

MacIntyre Care Monro Avenue

Inspection report

54 Monro Avenue
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Monro Avenue is a residential care home providing personal care to people with a learning disability and/or autism spectrum disorder. People are accommodated in two detached houses next door to each other. The service can support up to 14 people and at the time of the inspection fourteen people were using the service.

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

The building design fitted into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

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

People's dietary needs were met, and healthy eating was promoted. Staff ensured people's healthcare needs were met. Staff were alert and responsive to any changes in people's needs and liaised with health care professionals.

Staff training was tailored to meet people's individual needs and the provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care and support. Staff received regular, useful and engaging supervision from senior staff members. The staff appraisal system ensured that all staff were working to the same vision and values as the provider.

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

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The manager and area manager completed audits to monitor the quality of the service. The service put improvements in place when needed. People, relatives and staff were supported to feedback about the service and the service linked and worked well with other organisations. The leadership, management and governance of the service assured the delivery of high quality, person-centred care. The staff understood the vision and values of the provider and these made sure people were at the heart of the service.

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

Rating at last inspection

The last rating for this service was Good (published 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Monro Avenue

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

The inspection was carried out by one inspector.

Service and service type

Monro Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave short notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and carried out general observations of staff interactions with people using the service. We spoke with two relatives, four members of staff including the registered manager. We reviewed a range of records. This included two people's care records and 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 policies and procedures were reviewed.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safe using the service. One person said, "I like the staff, I am very happy." We observed people were relaxed in the company of staff and others using the service. A relative said, "[name] is extremely well cared for at the home, we have every confidence in the manager and staff."
- Staff had completed training in safeguarding and discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe. One staff member said, "I would not tolerate any form of abuse and wouldn't hesitate to report any concerns directly to the manager."
- Staff supported people to recognise, report and protect themselves from abuse, using person-centred work plans and pictures. A safeguarding and whistleblowing policy was available and staff and the registered manager had reported safeguarding concerns to the relevant agencies.

Assessing risk, safety monitoring and management

- Staff continued to provide safe care and support to people using the service. Processes were in place to protect people from avoidable harm.
- Risk assessments were person centred and detailed individual risks such as seizure support. They were reviewed and updated regularly.
- Referrals to professionals for advice and support were made in a timely way to promote people's safety.
- Regular fire drills and safety checks took place. Individual personal evacuation plans (PEEPS) instructed staff of the support people needed in the event of an emergency. A person using the service took on the role of fire warden. They took pride in keeping people safe, they checked the identification of visitors to the service and ensured they signed in the visitor's book on arrival and when leaving the building. They explained to us where the assembly point was in the event of the fire alarm being activated.

Staffing and recruitment

- Safe recruitment processes were in place that ensured only suitable staff were recruited by the service. Disclosure and Barring Service (DBS) checks were completed prior to working with people and were regularly updated. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People were supported by a consistent team of staff that knew them well. One staff member said, "I feel there is always enough staff on duty, we all work as a team."

Using medicines safely

- People continued to receive their medicines safely. Staff received medicines training and records showed

that competency assessments were completed to ensure staff followed the medicines policy and procedures.

- Regular audits took place on the medicines systems and staff consistently followed the medicines administration procedures. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Relatives said they were kept informed of the outcomes of GP and specialist appointments and any changes to their family member's medicines.

Preventing and controlling infection

- People continued to be protected from the spread of infection. The staff were trained in infection control and understood the importance of a high standard of cleanliness to protect people from infection.
- Staff used disposable gloves and aprons when necessary and they used correct hand-washing techniques. Anti-bacterial hand gel and wipes were readily available for staff, people and visitors to use.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager maintained a good level of oversight in relation to all accidents and incidents. This enabled themes/ trends to be identified and ensured actions were put in place to mitigate the risk of recurrences. In response to a medicines incident staff now ensured any medicines taken to day services were placed safely deep inside people's rucksacks.
- Staff received feedback about any changes to people's care and support needs as soon as possible through daily meetings and general staff meetings. The meeting also included sharing learning from incidents from other services within the wider organisation.

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

- Comprehensive assessments were carried out on all areas of people's lives. The staff worked closely with other healthcare professionals such as, learning disability specialists, occupational therapists, speech and language therapists, GP's and district nursing staff. The support people received was based on current legislation and best practice guidance. Relatives said they were involved in the assessments of their family member's care and support needs.

Staff support: induction, training, skills and experience

- All new staff undertook a comprehensive induction training programme. The training was refreshed regularly to ensure staff kept up to date with current legislation and best practice guidance.
- The training was tailored to meet people's individual needs, the registered manager recognised the importance of on-going development of staff skills, competence and knowledge. Staff competency checks were carried out to ensure staff consistently provided care based on good practice guidance.
- Staff were provided with training to meet the specific needs of people using the service such as, epilepsy and autism awareness. A staff member said, "The training is excellent, I have never worked anywhere like this, there is training for everything."
- Staff said they felt valued and supported to achieve their full potential. Staff received regular supervision and support and were committed to working to the vision and values of the service. A staff member said "[Registered manager] is fantastic, she is so passionate about all the people living here having the best quality of life."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were encouraged and supported to follow a healthy diet. Staff supported people to choose their meals through talking with them and using picture card prompts. Where possible people were supported to prepare their own snacks and meals.
- People enjoyed going out for meals with staff, friends and family. One person said they really enjoyed going to a local café for tea and cake. A relative said, "[name] loves going out for sausage and chips, it is their routine on their day off."
- Each person had a 'health calendar' which gave detailed information on their medical history, allergies and other important information. Staff supported people to attend regular health and well-being appointments and the advice from health professionals was recorded within the health calendars.
- Staff knew people well and quickly responded to any changes in their physical and mental health and

contacted the appropriate healthcare professionals for advice and support. A relative said, "The staff take [name] to the GP, dentist, optician and they keep us fully informed on the outcomes of the appointments."

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

- The decoration and other adaptations to premises helped to meet people's needs and promoted their independence.
- Since the last inspection one of the houses had the kitchen / dining area made into an open plan space with patio doors leading into the garden. The garden had been fully landscaped, with a large patio area, a summer house and outdoor furniture. One person showed us photographs of the open day that was held to celebrate the completion of the garden, which showed the colourful flower borders in full bloom. Staff said that during the summer people had spent lots of time outside enjoying the garden.
- Bedrooms were decorated reflective of each person's individual taste and were personalised. A relative said, "The staff helped [name] to choose new furniture for their bedroom through looking through a catalogue."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff had a good understanding of people's rights and their responsibilities in relation to working within the principles of the MCA and DoLS legislation.
- The registered manager had made DoLS applications to the local authority. Staff ensured people had maximum choice and control of their lives and supported them in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- We observed staff were empathetic, respectful and had a good rapport with people using the service. They engaged with people, responding to people's communication methods, recognising body language and gestures, that indicated how people were feeling, their wants and needs. A relative said, "We are absolutely satisfied [name] is receiving loving care; we are always made welcome when we visit."

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

- People and relatives were involved in all aspects of decision-making about their care and support. Records detailed people's communication methods to enable staff to understand how people wanted their support to be delivered.
- House meetings took place, during which people talked about planning holidays and day trips for the coming months.
- Advocacy services were available when people needed this support. An advocate is an independent person that can help a person speak up to ensure their voice is heard on issues important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. We observed they spoke to people politely and referred to people by their preferred name.
- Throughout the inspection we observed staff treated people with dignity and respect and people were very relaxed and comfortable with the staff. Staff could tell us in detail about each person they provided care for, their likes, dislikes, and activities they enjoyed doing. They described how they supported people to try new ventures and build on their confidence and independence.
- The staff understood the importance of maintaining confidentiality and people's care records were stored securely. Information was only shared with authorised people involved in people's care and support.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which recorded how they wanted their care and support provided, their likes and dislikes, histories, daily routines, hobbies and interests. There was a strong emphasis on ensuring people had choice and control over their lives. The information was communicated in easy-read text and picture formats. Records showed the care plans were regularly reviewed and updated as people's needs changed.
- People's relationships with their families were promoted, there was no restriction on visiting. One person's relative visited on a regular basis. Staff invited families to all events and celebrations. One person showed us photographs of a garden party that had taken place during the summer, which was well attended by people using the service, friends and family, care staff and senior managers within the organisation.

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.

- All information was presented to people using the service in easy read formats.
- The care plans contained detailed information on people's communication methods. For example, giving people the time and space to speak, using Makaton sign language, photos and picture prompts. Specific guidance was also included. For example, some people indicated their likes and dislikes by using gestures, facial expressions, actions, sounds and body language. A relative said, "Sometimes it can be hard to understand what [name] is saying, but the staff know him so well and understand every word."

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 follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Detailed information was held within people's support plans regarding this aspect of their lives. For example, one read, 'I love socialising, going out for cups of tea, meeting friends, going shopping and buying new clothes, I like to always look smart.'
- People and staff told us about places they had visited and events they had attended. For example, one person had a passion for watching ballroom dancing and talent shows on television. The staff had supported the person to visit the Blackpool Ballrooms to watch live ballroom dancing and enjoy afternoon tea there. A relative said, "[Name] loves animals and the staff go with them to Woburn Safari Park, they also like anything to do with transport and enjoys sitting watching trains and cars."

- The care plans gave details of how people wanted to be supported to maintain contact with family and friends. One person told us they kept in contact with a family member through weekly telephone calls and enjoyed having visits from their family members. A relative said, "We phone the home regularly to chat with [name] or if they don't want to use the phone we speak through the staff to them."
- People were supported to have loving relationships with partners and enjoyed spending time including holidays together.
- The service had their own wheelchair accessible transport and staff facilitated people to follow their interests. For example, attending social clubs, discos, swimming, shopping, meals out, visiting friends and family and relaxing listening to music, and watching their favourite soaps and television programmes.
- People were supported to have access to education and work opportunities.

Improving care quality in response to complaints or concerns

- Information on how to raise any concerns or complaints was made available in accessible formats and people were treated compassionately and supported to make a complaint. A complaints board was available for people to tell staff if they were unhappy about anything. Staff supported people to use easy read, pictorial complaint forms, which explained who to speak to if they were not happy with their care. Feedback in easy read pictorial form was provided.
- Records showed complaints continued to be managed efficiently and were used as learning opportunities to continually develop the service.

End of life care and support

- No end of life care was being delivered at the time of inspection.
- Advance end of life discussions had been explored with some people. These discussions would be approached when people were ready, and the appropriate support provided.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by an extremely motivated registered manager who led by example, promoting the values of person-centred care. Staff said morale was good, and they took a pride in working at the service through supporting people to experience fulfilling lives. One staff member said, "[Registered manager] is very good at listening, she is very approachable, almost here every day and works her socks off."
- Independence and social inclusion were placed at the heart of the service. People and their relatives were involved in planning their care. Staff fully understood their needs and preferences and worked to ensure people experienced positive outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured robust systems were followed to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The registered manager and staff worked in an open and transparent way when incidents occurred.
- Staff knew how to whistle-blow and how to raise any safeguarding concerns with the local authority and CQC if ever they felt they were not being listened to or their concerns not acted upon.
- The registered manager fulfilled their regulatory responsibility of informing CQC of notifiable events at the service. A notification is information about important events which the service is required to send us by law in a timely way.
- An easy read copy of the CQC ratings of performance was displayed in the service and the ratings were displayed on the provider website.

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

- The registered manager was supported in their role by the area manager and provider. Quality assurance checks were carried out regularly and action plans put in place where areas were identified for improvement.
- The service had some long-standing staff members who knew people well. They spoke positively about the support they received from the registered manager and the provider.
- Staff were clear about their roles and responsibilities. Their performance and development were discussed during supervision and annual appraisals. The provider had opportunities for staff to further

develop their skills and knowledge and career progression was encouraged.

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

- The registered manager actively sought the views of others to drive continuous improvement at the service. Staff told us they felt valued and listened to by the management and their ideas were always considered.
- People were involved as much as possible in making decisions about their care and the running of the service. A relative said, [registered manager] is brilliant they keep us informed about everything to do with [name's] care."
- Questionnaires were sent out annually to enable people and relatives to provide feedback about the service. The registered manager said that due to feedback they had received from relatives the format of questionnaires was currently under review to make them more bespoke to the needs of the service. The provider produced a newsletter that informed people about events and activities that happened at the service.

Continuous learning and improving care

- The registered manager and staff team were very committed to continually improving the service. For example, building improvements and landscaping to the garden had taken place that greatly enhanced the service.
- Continuous learning and development were promoted through regular one to one supervision, training and staff meetings. These were used as an opportunity to reflect on events and incidents and update staff about organisational changes.

Working in partnership with others

- The service had established links with the local community. The staff worked closely with commissioners and social care professionals, including GPs, social workers, and district nurses, to ensure people achieved good outcomes.