MacIntyre Care

The Grove -6

Inspection report

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21 December 2015

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 21 December 2015 and was unannounced. When we last inspected the home in June 2014 we found that the provider was meeting the legal requirements in the areas that we looked at.

The home provides accommodation and support for up to six people who have a learning disability or physical disability. At the time of this inspection there were six people living at the home.

Currently, the home does not have 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. The home was being run by a Senior Support Worker as the acting manager, who was supported by a registered manager of two neighbouring homes and the provider's Area Manager.

People were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. People were involved in planning the weekly menu and were given a choice of nutritious food and drink throughout the day. People were encouraged to maintain their interests and hobbies. They were supported effectively and encouraged to develop and maintain their independence. They assisted with the running of the home. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service.

Staff were well trained and able to demonstrate the impact training had on the delivery of support to people. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The administration of people's medicines was not always recorded correctly

Staff demonstrated a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Staff employed were suitable for their roles.

Is the service effective?

Good

The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Is the service caring?

Good

The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected. People were clean, tidy and well-groomed.

People were supported to maintain family relationships

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and encouraged to contribute to the running of the home.

Complaints were responded to appropriately and changes made to the service as a result of complaints received when this was appropriate.

Relatives were supported to care for people away from the home.

Is the service well-led?

Good

The service was well-led.

The acting manager was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

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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 21 December 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed a Provider 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 reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

During this inspection, we spoke with five people and two relatives of people who lived at the home, four members of staff including the Senior Support Worker who had been managing the home on a temporary basis, whilst the provider sought to replace the manager. We also spoke with an experienced manager who was supporting the Senior Support Worker in managing the home and the Area Manager. We observed how care was delivered and reviewed the care records and risk assessments for two people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We checked medicines administration records and looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection we looked at the recruitment records of two staff who had recently started work at the home which had been forwarded from the provider's head office to inform our inspection.

Requires Improvement

Is the service safe?

Our findings

People told us that they or their relative were safe living at the home. One relative told us."[Relative] is totally safe. I have no problems about safety at all." Another relative told us, "Yes, [Relative] is safe, I have seen them handling [them] I am here a lot, I see what's going on." Staff told us that the home provided a safe environment for people. One member of staff said, "People are safe because we care about them and are well trained." Another member of staff told us, "People are very safe, we have a good staff team who care a lot about them. They are definitely protected here." Another member of staff said, "Staff have a duty to keep people safe."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what concerns should be reported. They told us of the procedures they would follow if they had concerns. One member of staff told us, "I have used the whistle blowing policy since I started working here and it has been positive, I was very satisfied with the outcome." The Area Manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission and our records showed that they had done so.

We saw that there were person centred risk management plans for each person who lived at the home held in the care records. Each assessment identified possible risks to people, such as epilepsy, using the garden at the home and walking round the village. The assessments included guidance for staff as to how to minimise the risks such as ensuring that people wore sun screen when in the garden. There were also assessments where appropriate for behaviour that had a negative effect on others. The assessment identified possible triggers for such behaviour and actions that staff should take to de-escalate such situations, such as suggesting an activity that would divert them from the situation.

In addition to looking at people's risk assessments and their daily records staff discussed people's experiences, moods and behaviour at shift handovers. This ensured that staff had up to date information and were able to reduce the risk of harm to individuals.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of the fire systems and the vehicles used to transport people. We saw that the home held regular fire drills and evacuations. This ensured that people who lived at the home knew where to go in the event of a fire. In addition, each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current.

There were formal emergency plans with a contact number available for emergencies related to the building, such as a gas or water leak and information as to where to find the necessary taps to switch off the supplies of gas, electricity or water. There were also emergency plans for other incidents such as people demanding access to the home. These enabled staff to know how to keep people safe should an emergency

occur.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who lived at the home. During our inspection there was a very visible staff presence. We saw that the required number of staff had been employed at all times and the Senior Support Worker told us that they rarely had to use agency staff to support people.

Documents forwarded to us showed that the provider had a robust recruitment policy. This included carrying out relevant checks with the Disclosure and Barring Service (DBS). DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Applicants had also completed health questionnaires to ensure that they were mentally and physically fit for the role applied for. The provider had obtained and checked employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered. Where it had been determined that a member of staff was no longer considered suitable for employment in a care setting the Area Manager had carried out disciplinary action to terminate their employment and had reported the individual to DBS.

Where appropriate people's medicines were administered safely by staff that had been trained and assessed as competent to do so. Medicines were stored appropriately within locked cabinets in people's rooms. We looked at the medicine administration records (MAR) for two people and found that these had not always been completed correctly, as there were three unexplained gaps on one MAR and one on another. When we brought this to the Senior Support Worker's attention they told us that the members of staff involved in the omissions would receive additional training. Protocols were in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies.

Good

Is the service effective?

Our findings

Relatives told us they thought the staff knew what they were doing. One relative said, "The staff are well trained." Another relative told us, "The staff are always off on training days."

Staff told us that they received regular training in the form of online – learning, face to face training and training in the form of discussions with their line manager. One member of staff told us, "I have received training on Safeguarding vulnerable adults three times since I started working here in February 2015." The subjects in which members of staff were trained included, Moving and Handling, First Aid, Food Hygiene and Dementia Awareness. One member of staff told us, "The impact of the training is that it makes you see the importance of what you do." Staff told us they would speak to the management team if they required any further training or wanted their training to be refreshed. They also said that training was discussed at supervision meetings, and they were reminded when refresher training was due. The Senior Support Worker monitored staff training records to check that it had been completed.

Staff told us that they received regular supervision every four to six weeks. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. The manager showed us that there was a schedule to ensure all staff received supervision. One member of staff told us, "It is an opportunity to talk about what is going on in the service, what I would like to do [for the people who lived at the home], and suggestions for caring for them."

One member of staff told us, "We have received training on the Mental Capacity Act." 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) We saw that mental capacity assessments had been carried out where people did not have the capacity to make certain decisions without support. Where people were assessed to lack the capacity to make decisions around specific areas of their care and welfare, decisions had been made in their best interest following discussions with relatives and other healthcare professionals involved in their care. Where the care that people received involved them being deprived of their liberty, we saw that applications have been made to the appropriate supervisory body to have this authorised.

People and staff told us people's decisions about their daily care and support needs were respected. Staff told us that they asked for people's consent before providing any care or support. One member of staff said, "If something wouldn't matter then it would be left and offered again. If they really don't want to have support then they don't have to. If it was something like being clean I would try to persuade them and

suggest it in different ways until they are happy to have it." We saw evidence that people had been involved in identifying decisions that they could make for themselves, those that they needed some support with and those that they needed full support to make. We saw that people chose the clothes that they wore. One person was putting on their favourite trousers whilst we were at the home as they were going out.

We saw that staff had assessed people's communication methods and this formed part of their support plans. Members of staff communicated with people in ways that suited people's needs, such as by picture cards or sign language. One member of staff said, "[Name] was amazing. [They] taught me their method of communication when I first started." This had been MAKATON, a form of sign language used by some people who have learning difficulties which the person had adapted. During our inspection we observed staff reinforcing verbal communication with non- verbal methods. It was clear that staff and people understood each other.

People told us that they were involved in planning the menus. We saw that people chose what they wanted to eat for the coming week at the weekly house meetings. Each person chose the main dish for one day of the week. One person told us, "I choose what I eat. I like steak pie It's my favourite food." Where they were able to people were supported to make their own food and drink and had access to snacks from the kitchenette. We saw one person tell staff that they did had changed their minds about the choice of snack in their lunch box and staff changed this for something that they preferred. Staff told us that they were aware of people's behaviour that would indicate that they were hungry. They said, "They all have their own way of asking for food or drink. [Name] will start banging around if [they] are hungry." People's weights were monitored on a weekly basis and a referral made to appropriate health-care professionals when this was needed.

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight and visits to healthcare professionals were recorded. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians. People's care plans identified any health issues that a person had and which may have required particular vigilance by staff to maintain the person's health and well-being.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were caring and treated them with dignity and respect. One person told us, "I am happy living here." A relative told us, "We are totally satisfied. It's great." Another relative told us, "[Relative] is well looked after."

We saw that the interaction between staff and people was caring and supportive. Staff clearly knew people's likes and dislikes and there was a very homely atmosphere. One relative told us, "[Relative] has never been happier than she is now."

People's support records included a section titled 'About Me', which provided information about their preferences, their life histories and things that were important to them. It also documented how they would like to be supported with different elements of their care and their preferred daily routines. Staff were able to tell us of people's personal histories and who and what was important to each person they supported. They were able to explain the different ways in which they needed to support people effectively, such as constantly reminding them of a future event, such as the carol service at a local church. We saw that staff spoke with people kindly and appropriately. We also saw that staff called people by their preferred names.

People were supported to maintain relationships with their loved ones. Two people had just returned from regular visits to their family. Relatives told us that they were able to visit at any time. One relative told us that they were made welcome at the home even if their relative was out. They said, "It is like a second home, smashing." People's rooms were decorated to their own taste and personalised with pictures and items that reminded them of their friends and families.

We saw that staff promoted people's dignity. Everybody was clean, groomed and appropriately dressed. One relative told us, "[Relative] is always clean, well-dressed and her hair is always done nicely." A member of staff said, "If it was my child or Mum I would totally look after them the same way."

We saw that staff also promoted people's privacy and always knocked on their door and asked for permission before entering their rooms. Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that doors and curtains were closed before providing any personal care. They also told us that they never discussed the care of people they supported outside of the home, which protected people's personal and confidential information. One staff member said, "We keep things quiet that are personal to a client. We don't go round talking about people."

People were encouraged to be as independent as possible. We observed staff encouraging people to put their own shoes on and tie the laces. When people had difficulty with this and asked staff for help they continued to encourage people to do as much as they could themselves. People were supported to go shopping for personal toiletries and clothing.

Information about the provider and the home was available in an easy read format that people could understand. This included the 'Service Agreement' that set out the roles and responsibilities of the provider

and the person who lived at the home. It included information about the provider and the processes for making concerns or complaints known to the manager and provider.

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. One relative told us, "They knew [Relative's] needs. We spent a lot of time initially talking about [their] likes and dislikes." Another relative told us that when they were having trouble supporting their relative whilst they were at home the senior support worker and the person's link-worker visited them at home to provide help and guidance. They said, "They come to my house if I am having trouble. If I phone I can have support."

We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. We saw evidence that support plans had been regularly reviewed by staff and relatives. One relative told us, "We have an annual review both here and at the day centre. We spend many hours going over what [Relative] is doing." During our inspection an annual review was conducted with one person, their relative, a social worker and the Area Manager. The relative told us that this had been a positive experience for them.

Each person had been assigned a link worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. We saw that people's well-being was assessed on a monthly basis and their support plans reviewed to ensure that the support provided continued to best meet their needs. Staff told us that as a link worker they would check on people's well-being and that support plans and risk assessments reflected the care and support needs of the person.

All of the people at the home assisted with running the home and the cleaning and tidying their rooms. We saw that support plans documented the activities that people were expected to take part in. Staff told us that people helped to clean their rooms, change their beds and assist with the laundry on the days they did not attend the day centre. One member of staff told us that people all helped with cooking meals. They had recently made fishcakes from scratch. People were encouraged to take part in activities to maintain their hobbies and interests. Records showed that people took part in activities such as baking cakes, using a swing in a neighbouring home, going out for afternoon tea and going for a drink in a local pub. Everybody in the home were going to a carol service at the local church during our inspection and all showed obvious excitement at the prospect of singing at the church. One person told us that they were going to a funfair with a member of staff. A relative told us, "[Relative] does not have a lot of concentration. They just want attention and does get it." People were able to choose which television channel they watched in the lounge area and the music that was played. We saw one person handing a compact disc to a staff member to play.

There was a complaints system in place and people knew how to make a complaint. A relative told us, "Staff always listen. If I had a complaint I would normally just talk to staff. I have talked to the area manager who was very helpful." A member of staff told us that they had supported a person to make a complaint. We looked at the records of two complaints that had been received by the home, one of which was the complaint that staff had supported the person to make. This had concerned the siting of the smoking area used by staff which had been outside the person's room. When the windows were open smoke permeated

their bedroom. Following the complaint we saw that the manager had moved the smoking area to an area away from the home. We saw that complaints had been investigated immediately and a written response sent to the person who had complained.

Good

Is the service well-led?

Our findings

The home did not have a registered manager. The Area Manager told us that they had started the recruitment process although the registered manager had left only a couple of months before our inspection. The Senior Support Worker was acting as the manager at the time of the inspection. Relatives and staff told us that they were very approachable and that the atmosphere was very homely. One relative told us, "[Acting Manager] does a very good job." Another relative said, "[Acting Manager] is terrific. She has got a grip on everything." One member of staff said, [Acting Manager] is amazing. I feel very supported." Another member of staff told us, "[Acting Manager] has been thrown in at the deep end and has managed absolutely brilliantly. She is totally approachable."

Staff told us that the provider's 'visions and values' were discussed at each team meeting. The minutes of the staff meeting held in November 2015 showed that staff were encouraged to be involved in the development of the service. Topics such as health and safety, the provider's positive behaviour support policy, medicines administration, cleaning the house vehicle and training had been discussed. Staff told us there were also regular link-worker meetings where they shared information about people and discussed improvements that could be made for them.

People were encouraged to provide feedback and be involved in the development of the service at regular house meetings. Topics covered at the meetings included items such as menu planning and the choice of activities available. A satisfaction survey was sent each year and the results analysed to identify any improvements that could be made to the service provided. We saw that where people responded with anything other than absolute agreement with questions asked of them, such as, "Are staff careful with your house and your things?", they were advised of the steps that would be taken to put things right. One response in answer to that question had been "Sometime." The acting manager had responded, "We will ensure that all staff are aware that they must report any damage to your items to the Head of Service in order to have the items replaced."

The provider had an established quality monitoring programme which applied across all the homes it ran. We saw that a member of the provider's health and safety team also carried out regular audits of areas such as medicines administration, emergency plans, incidents and accident reporting and risk. The latest audit had been completed in October 2015 and no lapses in compliance with requirements had been identified. The provider's regional managers also completed monthly audits of the home and provided a report to the registered manager and the provider's governance team. The latest audit completed in October 2015 indicated that no improvements were required.

We saw that people's records were stored securely. Management records were either held centrally by the provider, stored electronically on a system protected by password or locked in a cabinet in an office away from the home. Information about people and the service could therefore be accessed only by people authorised to do so.