

MacIntyre Care Crosby Close

Inspection report

1-2 Crosby 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

About the service: Crosby Close provides accommodation and care with nursing for up to 12 people with a learning disability and/or autism. Some people also have additional physical disabilities. People are accommodated within two large detached bungalows with surrounding grounds. At the time of our inspection there were 12 people using the service.

The provider and staff were working within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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's experience of using this service:

- People's relatives felt their family members were safe and very well cared for. Staff demonstrated a good understanding of the risks people faced in their day to day lives and the ways they could support them to minimise those risks.
- People were supported by sufficient numbers of staff who were well trained and competent to support people with complex health and care needs.
- People's medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.
- People's healthcare was well monitored, and interventions were appropriately timed to ensure people remained as healthy as possible.
- People were supported by staff who understood the importance of respecting their choices and providing the support required whilst promoting and maintaining people's independence. This enabled people to achieve positive outcomes and promoted a good quality of life.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The registered manager was respected by the staff and promoted an open and transparent culture. The registered manager and staff understood their roles and responsibilities.

Rating at last inspection: The service was rated 'Good' at our last inspection. The report following that inspection was published on 18 August 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

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

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.

Crosby 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector.

Service and service type: Crosby Close 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 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.

There was a registered manager in post at the time of our visit. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection, we met the people who lived at the service, however due to people having complex communication styles we were unable to obtain verbal feedback from everybody. We observed how people

were being cared for and supported. We also met 10 staff at a team meeting we attended and spoke in detail with three support staff. We spent time with the registered manager during our visit and the two managers in charge of each bungalow. We spoke with two of the relatives on the day and telephoned a further three relatives of people who lived at the service.

We looked at records used by the provider for managing the service. These included the support plans and records for people, staff training and support records, records of quality monitoring and audits, information about medicines and we inspected the environment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to be supported by a staff team who were trained to understand how to recognise abuse and what to do if they suspected this had happened. One relative told us, "I know that [named person] is safe and is so well looked after all the time. I trust them wholeheartedly." Another relative said, "I can honestly say I'm so pleased [named person] is here and in those years I have had no reason to worry."
- Staff were aware of the internal provider reporting system for safeguarding as well as how to contact the local authority safeguarding team. Information on how to do so was also displayed on a noticeboard should they have needed it.

Assessing risk, safety monitoring and management

- Risks to people's health, well-being or safety were identified, assessed and reviewed regularly to take account of people's changing needs and circumstances. A variety of risk assessments were in place for people in respect of their support. Risks associated with health conditions had been thought through well. For example, people living with epilepsy were stated to be at risk of falling, choking and of drowning if left alone in a bath. Clear guidance was available for staff in each set of circumstances.
- There were protocols in place for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEPs) in place which ensured appropriate guidance was in place in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care and nursing needs.
- Relatives told us that there were always consistently enough staff to meet people's needs and that staff knew people they supported extremely well.
- The provider continued to undertake checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- Records continued to be in place to show when people needed to take any prescribed medicines and we saw the provider had regular audits and checks in place to make sure medicines were managed safely.
- Prior to undertaking the administration of medicines staff undertook training and had their competency assessed. Staff completed medicine administration records (MARs) to record when people's medicines had been administered.
- All medicines were administered safely. This included oral and medicines given by other methods.

Protocols were in place for 'as and when' required medicines so that nurses knew maximum dosages and when to administer.

Preventing and controlling infection

- The service was clean. Staff told us they undertook some cleaning tasks and also a cleaner was employed.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons. Staff were aware of how to protect themselves and others from a known infection spreading. We saw appropriate measures in place.

Learning lessons when things go wrong

- There were regular staff meetings. Any incidents or events at the service were discussed and the provider ensured lessons were learned where needed.

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.

Good: 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

- Most people had lived at the service for many years and their support needs were well known to the staff team. Given this people's needs were reassessed.
- People's protected characteristics under the Equality Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to carry out their roles effectively. Nursing staff had access to clinical updates and training. One nurse told us, "We all have a clinical supervisor and we can go on any course we request." Relatives consistently told us that they found staff to be well trained and knowledgeable.
- Supervisions and appraisals were carried out with staff to ensure that they had the support and development they needed to care for people.
- Recently recruited staff were supported by more experienced staff, so people and their relatives could be assured care was being delivered by competent staff, who knew people's care needs and preferences well. Moving and handling was a key part of staff's role and to ensure this was as safe as possible staff were trained and then observed on three occasions to ensure they were competent and confident to use the ceiling hoists.
- One member of staff told us about their induction, "My induction was very good. I ask a lot of questions and they always answer. They are so supportive."

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

- People were encouraged to have a healthy balanced diet. People were involved in decisions about the menus and meal choices where possible.
- Where people had specific needs and preferences relating to food this was provided.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking.
- Advice of specialist professionals such as dietician, speech and language therapists and enteral feeding nurses were sought as appropriate. Suitable plans were in place to monitor people's nutrition and eating. This included weighing people.

Staff working with other agencies to provide consistent, effective, timely care

- Arrangements were in place to share information between services as appropriate and for the benefit of people. For example, people had an Accident and Emergency grab sheet in place whereby relevant information about them was always available should they be taken to hospital in an emergency.

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

- The two bungalows had been purpose built. Each room was single occupancy and most had ceiling hoists to enable people to more comfortably transfer from their wheelchairs to bed or specialist bathing facilities. The environment was accessible for people in wheelchairs.
- All aspects of the service were well maintained.
- People's bedrooms were personalised. They had belongings that reflected their interests.
- The garden area of the properties was accessible, large and well maintained.
- The layout of the service provided people with areas for socialising or spending time quietly on their own as they wished.

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

- People's healthcare needs were carefully monitored by staff to ensure any changes in their needs were responded to promptly and the appropriate advice and treatment was accessed. Relatives told us that people's complex medical conditions were well controlled and monitored by nursing staff.
- People were supported to attend healthcare appointments as needed and continued to have access to a range of community healthcare professionals when required. Advice given by health professionals was taken, documented and communicated for staff to follow.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in MCA and DoLS and understood their responsibilities under the act. We saw staff explain to people what they needed to do and sought people's consent before supporting them.
- Where necessary, the provider had applied to the local authority for DoLS to keep people safe.
- Appropriate professionals and relatives were consulted where best interest decisions were needed in relation to medical treatment.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed staff being extremely caring towards people. Staff interactions were warm and individually focused on people.
- Relatives consistently commented about the caring nature of the staff telling us, "The staff are so marvellously caring they treat [person like family]." Another relative told us, "The staff care so much about the residents. It is not a job to them it is a vocation. I know they are loved."
- Staff, and the registered manager, showed us that they knew people's needs and preferences extremely well. During our inspection visit we heard laughter and positive interactions between people and staff.
- Support plans included information about people's personal, cultural and religious beliefs and staff were familiar with these.
- People were supported to follow religions of their choice and different cultural and religious beliefs were respected.

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

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support wherever possible. Relatives consistently told us they were involved. One relative said, "I'm involved. I'm invited to all the meetings." Another relative had a date and time of a review in the coming days that they were attending.
- Some people had complex communication needs and it was challenging to always involve them in making decisions about their care, however staff supported people to be involved as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted. We observed staff involving people with everyday tasks where possible. Staff were so respectful in terms of informing people of who we were and asking permission.
- People were encouraged to be independent. We were told about a person being encouraged and saw them use a walking aid that was a new development and a positive risk for the person to take.
- People's privacy was maintained at all times.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had detailed care plans in place, which reflected their current needs. One staff member said these guided them to give consistent care and support. Care plans were regularly reviewed. Any updates were communicated to staff at team meetings and at handovers.
- Detailed daily records were kept by staff. Recordings of people's support and well-being were made throughout the day and night which staff accessed for good communication for the benefit of people being supported.
- People had opportunities to take part in a range of activities.
- People were supported, where required, to access the community to participate in activities. People were attending a day service on the day of our inspection visit, others took the opportunity to enjoy the warm weather and take a walk out with staff support.
- One relative told us, "[Name of person] enjoys going out. Staff take them out a lot."
- Relatives were visiting and were supported and encouraged to take their relative out in the local community.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- Relatives and staff we spoke with told us all the staff and the provider were approachable and if they had any concerns, they would raise them.
- Relatives were aware of how to complain, however they all told us they had no reason to.

End of life care and support

- All aspects of people's lives were planned and this included end of life care planning for some people. People's wishes were appropriately recorded and families were involved as appropriate with regards to resuscitation.
- Staff were knowledgeable and respectful about speaking of people's end of life choices. The need for additional medicines had been thought through and would be available if required for people.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People's relatives were complimentary about the running of the home and the standards of care. One relative said, "I can't find the words to describe how wonderful it is there. I cannot thank them enough for their caring and dedication to my relative."
- Another person's relative commented, "I cannot fault it. They are all wonderful. The managers are definitely good."
- Staff told us they liked working at the service and felt that they were well supported by the provider. One staff member said, "I really enjoy working here. The people we support are really nice and get good individualised care. We've got lovely managers."

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

- The registered manager ensured that staff were well trained and were aware of their roles and responsibilities. People understood the ethos and values of the service and put these and their training into practice for the benefit of people.
- The registered manager understood their obligations of their registration.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). The notifications we received from the registered manager enabled us to understand events and actions taken following an event or incident within the service.
- The provider had good oversight of the service and promoted effective monitoring and accountability.
- A comprehensive range of audits and reviews were in place which focused on positive outcomes for people.
- There were detailed and thorough systems in place to monitor and review the quality of the service. There was an emphasis on review, analysis and continually looking for ways to improve the service for the benefit of people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service.
- Regular feedback was sought from people who used the service and their relatives.

- The registered manager told us how they kept staff and the service up to date with best practice and developments. For example, links with British Institute of Learning Disabilities (BILD), and accessing specialist advisers within their own organisation.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care. For example nurses attended a local nurse forum.
- In the provider information return we were told 'We respond promptly to incidents, accidents, alerts and complaints, and investigate when appropriate. All such incidents are monitored, and learning shared, across MacIntyre.' We saw examples of this in action whilst attending the team meeting.