

MacIntyre Care Glenview

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

This inspection took place on 4 February 2016 and was unannounced.

Glen View is registered to provide accommodation and personal care to people for six people who have learning disabilities. At the time of our inspection five people were living there.

A registered manager was in post and was present during our inspection. 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.

People were protected from harm and abuse by staff who had been trained and understood how to support people in a way that protected them.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing. Before staff could start work the provider undertook checks to ensure they were safe to work with people.

People were supported to receive their medicines by staff who were trained to safely administer medicines. The provider undertook checks on staff to ensure they were following safe procedures when administering medicines.

Staff had the skills and knowledge to meet people's needs. They were supported in their roles by the provider and attended training that was relevant to the people they supported.

People were involved in decisions about their day to day care. When people could not make their own decisions these were made on their behalf. Decisions were made in their best interests by people who knew them to make sure their rights were protected. Staff provided care and support which was personalised and respected people's likes and dislikes.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand. People's independence was encouraged and staff respected their privacy and dignity.

People and those that mattered to them were involved in the planning of their care and support. Changes in people's needs were identified and acted on promptly. People had access to a range of activities inside and outside of their home.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

Relatives and staff felt able to express their views and felt their opinions mattered. The provider and registered manager encouraged the involvement of families and their feedback was valued.

The provider and registered manager undertook regular quality checks. When needed improvements were made. People received care from a staff team who were well supported by the provider and the registered manager who promoted an open and transparent culture.

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 ●

People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Checks were made before staff could start work to ensure they were safe to work with people. Staff received training to make sure people received their medicine safely.

Is the service effective?

Good ●

Staff received training and support to enable them to meet people's needs. People had access to healthcare outside of their home when they needed. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. Staff supported people to make decisions and protected their rights.

Is the service caring?

Good ●

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and consideration. People were provided with information in a way they could understand and given time to make decisions. People had their privacy and dignity respected by staff. People were supported to be as independent as they could be.

Is the service responsive?

Good ●

People received care and support that was personal to them and regularly reviewed. People's individual needs and preferences were known by the staff supporting them. Relatives were encouraged to be involved in the planning and support and to raise any concerns or comments. Relatives felt they were listened to by the provider.

Is the service well-led?

Good ●

People were supported by a provider and staff team who put them first in what they did. The provider and staff had shared values in supporting people. The provider had systems in place to monitor the quality of support delivered and made changes when required.

Glenview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 February 2016 and was announced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

As part of our inspection we asked the local authority and Healthwatch for any information they had which would aid our inspection.

During the inspection we were not able to talk with people living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, three support workers, four relatives, one advocate and a foot health practitioner. We viewed individual care plans for four people including records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to staff training and recruitment and quality checks completed by the registered manager and provider.

Is the service safe?

Our findings

We saw staff supporting people in a way that kept them safe whilst being able to do things for themselves. For example, people were supported in the kitchen to prepare drinks and meals with the assistance of staff. All the relatives we spoke with believed their relatives were safe and supported by staff who looked after them. One relative told us, "[Person's name] is as safe now as they have ever been, I cannot think of anywhere I would rather they were". Another told us, "You can't prevent every little thing from going wrong. They (staff) are always in touch straight away whenever something happens. It is reassuring to know [relative's name] is being taken care of".

One staff member said, "People are kept as safe as can be. We have assessments of risk and care plans which we follow. If there are any changes or new risks we talk to the manager and they amend the plans". Another said, "It is a reality of life that everyone takes risks. Our job is to make sure these risks are as safe as possible". Staff had received training and understood how to recognise any signs of abuse or ill-treatment. Staff members knew the procedures they would need to follow and where these were kept if they suspected anything was wrong. Staff told us they would report any concerns to the registered manager or the local authority.

Staff knew what to do to reduce harm to people. We saw care plans had been completed to guide staff in how to support people in a way that kept the risks to a minimum. For example, personal safety clothing was used to ensure people were able to still go out whilst keeping safe from injury. Staff members understood risk without putting restrictions on people's lives. One relative told us, "They (staff) told us about an accident involving [relative's name]. This had never happened before and none of us were aware of the risk. However, we all talked about it and came up with a plan so [relative's name] didn't get hurt but could still go out".

We saw that the accident and incident reporting procedure was followed by staff who took action and reported incidents when required. This information was seen by the registered manager who made changes if required. For example, we were told about an incident involving some cleaning materials. Changes were made on how these materials were used and stored in order to ensure people were kept safe.

Relatives and staff told us they believed there were enough staff to support people safely and so people could do things they enjoyed. One relative said, "The staffing levels are absolutely fine. [relative's name] can get out and about whenever they want". The registered manager told us, "The staffing ratio is set by the funding local authority as part of a fixed agreement. We did identify a change in need for one person and increased the staffing. We applied to the local authority and after a review this increase was permanently agreed". At this inspection we saw enough staff to meet the needs of people.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We looked at staff recruitment records which showed us appropriate checks had been completed.

We looked at how people were supported with their medicines. One relative told us, "We were involved in a review of [relative's name] medicines as part of the team. We were able to give our views and spoke with [relative's name] about the changes before they were made". But only staff have access to medicines to prevent any accidents. It also means we can give medicine in private and without distraction. This helps prevent any errors". Staff told us they received training in the safe administration of medicines. They were observed and assessed as competent by a senior staff member before being able to help people with their medicines. The registered manager said, "We regularly assess staff competence in medicines. This helps prevent incidents and ensures people are kept safe. Staff new the steps to follow in the event of a medicines error including seeking medical advice. People were supported to receive the medicines they needed by staff who were trained and assessed as competent.

Is the service effective?

Our findings

Relatives told us they thought staff had the knowledge and skills to meet their family member's needs. One relative said, "Staff know [relative's name] fully. I look to them and their expertise and have full faith that they are able to meet [relatives] needs". We saw staff talking and supporting people in a way which showed they knew those they were supporting well. Staff told us they felt well trained and supported in order for them to provide the best care for the people they supported. One staff member said, "I have recently completed the care certificate and now I am moving onto level 3. This training is fully supported by [provider] and helps us support the people we work with". Another staff member told us, "We had training days in specific communication techniques. This helped me understand what people wanted to say and so I could support them better".

Staff members told us they received a formal induction programme when they started work. This included the basic training they needed to safely work with people including moving and handling and communication techniques. Staff told us they completed shadow shifts with more experienced staff members. This was so they had time to get to know the people they would be supporting. The registered manager had a system in place where they could monitor staff training and ensure this was updated regularly. Staff told us they received regular one-on-one sessions where they could discuss their training and identify any areas they felt they needed to develop. Staff told us they could discuss any care and support issues they thought were relevant to their role. One staff member told us, "We are encouraged to challenge how we do things and discuss these with the manager during these sessions. It stops us being complacent and we receive feedback on how we assist people which I find supportive and stimulating". The registered manager told us they have a full programme of training which staff access. In addition the registered manager is a moving and handling trainer. This ensured the training they provide for staff was tailored to the specific needs of people receiving support.

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. The registered manager told us people's capacity to make decisions was assessed when required. Staff knew sometimes they had to make decisions for people they supported. When people could not make a specific decision this had been correctly assessed and decisions were made in the best interests of the person. Staff told us they assisted people to make every day decisions but the bigger decisions affecting ongoing care and support was made by all those involved in their support. A staff member told us, "We were growing concerned that [person's name] may have an underlying medical need. As part of a team we met with family and medical professionals. A decision was made that treatment was needed in their best interests. It is a decision they would have made themselves if they could".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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 were being met.

At this inspection the registered manager had made appropriate applications to the supervising body for authorisations. DoL applications had been authorised for five people receiving care and support. The provider was complying with the recommendations made and had a system in place to ensure prompt reassessment to see if the application was still required. They had properly trained and prepared staff in understanding the requirements of the MCA and DoLS.

We saw people were supported to have enough to eat and drink. Meal times were a social occasion with people being encouraged to eat food they enjoyed. One relative said, "We believed that [relative's name] may have intolerance for certain food. We talked with staff and the registered manager. They sought advice from the GP and [relative's name] now follows a diet and staff keep an eye on their weight". We saw people were involved in the preparation of meals by staff who were talking and explaining the food as they assisted them. Staff monitored people's weights for any changes. Any changes were passed to the registered manager and advice was sought from the GP. Where necessary, referrals were made to the speech and language therapist (SALT) for assessment and guidance.

People had access to healthcare services, including GP, District Nurses, Dentists and foot health practitioner, and were supported to maintain good health. One staff member told us, "We always go to the local doctors' surgery when needed. We support people to access health centres just as you and I do whenever it is required. It helps people get to know the GP and vice-versa". We saw records of healthcare visits and the recommendations from such visits were communicated clearly to staff. Relatives told us they are kept informed about any visits and any changes in health.

Is the service caring?

Our findings

We saw people being supported by staff in a way that was kind, respectful and caring. Relatives told us they thought staff were kind and compassionate. One relative said, "The staff are lovely, I know [relative's name] is well cared for". Another told us, "I couldn't wish for a more caring place for [relative's name] to live. I don't think they could provide any better care". Relatives told us staff understood the needs of family members well. One relative said, "They know [relative's name] really really well and have been such a part of their adult life they are like family". One person told us, "Some staff have been here for such a long time their knowledge of the people living here is impressive". Staff spoke about the people they supported with warmth and compassion. One staff member said, "We are visitors in their home and as such we respect the privilege of being allowed to be part of their lives".

People were involved in making decisions about their own care and support. We saw staff talking to people about how they wanted to spend their day and where they wanted to go. One person said, "Staff genuinely show a desire to put the person at the heart of what they do and to include them in day to day decisions". Staff told us they have the time and opportunity to sit and talk with people to find out what they wanted. Staff told us that the people they supported experienced difficulties in communicating so they used different approaches to communication. One staff member told us, "You are able to get to know the person so a different sound or gesture can indicate what someone is feeling or thinking. Sometimes something as obvious as pulling a duvet over their head means I want to stay in bed a bit longer. These are people's choices and we respect and encourage them". Each person had a personal communication profile which staff followed and contributed to. This ensured any changes in the way people communicated were known by all staff so they had a consistent approach when supporting people. We saw staff using pictures and objects to assist people express their wishes.

We saw staff promoting people's independence by supporting them to do as much as they could for themselves. One person cleared away their dishes after a meal and returned them to the kitchen. One staff member told us, "We are not there to do things for people but to encourage them to do as much as they can for themselves. If someone wants help washing we will break this down into manageable steps so the person feels able to do what they can".

We saw people were supported to make their own decisions and were given choice. One person was being supported to go out shopping. They were given the information in a way they could understand and were given time to make a decision. We saw others being supported to make decisions about what they wanted to do and what they wanted to eat and drink. One staff member told us, "People can make decisions and can communicate. It is up to us to get to know the person and how they express themselves. We just need to learn how to listen".

We saw staff respecting people's privacy and dignity during this inspection. People were supported during meals in a dignified way and people's personal care needs were addressed in private. One staff member said, "If someone wants an extra half hour in bed then that is fine. When helping with personal care we do so at a pace that suits the person". Relatives we spoke with felt their family members dignity and privacy was respected at all time by the staff supporting them. One relative said, "Privacy and dignity is absolutely

respected, they treat [relative's name] as an individual and respect them totally". We saw staff knocking on people's doors before entering and asking for permission before helping them.

Is the service responsive?

Our findings

People received care that met their individual needs and was responsive to any changes in their personal circumstances. The relatives we spoke with told us they believed the care provided was good and adapted as people's needs changed. One person told us, "Staff were concerned that those they supported were getting older and wanted to make sure they could still meet their needs. Staff then undertook an "aging well" training programme to equip them to support people as their needs changed". The registered manager told us they wanted to increase the staff team's knowledge of differing needs when people became older. This was so they could meet the needs of people and continue to support them in their home.

Relatives told us they were involved in the planning of care and in regular reviews. All the relatives we spoke with told us they were kept up to date with any changes. One relative said, "We are involved in regular discussion about [relative's] care. Recently we had an away day with [relative's name] and the staff team to discuss all aspects of their support. We felt included as part of the team supporting [relative's name]". The registered manager told us they assessed the care and support needs of people with their input, their family and staff. Another relative said, "I provided a scrap book of [relative's name] history and they (staff) used this to help plan their care. However, they have been with them so long they are making their own history with them now". Relatives told us they felt their relative's personal likes and dislikes were understood and respected by staff supporting them. A staff member said, "You do get to know the individual likes and dislikes of people but people have the right to change their minds. When you get to know someone you can tell when they don't like something and so you adapt". The registered manager said, "People are involved as much or as little as they want with their care planning. Often decisions are made in their best interests and we involve family, health professionals and advocates when necessary". We saw care and support plans which were regularly reviewed and were personal to the needs of people.

We saw people taking part in activities in and outside of their home including shopping and lunches out. We saw people involved in daily tasks and routines which involved them in the running of their home. Others took part in activities within the sensory room where staff were singing and encouraging physical movement with people. Staff members told us people were involved in a range of activities including, swimming, painting, discos and special events within the home. One relative told us, "I attended a recent ABBA night at the home. It was a great laugh and we all felt involved".

The registered manager and staff encouraged people to raise any concerns about things that mattered to them. One relative told us, "We have a completely open dialog with staff and the registered manager. Any issues or concerns are addressed straight away. We can go to them with anything and feel they can do the same with us". One relative said, "We did have some concerns about an activity which was planned. [Registered manager] listened to what we had to say and changes were made. The activity still took place but they responded to our concerns and changed some aspects which provided us with some reassurances". Staff we spoke with knew how to respond to a complaint and how they would record it. The registered manager showed us a response to a complaint. They investigated the concerns and arrived at an outcome which was agreed with the complainant. This was communicated to them in writing. The provider had systems in place for addressing complaints and compliments. One staff member said, "When we were

out supporting someone a member of the public came up and complimented us on how well we supported someone. We told our registered manager about this and they echoed the compliment. It's nice to have positive feedback sometimes as it motivates you in your role".

Is the service well-led?

Our findings

Relatives told us they believed the provider created a culture that was open, caring and transparent. One relative said, "[Relative's name] and those living with them are at the heart of what they do". Staff told us they understood the values of the provider which was to place the person at the centre of what they did. They told us they encouraged people's independence and motivated personal growth. One relative said, "If they [relative's name] could not live in a family setting, this is the next best thing". The registered manager told us staff attended a training session where they discussed and contributed to the values and ethos of the provider.

We saw people involved in the changes to their home. People were being shown where changes were being planned. We saw people were being involved in discussion about the development of a sensory room. People were being shown areas in their home which were being changed and were able to indicate what they liked or disliked with the help of pictures. Relatives told us they also felt involved in what happened at the service. Regular questionnaires were sent out asking for opinions on the support provided. All the relatives we spoke with had completed the latest feedback and felt their views and opinions were listened to.

Staff attended regular staff meetings and had the opportunity to express their views on the support provided. One staff member said, "We have the opportunity to talk about anything and to receive feedback on what we do. It is very supportive". Another staff member told us, "I feel totally supported by the [registered manager] and feel confident raising anything with them". All the staff we spoke with told us they found the registered manager supportive and approachable. In addition to regular one-on-one support sessions and team meetings staff had access to "here to hear" sessions. These sessions were where staff could discuss the impact of any changes within the organisation and contribute their thoughts and ideas. Staff also had access to a monthly messenger newsletter which highlighted best practice within the provider organisation and any changes in guidance or legislation.

The registered manager told us they communicate any incidents and lessons learnt to other homes supported by the provider. This was so others could identify risks and prevent incidents from occurring to people they provided support for. The registered manager also received information on risk from other homes. They told us this was so they could be proactive in assessing risk for people living here.

At the time of this inspection there was a registered manager in place. The registered manager clearly understood the requirements of their registration with the Care Quality Commission. The registered manager told us they felt supported in their role by the provider. They regularly attended management meetings and one-on-one support sessions along with regular updates from the provider. The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us information gathered from audits and spot checks helped to identify improvements that were needed. For example, following a recent health and safety audit the provider had identified that carpets in part of the home needed replacing. We saw the actions had been completed along with plans to replace carpets in other areas of the home.

