

MacIntyre Care

Abbey House - Evesham

Inspection report

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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

Abbey House – Evesham is a residential care home providing personal care to up to six people who live with learning disabilities and autism. At the time of the inspection there were six people living at the home.

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 service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. 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 showed us they liked the staff supporting them and had developed close bonds with staff caring for them. Relatives told us staff were exceptionally considerate and extended their caring approach to people's relatives, too. Staff used their knowledge of people's unique needs and preferences to ensure they were included in day to day decisions about their care. Staff treated people respectfully and assisted them to maintain as much independence as possible.

Staff understood people's safety needs and assisted them to reduce risks to their safety. People were supported by staff who understood what action to take if they had any concerns for people's well-being. Systems were in place to reduce the chance of infections and to ensure people had the medicines they needed to remain well, both at Abbey House – Evesham, and when people chose to spend time in the community.

People's needs were assessed and reviewed as their needs changed. Staff were supported to provide good care to people through opportunities to develop their skills further. People were supported to have enough to eat and drink, based on their preferences. Staff supported people to attend appointments with other health and social care professionals, so they would enjoy the best health possible. 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.

People's preferences and needs were focused on when their care was planned. Relatives' views were an integral part of care planning arrangements. The views and advice from other health and social care

professionals was considered when people's risk assessments and care plans were developed. This helped to ensure people would enjoy a good quality of life. Systems were in place for managing any complaints, concerns or suggestions and to take learning from these. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. 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 enjoy new experiences and maintain their independence.

Staff had received compliments for the way they sensitively supported people at the end of their lives. The registered manager planned further development of people's care plans, to identify their wishes in the event of their sudden death, so people's preferences would be known.

Relatives were complimentary about the way care was organised and the home was led. Staff felt supported to provide good care, which was informed by best practice standards. The registered manager was supported by the provider to check the quality of the care provided and to drive through improvements to benefit people living at the home. This included continuing to develop ways of successfully working with other organisations.

Rating at last inspection

The last rating for this service was Good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our 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.

Abbey House - Evesham

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

This inspection was undertaken by one inspector.

Service and service type

Abbey House - Evesham is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 unannounced.

What we did before the inspection

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. 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 used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We spoke with three relatives about their

experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, [Senior Support Worker], four care workers and a member of the domestic staff. In addition, we spoke with a visiting physiotherapist.

We reviewed a range of records. This included three people's care records and multiple medication records. We saw records relating to the management of the home. These included minutes of meetings with staff and checks undertaken by the manager and provider on the management of the home and safety and quality of care. We also saw systems used to manage complaints and concerns and any accidents and incidents which may occur.

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 as 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 were supported by staff who understood how to recognise signs of abuse and knew how to raise any concerns, should they occur.
- Staff were confident the registered manager would act to promote people's safety, should any concerns be identified.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety.

Assessing risk, safety monitoring and management

- People's safety needs were considered when staff planned their care. This included if people had increased risks in relation to eating and drinking, or if people needed extra help to stay safe when spending time away from their home.
- Relatives were confident in the safety of the care provided and told us staff had a good understanding of their family member's safety needs.
- Staff regularly checked people had the support they needed to stay as safe as possible. Staff gave us examples of how people's care was adjusted as people's safety needs changed.
- Staff promptly reassured people when they wanted this.

Staffing and recruitment

- There were sufficient staff to care for people at the times people wanted.
- Relatives told us they were confident their family members had access to care when their family members required assistance.
- Staff were positive about the number of staff available to assist people. Staff gave us examples of times when shift patterns were changed to meet people's preferences and needs.
- The registered manager checked the suitability of staff before they employed them.

Using medicines safely

- People received their medicines from staff who had been trained to do this, and whose competency was regularly checked.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff supported people to have the medicines they needed when people chose to spend time in the community.
- The registered manager and senior staff regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- The home was clean, and staff had been provided with guidance they needed to promote good infection control.
- Staff gave us examples of actions they took to reduce the likelihood of the spread of infections and told us they had the equipment they needed to do this. This included gloves, for use when providing people's personal care, and equipment to maintain a clean environment.

Learning lessons when things go wrong

- Staff had regular opportunities to reflect on people's changing safety needs and to adjust the care planned and provided.
- Systems were in place to take any learning from incidents and accidents, when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 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

- People's needs and preferences were considered before they moved into the home, so staff would know how to support them.
- One relative told us how thorough the assessment process had been and said this had helped their family member to feel at home quickly and to continue to enjoy life.
- Staff consulted other health and social care professionals and acted on their advice, so people's complex health needs were met as soon as they moved into the home.
- People's assessments were regularly updated. The views of people, their relatives and staff were considered when people's assessments were reviewed.

Staff support: induction, training, skills and experience

- People were supported by staff who had developed the skills they needed to care for them. For example, staff had undertaken training, so they would know how to support people to have the nutrition they needed at the end of their lives, and to understand how to support people to manage their other complex health needs.
- Staff were positive about the level and types of opportunities they were provided with, to develop their skills. One staff member told us about some specialist training they had undertaken, so people would be supported by staff who knew how to help them to maintain good skin health.
- New staff were supported through a comprehensive induction programme. One staff member explained this had given them opportunities to work alongside more experienced staff, and to get to know people, before caring for them. The staff member said, "I read each of their folders, [people's care plans and risk assessments], and seniors checked and saw when I was comfortable supporting [people]."

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

- People were encouraged to have the right amount of food, and enough to drink, so they remained well. Staff assisted people by offering them choices based on their preferences.
- Staff understood if people needed any specific support when eating, such as a particular texture of food, so they would enjoy their meals and remain safe and their health would be promoted.
- Staff gave us examples of actions they took to support people, where there were any concerns people may not have the right nutrition and fluids to maintain their health.
- People were supported to see a number of specialist health professionals when they needed this. One relative told us how well staff had followed other health and social care professionals' advice, so their family

member would enjoy the best health possible.

- Relatives were confident staff would assist people to see other health and social care professionals when needed, so their family members would have good health outcomes. One relative told us, "Staff are very vigilant, when it comes to [person's name] health."
- Staff gave us examples of assistance they provided so people would have prompt access to the health care they required, and to go to routine appointments with other health professionals. These included routine appointments to see opticians, dentists and epilepsy specialists. In addition, people were supported to have annual health checks with their GPs. This helped to ensure people's health was monitored and their physical and emotional needs would be met

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.'

- People enjoyed a number of communal areas to spend time quietly, or to socialise as they chose. Sensory items were available within people's rooms and communal areas for people to enjoy using.
- People's rooms reflected what was important to them and enabled people to connect with people who were important to them, their past and their interests.
- One relative explained staff had purchased the specific bed their family member needed to remain comfortable and safe, before they moved to the home.
- Staff gave us examples of support provided to people, so they would have the equipment they needed to enable them to enjoy spending time in the community with their safety needs met.

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.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation correctly obtained.

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 as 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

- People were confident to show staff when they wanted assistance and we saw people wished to involve staff in their lives. Interactions between staff and people were compassionate and gentle, and reflected how well staff understood the unique needs and preferences of the people they cared for.
- Relatives told us their family members had built trusting relationships with staff, who they said were kind, thoughtful and considerate. One relative told us this caring approach had been consistently shown to their family member, who had lived at Abbey House – Evesham. The relative said, "They were fully committed to [person's name]. They did love them, there is no doubt about it, they really did."
- People smiled when staff greeted them, and provided reassurance when people wanted this.
- Staff told us how much they valued the bonds they had built with the people they cared for. Staff gave us examples of how they got to know people, through spending time working with them, reading their care plans and by chatting with people's relatives.

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

- People were involved in day to day decisions about their care and were supported to express their views. This included what time they wanted to get up, and what interesting things they would like to do.
- Relatives told us staff invested time in finding out about their family member's preferences, so staff could be sure to offer people choices which would be relevant to them.
- Staff took time to vary how they communicated with people, so people would have the opportunity to make their own decisions. For example, in respect of meal choices.
- Staff gave us examples showing how they checked people's preferences over time, so they could be sure care provided would continue to meet people's needs and reflect what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was securely stored and people were supported by staff to maintain their dignity. Staff gave us examples showing how they supported people's rights to dignity, both within the home, and when people were enjoying spending time out in the community.
- Staff were respectful to the people they cared for. This included staff knocking before they entered people's rooms and in their daily interactions with people.
- People were supported by staff to maintain their independence. For example, staff recognised if there were some areas of personal care people could do independently. Where people required assistance from external specialists, such as physiotherapist, staff ensured this was arranged. This helped people to maintain as much independence as possible with their mobility skills.

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 as 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's care plans reflected their risks, needs and care preferences and provided staff with the guidance they needed to care for people, so people would be supported to enjoy a sense of well-being.
- Staff were proactive in involving people's relatives and other health and social care professionals when planning people's care. Relatives said staff carefully checked the care planned would meet their family member's needs. One relative told us, "[Staff member's name] asked about [person's name] likes and dislikes. They took so much time to do this and I felt very much listened to."
- Staff were supported to provide personalised care as there was sufficient information for them to understand what was important to people. Staff gave us examples of how they used this knowledge when caring for people. For example, by offering people choices based on their known preferences. This included when supporting people to choose interesting things they might like to do, and how they might like their rooms decorated, to reflect what mattered to them.
- Staff were involved in planning people's care and told us suggestions they made were incorporated into people's care and planning.
- People's care plans were regularly reviewed and adapted as their needs and preferences changed. This was supported through established systems for staff to communicate changes in people's needs, which ensured people had the care they wanted, and their risks were reduced.

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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, pictorial information was available to support people to make choices about their day to day lives.

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 stay in touch with their relatives who were able to visit the home at any time. Relatives told us staff took care when organising visits back to people's family homes, so people would have items which were important to them and the medicines they needed to remain well.

- Staff understood people enjoyed longstanding friendships with other people in the community, and planned people's care so these would be maintained.
- People were supported to do things they enjoyed at Abbey House -Evesham, such as gentle massage, sensory experiences and spending time sharing their day with staff.
- Staff were committed to making sure people had an enhanced sense of well-being through opportunities to spend time in the community. This included attending discos and events at other venues to meet people's sensory needs. One relative said, "[Person's name] goes out and does things they want. He has a very good rapport with the staff and goes out to working world, happy feet, and has day trips and visits out."
- Staff gave us examples of working flexibly, so people would have the opportunity to enjoy spending time at the cinema, to see films which reflected their interests.

Improving care quality in response to complaints or concerns

- Systems were in place to respond to any concerns or complaints, should any be made.
- Relatives told us they had been provided with information to support them to raise any concerns or complaints.
- Staff reflected on any suggestions, concerns or complaints to drive through improvement in the care provided.

End of life care and support

- People's care as they came to the end of their lives was based on their needs and preferences. These were identified in consultation with people's relatives and reflected the advice from other health professionals.
- One relative told us the care provided at the end of their family member's life had been very good. The relative said, "They [staff] honestly could not have done more. They were so on the ball, always checking [person's name] had the pain relief they needed, and they cared for us as a family, too."
- Staff had received specific training, so they could support the person to have the nutrition they needed and could remain living as they wished at Abbey House - Evesham, on the approach of their death.
- The registered manager planned to further develop care planning processes, so people's preferences would be known in the event of their sudden death.

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 as 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 way the home was managed meant people enjoyed a good quality of life. People's body language showed us they were relaxed and confident to approach staff should they want any assistance.
- Relatives told us the home was managed well and focused on the needs of their family members. One relative told us about the quality of care their family member received and the open approach to communication taken by staff. The relative said because of this, "I feel very blessed to have found Abbey House – Evesham."
- Another relative told us about the approach taken by staff which ensured their family member's care was organised to meet their needs. The family member explained staff had fully involved them and advocated for their family member with other health and social care professionals, so they would enjoy the best outcomes possible.
- Staff were positive about the way the home was managed, and the focus on ensuring people enjoyed the best care possible. One staff member told us, "[Registered manager's name] is a very good manager. They are helpful and approachable and make time for you. [Registered manager's name] wants people to have a good life, and go out and enjoy themselves, and to be cared for well."
- One staff member told us because of the culture at the home, and the way the home was led, "I like everything about working here, especially the fact it feels so much like a home, it's great for the people we support. I absolutely love working here."
- The registered manager told us, "I am proud every staff member is respectful of the people we support, and that people are at the heart of what we do. You can see in people's faces the difference this makes to them. We do a lot of work [with staff] around interactions and facilitating good care, to achieve this."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was supported by the provider to manage risk at the home and to ensure people received care which was based on nationally recognised standards, so people would receive good care.
- Staff understood how they were expected to care for people and told us they were given clear guidance from the registered manager and senior team. This was done through regular meetings to discuss people's care needs and individual meetings with their managers.
- The registered manager understood their responsibilities to be open and what action to take in the event of something going wrong with people's care.

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

- People's views were sought by staff observing people's response to the care and opportunities offered.
- Relatives told us they felt fully consulted about changes planned at the home and involved in decisions to improve their family member's care.
- Staff told us they were encouraged to make suggestions for improving the service and people's care, and their suggestions were acted on. By adopting staff suggestions, people were more able to move around the home and to spend time in the local community, doing things they enjoyed.

Continuous learning and improving care; Working in partnership with others

- The registered manager checked the quality of the care provided. This included checking people received their medicines as prescribed, and the care planned for people responded to their unique circumstances, preferences and care and safety needs.
- The registered manager worked directly with staff when they cared for people. This gave the registered manager further opportunities to see if the care provided could be improved. For example, if there were any adjustments which could be made to assist people when providing personal care, or assisting them to move around the home, as independently as possible.
- The provider's representative, [Area Manager], also visited the service and spent time with people and staff, so they could be assured people were receiving good care. One relative told us both the provider's representative and registered manager had been involved in supporting their family member and them, so they could be sure their family member's needs would be met as soon as they moved into the home.
- Staff were encouraged to reflect on the care provided, and how staff were supported, to see if this could be further improved. The registered manager gave us an example of changes which were going to be introduced to enhance their staff induction processes, through a "buddy" system, because of reflection on practice with the staff.
- The registered manager worked with people and their relatives to identify other organisations which were important to people and worked with them. This ensured people were supported to spend their time in the community as they wished. This also included establishing links with community organisations new to them, so people could continue to maintain their friendships and do what was important to them.
- Staff gave us examples of ways they had successfully worked with other health and social care professionals, such as physiotherapists, speech and language specialists, community mental health support agencies, so people would have prompt access to the care they needed and enjoy the best well-being possible. Staff also told us they had worked closely with district nurses, so people's wishes to remain at the home would be fulfilled.