that health care professionals had been contacted; reassurance was provided that the person was not dehydrated but had received adequate fluids. Staff knew what drinks the person liked and how they liked to drink this, this method was used to encourage the person to maintain good fluid intake to keep them healthy. This demonstrated that people were supported to drink enough to keep them healthy.

Relatives told us, and records we looked at showed that people had access to health care professionals when required. We saw in care records that people were visited by the speech and language therapist, physiotherapists and attended routine appointments such as the dentist, optician and dietician. Relatives told us they were kept up to date with their family member's care. This demonstrated the service worked closely with relatives and health care professionals to make sure there was a joined up approach to meeting people's health needs.



# Is the service caring?

## Our findings

Throughout our inspection we observed staff talked with people in a kind and friendly way. Staff did not rush people. Staff respected people's personal space. We saw one person who had sought comfort and reassurance from a staff member by means of a hug. The staff member provided a hug to comfort the person. One staff member we spoke with said, "They can't tell you verbally, but you know by understanding their facial expressions". We found staff worked closely with the people who lived at Abbey House. It was clear that staff had spent time building a rapport with people. A personalised items box had been created for people and we saw staff used this as an aid to interact with people. We saw that people responded positively to this interaction. Staff knew the behaviours of people and knew how to care for them in a supportive way. One relative we spoke with said, "[The person] has a good relationship with the staff, they are like their extended family". Another relative said, "The staff are absolutely wonderful with [the person], we are all so relieved as [moving them into the home] was a hard decision to make". A further relative said, "They are always very interested in getting to know more about them". The healthcare professional told us, "Staff have a good rapport with people, they support them and do all that they can".

All the relatives we spoke with said they were involved in the persons care. One relative told us how they were involved in best interest meetings and the decision made

around the person requiring surgery. One relative told us, "I have had lots of input into [the persons] care; they have always listened to me". The registered manager showed us an example of when an advocate for a person was used. An advocate is an independent person who supports people to have their voice heard and their views and wishes taken in to account in the decision making processes. It ensures that people are treated fairly and are not subject to discrimination or unfair treatment. This shows that the provider supports people to make decisions about their care.

We observed that people's privacy and dignity was respected. Relatives told us they were able to see their family member in private and that there were no restrictions on visiting times. One relative said, "I know we can visit whenever we like". Another relative said, "They (the staff) are always very welcoming". We saw that people were appropriately dressed in suitable clothing that maintained their dignity. We observed people were assisted in a quiet and discreet way and care staff were professional at all times when assisting people to maintain their dignity. For example, we observed a staff member ensured that people were clean after they had finished eating their lunch. Staff we spoke with demonstrated ways they maintained people's dignity, for example staff ensured doors were closed when providing personal care in bathrooms. We saw how staff treated people with respect and addressed people in a courteous way.

# Is the service responsive?

## Our findings

Relatives told us that the provider ensured that people's preferences and choices were discussed in detail and this was reflected in people's care. We observed staff sat and interacted with people about topics that interested them. We also observed that staff spent time doing the things that people enjoyed on an individual basis. For example, one person had a hand massage while listening to music that was bought for them by a family member. Another person went to hydrotherapy once a week with a staff member and a relative. The relative told us how the person enjoyed the experience and how supportive the staff were to ensure they received this as part of their care. This demonstrated that staff actively encouraged people to follow their interests and maintain their social activities inside and outside of the home.

Relatives told us that they were involved in the planning and decision making of the persons care as much or as little as they wanted. One relative told us that the staff listened and understood and this was reflected in the way staff cared for the person. The healthcare professional that we spoke with gave an example where the registered manager had arranged a meeting for them and the relative. This was so the relative could ask them questions directly. This gave the relative the opportunity to make an informed decision about the next steps for the persons care. Peoples

support plans demonstrated the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine. The staff we spoke with demonstrated that they were aware of people's current needs and how to support them.

Every relative we spoke with said that they felt confident enough to speak to staff or the registered manager if they had any concerns or complaints. One relative said, "We are quite happy". Another relative said, "I'm so pleased with everything, I don't have any concerns". All of the staff we spoke with explained what they would do if someone made a complaint to them. One staff member told us, "If it was a minor complaint I would try and help sort it straight away. Although if it was more serious I would report it to the registered manager". The provider had a complaints procedure in place, the information was clear and easy to understand and accessible to people. The provider had received one complaint since December 2013 which had been responded to in line with the provider's policies and procedures. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

# Is the service well-led?

## Our findings

Relatives and staff told us they felt happy to approach the registered manager if they had any concerns. Whilst people who lived at Abbey House were unable to verbally communicate, we saw people were comfortable around the registered manager during our visit. Relatives told us they knew what was happening for their family member as individuals and what plans were in place for the overall service. The healthcare professional said that there was a stable group of staff. They said, “[The registered manager] always keeps me up to date with peoples care. I know they would ask for help if they needed it”. The registered manager told us about a relatives coffee morning that was held, how this was successful and that future coffee mornings will be held. Relatives that we spoke with told us they enjoyed these and found them useful to talk with other relatives, spend quality time with their family member and to voice their thoughts and opinions. This meant that people felt involved and there was an open communication system for all people who used the service.

Staff told us that they were listened to, one staff member said, “at busy times we need more staff, we tell them that’s what we need and we get it”. One staff member told us, “It’s like a family to me, I couldn’t leave”. Another staff member told us, “I feel really supported working here, MacIntyre are a good company, the [registered] manager and the area manager all listen”. Staff had opportunities to contribute to the running of the service through regular staff meetings and one to one conversations with the registered manager,

staff told us they felt listened to at the meetings. This meant the registered manager and provider recognised the importance of an open and transparent culture and that people could raise concerns with confidence.

Relatives and staff told us that the registered manager was very visible in the home and actively took part in people’s care. Staff told us that they visited at night and on the weekends to “check everything was okay”. One staff member told us, “Anything a person needs, I ask the manager and they get it for them”.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly. Lessons learnt were shared with staff to reduce the risk of these, where possible, from happening again.

The provider is required by law to notify CQC of serious incidents that have happened in the home. We found that the provider had notified us when there had been an incident. This showed they promoted an open culture and met the legal requirements.

The provider completed monthly audits in areas such as care plans, environment and medication. We saw action had been taken when a shortfall had been found which ensured positive improvements were made for people. This meant that the provider had systems in place to assess and implement high quality care.