

# MacIntyre Care Coriander Road

## Inspection report

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31 August 2017

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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

The inspection was carried out on 31 August 2017. The inspection visit was announced as it was a small service and people at the service were often out. We wanted to be sure someone would be available to host our visit.

Coriander Road is registered to provide accommodation and personal care for up to four people with learning disabilities. On the day of our inspection there were three people using the service.

At the last Care Quality Commission (CQC) inspection on 2 September 2015, the service was rated Good in all domains.

At this inspection we found the service remained Good.

People were protected from harm and staff were clear of their role to keep people safe and protect them from harm. There were enough staff to meet people's needs. The provider followed safe recruitment practices.

Risks associated with people's care needs and the environment had been assessed and measures put in place to prevent avoidable harm.

People received their medicines as required and medicines were managed and administered safely.

Staff had received training, support and guidance to meet the needs of the people who used the service.

People were supported in line with the requirements of the Mental Capacity Act. People's mental capacity to consent to their care had been assessed where there was a reasonable belief that they may not be able to make a specific decision.

Systems were in place to monitor the health and wellbeing of people who used the service. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have enough to eat and drink. Where people had dietary requirements, these were met and staff understood how to provide these.

Staff had a clear understanding of their role and how to support people who used the service as individuals. Staff knew people well and treated them with kindness and compassion. People's dignity was maintained and promoted.

People's independence was promoted. Staff communicated with people in a way that maximised their understanding and aided them to make choices.

People were supported to follow their interests and engage in activities that they enjoyed and were meaningful to them.

Staff felt supported by the registered manager. The registered manager supervised staff and regularly checked their competency to carry out their role.

There were a range of audit systems in place to measure the quality and care delivered so that improvements could be made.

The registered manager was aware of their responsibility to report events that occurred within the service to CQC and external agencies.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Coriander Road

## 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 checked 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.

We carried out our announced inspection visit of Coriander Road on 31 August 2017.

The inspection team consisted of one inspector. We briefly spoke with two people who used the service. We observed care and support provided in the communal areas of the service. This was so that we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

Before the inspection, we asked the provider to complete 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law.

During our inspection visit we spoke with staff members employed by the service. This included the area manager, a senior care staff member and two care workers. We also spoke with the registered manager. We looked at the care plans and care records of three people who used the service at the time of our inspection. We looked at three staff recruitment files to see how the provider recruited and appointed staff. We also looked at records associated with the provider's monitoring of the quality of the service and staff training.

Before the inspection we reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

After the inspection we contacted three relatives of people using the service. We spoke with the local health commissioners who had funding responsibility for some of the people who were using the service to gain feedback. We also spoke with a person's advocate to get their feedback. An advocate is a trained professional who can support people to speak up for themselves.

# Is the service safe?

## Our findings

We observed that people felt safe in the service and were at ease with staff. People's relatives told us that they felt confident that people were safe. Staff agreed. One staff member said, "Basic security is checked, everything is checked constantly." Another staff member told us, "All that matters is that people are safe."

There were enough staff to meet people's needs. Staff told us that there were always staff available to support people. However they felt that at times the allocation of staff could be better planned to allow for people to have more one to one time with staff. We reviewed the staffing rota and found that staffing levels reflected people's assessed needs.

People were supported by staff who understood their responsibilities to keep them safe from avoidable harm. Staff were aware of how to identify, report and escalate any safeguarding concerns that they had within the service and, if necessary, with external bodies. One staff member said, "People can't speak up for themselves so we need to." They told us that they felt able to report any concerns. The provider had taken appropriate action when a concern had been raised. This included investigating and taking action to prevent any reoccurrence. The provider had followed their recruitment procedures. These made sure as far as possible that only people suited to work at the service were employed.

Risks associated with people's care were assessed and reviewed. They contained guidance for staff to help them to reduce the likelihood of avoidable harm. For example, risks associated with taking medicines. Risk assessments were specific to each person and had been reviewed to ensure that they remained current. Where people's behaviour put them at risk of harming themselves or others they were supported to remain safe. Staff had received training and guidance to minimise the risk associated with people's behaviours. We observed support being delivered as planned in people's support plans.

Risks associated with the environment, tasks carried out and equipment used had been assessed to identify hazards and measures had been in place to prevent avoidable harm. Where regular testing was required to prevent risk, such as fire safety checks, these were recorded as having happened within the required timescales. Where testing had identified a concern, action had been taken to address it immediately. Example garden furniture had been removed when it was deemed unsafe. Accidents and incidents were recorded. There were systems in place to ensure that the right action was taken following an incident to prevent a reoccurrence.

People received their medicines as prescribed by their doctor. Medicine Administration Records (MAR) charts were used to inform staff which medicine was required and this was then used to check and dispense the medicines. Staff recorded what medicines they had administered to people and these records were checked by the registered manager for accuracy. Medicines were stored securely and in line with the manufacturer's guidelines. Where people had PRN (as required) medicines there were protocols in place to guide staff. The registered manager had taken action when they had identified that there had been an issue with a person's prescription. They had alerted the person's GP and followed their guidance in order to ensure that the person received the correct dosage of their medicine. Staff had received appropriate training

before they were able to administer medicines to people. Staffs practice with regard to medicines administration was monitored to ensure that it continued to be safe.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and received training to meet their needs. One staff member said, "There is loads of training." Another staff member said, "We have had the training and know what we are doing." The registered manager assessed new staff to ensure that they had been suitably trained and supported before they began supporting people. Staff completed on-going training that was relevant to the people they supported. Staff met with the registered manager regularly to discuss their role, any concerns that they may have and their support needs. Staff felt supported. One staff member said, "I know if I need the support where to go." The registered manager assessed their competency in their role regularly.

People's capacity to consent to their care had been assessed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the relevant applications for DoLS authorisations where necessary. We saw that conditions to the authorisation were in place and that these were being followed. Where people lacked the capacity to consent to their care best interest decisions had been made. It was clear that the people making the decision were appropriately qualified to do so and have taken into account the need for any decision to be in the person's best interest. Staff understood their responsibilities under the Act. One staff member told us the MCA was about "Making sure not one person's dictates about people's lives." Then went on to explain how best interest decisions had been reached when people lacked the capacity to make specific decisions for themselves.

People had access to healthcare professionals and their health care needs were met. One person had been unwell the day before our inspection. Staff explained the actions that they had taken to ensure that the person had received medical attention. People's care records confirmed that they received medical attention when they needed to. The support that people needed to receive medical attention was known to staff. Compliments from health professionals had been received following staff supporting people to access appointments or emergency treatment. Guidance had been written for health professionals to help them understand when a person was worried about accessing appointments and how best they might interact with the person in order to help them be more relaxed.

People were supported to have enough to eat and drink and to follow a balanced diet. Menus were devised around people's preferences and people were offered choices around the food that they wanted to eat. Snacks and drinks were readily available to people throughout the day. People were offered opportunities to be involved in the purchasing and preparation of their meals as well as eating out. Where people needed their food to be presented to them in a way that made it safer for them to swallow this took place. Staff were aware of people's individual dietary needs and their likes and dislikes. They helped people make choices based on these.



## Is the service caring?

### Our findings

People were supported by staff who were caring. People's relatives described staff as kind and caring. One staff member told us, "I work around [person] not him working around me. I find out what he wants to do first." Another staff member said, "We know what people like and don't like; we build that relationship. "Throughout our inspection visit we observed staff interacting with people in a way that demonstrated a caring approach. People's care plans guided staff to consider people as individuals and provide care in a way that they wanted it.

People's specific communication needs had been considered and support strategies implemented to help people express themselves and make choices about their lives. For example staff used picture communication tools to let people know what activities were on offer for the day. Staff understood people's specific communication needs and adapted their style to suit people. One staff member explained, "[Person's] communication works differently. You can tell from [person's] body language."

People were treated with dignity and respect. Staff demonstrated they understood the importance of respecting people's privacy and ensuring that their personal space was maintained. One staff member told us that they observed a person to know when they wanted some time alone and respected this. One staff member explained that staff meetings took place in the presence of people using the service and that this was not always appropriate. We spoke with the registered manager who told us that people's privacy was protected as staff spoke in code when they discussed personal matters. They told us that in the future personal matters would not be discussed in front of people and that staff meetings would be split so that issues relating to individuals would be discussed separately.

People were supported to develop their independence skills. One staff member told us that they, "Encourage people to do as many things that they can." Another staff member said, "We support people in a way that we get people to do as much as they can for themselves." We observed staff supporting people to complete tasks for themselves and only stepping in to provide minimal support when it was required.

## Is the service responsive?

### Our findings

People received support that was tailored to them as individuals. A staff member told us, "Everything is person centred." People's support needs had been assessed and care plans developed based of people's needs and preferences. The things that were important to people were recognised. People were supported by staff who understood their specific needs and how to support them in the ways that they wanted to receive care. Staff qualities, interests and attributes were taken into account in order to match them to the people that they were supporting. One staff member explained how they had developed a good working relationship with a person as they had got to know and understand each other.

Staff used positive behaviour support strategies to support people if they became upset. Staff explained that they understood what might cause people to become upset and what positive actions they could take to reduce the person's anxiety. Staff had received training and guidance around how to support people in a way that respected the person and kept them safe.

The support that people received was reviewed to ensure that it continued to meet their needs and preferences. Staff used their observations of people to review the care that they received and make changes based on their responses. Formal review meetings had taken place including people and those that were important to them. This meant that people were able to feedback on the support that they received. Staff helped prepare information to support people in their reviews by helping them identify what was working well, what they wanted to achieve and what needed to change.

People using the service were supported to access the community and follow their interests. People's relatives confirmed this. At the time of our inspection one person was accessing their regular day service. Other people were offered opportunities to attend social and leisure activities. A staff member said, "They have days that they prefers to be indoors, other days they want to be out. They choose what they wants to do based on how they are feeling." Records showed that activities offered to people are those that had been identified as of interest to them and motivating. One person accessed the community less regularly than others. Staff confirmed that this was the person's choice and they were regularly offered the option. One staff member said, "We try and make sure people's lives are as fulfilled as possible."

We saw that the provider's complaints procedure was on display within the home. Where complaints had been received, they had been investigated and action taken to address the concerns were taken. The registered manager had used complaints as a tool for learning and development of the service.

## Is the service well-led?

### Our findings

There were systems and processes in place to monitor service delivery to ensure that it ran smoothly. For example quarterly and annual audits took place around medication systems and processes. This was in addition to the monthly stock and medication record check. Where systems had identified concerns action had been taken to address. For example an audit of people's care plans identified that guidance to staff had not been updated to reflect a change in their support needs around their health condition. This had been updated following the audit. An action plan had been devised following an audit of the service conducted in May 2017. This had agreed timescales for completing of works and identified who was responsible for ensuring that actions were completed. We saw that all actions had been completed at the time of our inspection.

Staff were kept up to date with developments in the service and changes to the provider's policies and procedures. Staff had access to the provider's policies and procedures and the registered manager checked their understanding of these through supervision meetings and staff meetings. Staff were provided with information that enabled them to develop the service for people. A staff member told us that they were involved in an interest group to help them understand and plan for people's deteriorating health conditions. In this way interventions could be put in place in a timely way to help minimise the effects of the condition.

Staff told us that they felt supported and that all staff were working to provide the best possible care for people. One staff member said, "There is always somewhere to go to get guidance." Staff confirmed that they felt that the registered manager was approachable and would address any concern that they may have.

The provider had taken action following concerns raised to prevent reoccurrence and ensure checks were in place to monitor progress. Professionals with expertise had been consulted where updates were made to policy or practice to ensure that the most relevant guidance was considered.

The service had 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.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.