MacIntyre Care

The Grove -4

Inspection report

4 The Grove
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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

Overall summary

This inspection took place on 22 December 2015 and was unannounced. When we last inspected the home in April 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

4 The Grove provides accommodation and support for up to seven people who have a learning disability or physical disability. At the time of this inspection there were seven people living at the home.

The home has 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.

People were safe and the provider had effective systems in place to protect them from harm. Medicines were administered safely and people were supported to access other healthcare professionals to maintain their health and well-being. People were involved in the choice of food they were offered and given a choice of nutritious food and drink throughout the day. They were assisted to eat their meals where this was required. People were

Summary of findings

encouraged to maintain their independence. They were supported effectively and encouraged to maintain their interests and hobbies. They were aware of the provider's complaints system and information about this and other aspects of the service was available in an easy read format. People were encouraged to contribute to the development of the service.

Staff were well trained. They understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. Staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

There was an effective quality assurance system in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Risk assessments were in place and reviewed regularly to minimise the risk of harm to people.

Emergency plans were in place and had been tested.

Good

Is the service effective?
The service was effective.

Staff were well trained.

Consent was obtained before support was provided.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met.

Good

Is the service caring?
The service was caring.

Staff's interaction with people was caring.

People's privacy and dignity were protected.

People were supported to maintain family relationships

Good

Is the service responsive?
The service was responsive.

People were supported to follow their interests and encouraged to contribute to the running of the home.

Complaints were responded to appropriately.

Good

Is the service well-led?
The service was well-led.

The registered manager was supportive and approachable.

The provider had an effective system for monitoring the quality of the service they provided.

Staff were aware of the provider's vision and values which were embedded in their practices.

Good

The Grove -4

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.

The inspection took place on 22 December 2015 and was unannounced. It was carried out by two inspectors.

Before the inspection, the provider completed 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 reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a recent local authority monitoring visit.

During this inspection, we spoke with one person who lived at the home, three members of staff and the registered manager. We observed how care was delivered and reviewed the care records and risk assessments for two people who lived 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 checked medicines administration records and looked at staff training and supervision records. We also reviewed information on how the quality of the service was monitored and managed.

Following the inspection we spoke with one relative of a person who lived at the home and looked at the recruitment records of two staff who had recently started work at the home. These had been forwarded from the provider's head office to inform our inspection.

Good

Is the service safe?

Our findings

Relatives told us that people were safe living at the home. One relative told us, "They care for [Relative] very carefully. I have never had any doubts about [their] safety." Staff told us that the home provided a safe environment for people. One member of staff said, "This is a safe place for people to live."

The provider had an up to date policy on safeguarding and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. One member of staff told us, "We have discussed the whistleblowing policy but I have not used it. I am 100% confident that any concerns raised would be investigated." Staff we spoke with told us that they had received training on safeguarding people and were able to demonstrate that they had a good understanding of what concerns should be reported. They told us of the procedures they would follow if they had concerns. One member of staff told us, "We talk about it at team meetings and we do training where we come up with scenarios and discuss what we would do." The registered manager told us that they would report relevant incidents of concern to the local authority and to the Care Quality Commission and our records showed that they had done so.

We saw that there were person centred risk management plans for each person who lived at the home. Each assessment identified possible risks to people, such as being left alone with new or agency members of staff, domestic life skills and being out and about in the community. There were also assessments where appropriate for behaviour that had a negative effect on others. The assessment identified possible triggers for such behaviour and actions that staff should take to de-escalate such situations, such as suggesting an activity that would divert them from the situation.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by looking at people's risk assessments, their daily records and by talking at shift handovers. Staff therefore had up to date information and were able to reduce the risk of harm.

Records showed that the provider had carried out assessments to identify and address any risks posed to people by the environment. These included assessments of the kitchen, storage cupboards and the fire systems. We saw that the home held regular fire drills and evacuations. This ensured that people who lived at the home knew where to go in the event of a fire. In addition, each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. Records showed that the plans had been implemented in September 2015 when burnt food in the kitchen had activated the fire alarm. Everyone had been evacuated from the building quickly and safely.

There were formal emergency plans with a contact number available for emergencies to do with the building, such as a gas or water leak and information as to where to find the necessary taps to switch the supplies of gas, electricity or water off. There were also emergency plans for other incidents such as when an unauthorised person demands access to the home. These enabled staff to know how to keep people safe should an emergency occur.

There were enough staff to support people safely. Staffing levels had been determined by the needs of the people who lived at the home and we reviewed the staffing levels assessment completed in December 2015.

Documents forwarded to us showed that the provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service, health questionnaires to ensure that applicants were mentally and physically fit for the role applied for and the follow up of employment references. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered.

Staff told us that they received regular training on the administration of medicines. One member of staff said, "We all have had Boots training on medicines. Before staff can administer medicines they have to shadow experienced staff three times." They are then shadowed three times to ensure they are competent. They went on to say that the new pharmacy arrangements were very good and "Ever so flexible."

Medicines were stored appropriately within locked cabinets in the office. We looked at the medicine administration records (MAR) for two people and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines

Good

Is the service safe?

that had been prescribed on an 'as and when needed' basis (PRN) and homely remedies. When we carried out a reconciliation of the stock of medicines held for two people against the records we found this to be correct. When people stayed with relatives we saw that their medicines had been signed out to the relative and when medicines had been wasted this had also been recorded on the MAR.

Good

Is the service effective?

Our findings

People were not able to tell us of their opinion of the skills of the staff. However relatives said that staff, "Knew what they were doing."

Staff told us that they received regular training in the form of online – learning, face to face training and training in the form of discussions with the manager. They said that they completed regular refresher training in all areas thought to be essential by the provider. These areas of training included safeguarding, communication, safe movement of people and equality and human rights. One member of staff told us, "The safeguarding training was good but when you come to practice it you almost need an update to refresh your memory." Staff told us that training was discussed at supervision meetings, and they were reminded when refresher training was due. The manager monitored staff training records to check that it had been completed. Training was also a regular topic at staff meetings and we saw that the November staff meeting had been given over to training on the provider's Positive Behaviour Support policy. This enabled the provider to be sure that staff received the necessary training to update and maintain their skills to care for people safely.

Staff told us that they received regular supervision every four to six weeks. They said that supervision was a two way conversation, during which they discussed their training and development needs, their morale, any concerns they had or any complaints they wanted to make. The manager showed us that there was a schedule to ensure all staff received supervision. Although, due to external pressures on the registered manager during the summer months, the supervision timetable had slipped this had now been re-instated and supervisions were taking place as scheduled.

Staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) We saw detailed capacity assessments which had been completed in each area of people's lives. The service had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act and found that a number of authorisations were required and had been granted as people were not allowed to leave the home unless they were supervised. One member of staff told us, "There is a key pad for the front door. None [of the people who live here] have any idea of road safety." Another member of staff said, "We have to lock the doors for service user's safety."

Staff told us people's decisions about their daily care and support needs were respected. We saw evidence that people had been involved in identifying decisions that they could make for themselves, those that they needed some support with and those that they needed full support to make. One care plan stated, "I need help in making sure that the clothes I have chosen are appropriate for the weather." Another stated that the person required support in deciding how much money to spend when buying presents for birthdays and Christmas.

Staff told us that they used various methods of communication if people were unable to vocalise their needs, such as facial expressions and body language as well as using Makaton, a form of sign language used by some people who have learning difficulties. One member of staff told us that at each staff meeting the staff learned 10 new Makaton signs. Staff also used pictures and showed examples to people to enable them to make choices. Support plans contained information for staff as to what words spoken by people and actions taken by them meant and what action staff should take. One example we noted was that when a person pointed to their waistband it meant that they wanted to use the toilet and so staff should direct them to the nearest toilet.

Staff told us that people were involved in menu planning every Wednesday. They told us that staff knew what people liked to eat and showed them menu cards with photographs of food so that people could decide what they

Good

Is the service effective?

wanted to eat. Each person chose a main meal for the week. Staff told us that none of the people who lived at the home required a special diet although one person required their meal to be cut into small pieces.

Records showed that people were supported to maintain their health and well-being. Each person had a health plan in which their weight and visits to healthcare professionals were recorded. Staff told us that they made appointments for people to attend healthcare services, such as GPs, community nurses, therapists, dentists and opticians.

Good

Is the service caring?

Our findings

People were unable to tell us of their experiences. However, relatives told us that the staff were caring and treated people with dignity and respect. One relative told us, "[Relative] seems to be very happy. The staff we speak to are friendly."

We saw that the interaction between staff and people was caring and supportive. People appeared very much at ease with staff and willingly followed prompts given by staff. Staff clearly knew people's likes and dislikes and there was a very homely atmosphere. One relative told us that the staff were, "very good, very positive."

People's support records included a section titled 'About Me', which provided information about their preferences, their life histories and things that were important to them. It also detailed how they would like to be supported with different elements of their care and support and their preferred daily routines. Staff were able to tell us of people's personal histories and who and what was important to each person they supported. They were able to explain the different ways in which they needed to support people for the support to be effective, such as repetition of information and making a lot of eye contact with people as they supported them. We observed that staff spoke with people appropriately and used their preferred names.

People were supported to maintain relationships with their family. One person was preparing for a trip to Amsterdam to visit their sibling. This was an annual event. Staff accompanied the person to the airport where they were met by relatives. Staff told us that relatives were able to visit at any time. One relative said, "I can go when I like. My sister goes occasionally." People's rooms were decorated to their own taste and personalised with pictures and items that reminded them of their friends and families.

We saw that staff promoted people's privacy and always knocked on their door and asked for permission before entering their rooms. One member of staff explained that before giving any care or support hey always checked that the person was happy to have it at that time.

Staff were able to describe ways in which they protected people's dignity when supporting them, such as ensuring that doors and curtains were closed before providing any personal care. They also told us that they never discussed the care of people they supported outside of the home, which protected people's personal and confidential information.

People were encouraged to be as independent as possible. Staff told us that one person sometimes needed assistance to eat their meal but they let them try to eat unaided before offering assistance. Another person had their own kettle in the kitchen and was able to make hot drinks whenever they wished. Where they were able to people made their own breakfast and put their laundry away.

Information about the provider and the home was available in an easy read format that people could understand. This included the 'Service Agreement' that set out the roles and responsibilities of the provider and the person who lived at the home. It included information about the provider and the processes for making concerns or complaints known to the manager and provider.

Good

Is the service responsive?

Our findings

People had a wide range of support needs that had been assessed before they moved into the home to determine whether they could all be met. One relative told us, "One of the social workers came to see me." We saw that support plans were detailed, included relevant information necessary to support people appropriately and reflected people's wishes. Information from people's relatives and others who knew them well had been included when the plans were developed. We saw evidence that support plans had been regularly reviewed by staff and relatives. One relative told us, "[Relative] has developed arthritis. This makes it difficult for [them] to get out of the bath. We discussed it at the last meeting."

Each person had been assigned a link worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. One relative told us, "[Support worker] is superb. They have known [Relative] for a very long time and have been to Scotland to stay with him." We saw that people's well-being was assessed on a monthly basis and their care plans reviewed to ensure that the care provided continued to best meet their needs. Staff told us that as a link worker they would check on people's well-being and that support plans and risk assessments reflected the care and support needs of the person.

All of the people at the home assisted with running the home and the cleaning and tidying their rooms on the one day a week that they did not attend the life-long learning sessions at a day centre run by the provider.

People were encouraged to take part in activities to maintain their hobbies and interests. Records showed that people undertook a wide range of activities including working on an allotment, attending a music and dance group and horse riding. Each person had a regular weekly schedule of the activities that they undertook. People were able to indicate to us that they enjoyed these activities.

There was a complaints system in place and people knew how to make a complaint. One relative told us, "I made a complaint and [the registered manager] addressed it. They put it right very quickly. "We looked at the records of one complaint that had been received by the home, which involved a complaint about an unsuitable item of food provided in a packed lunch for an activity. We saw that this had been investigated and remedial action had been taken to ensure that a similar situation would not arise. A written response had been sent to the person who had complained within two days of the complaint having been received.

Staff told us that if people had any issues these were discussed during the staff meetings. One member of staff told us, "If they have issues we bring it up for them in our meetings as we are their advocates."

Good

Is the service well-led?

Our findings

Relatives and staff told us that the registered manager was very approachable and that the atmosphere was very homely. One relative told us, "[Registered manager] does listen." A member of staff said of the manager, "[Registered manager] is absolutely brilliant. They are just at the end of the phone and always popping over."

Staff told us that the provider's 'visions and values' were included in the training that they did and were discussed at each team meeting. One member of staff told us, "The e-learning for the visions and values is in the MacIntyre library. They are definitely embedded in the way we work."

People were encouraged to provide feedback and be involved in the development of the service by way of satisfaction surveys which were sent each year. The results of these were analysed to identify any improvements that could be made to the service provided. We saw that where people responded with anything other than absolute agreement with questions asked of them, such as, 'Are you happy with the staff?', they were advised of the steps that would be taken to put things right. One example was that "Staff will read the new support plans and work in the way that you want them too."

The minutes of the staff meeting held in December showed that staff were encouraged to be involved in the development of the service. Topics such as health and safety, emergency plans and laundry had been discussed.

The provider had an established quality monitoring programme which applied across all the homes it ran. We saw that a member of the provider's health and safety team also carried out regular audits of areas such as medicines administration, emergency plans, incidents and accident reporting and risk. The latest audit completed in September 2015 identified that there had been full compliance with requirements and no remedial action was required. An audit by one of the provider's regional managers in December 2015 also found that the service met all the required standards. The home had achieved an 'Excellent' rating following a monitoring visit completed by the local authority. The report received following the monthly audits by the provider's regional managers are provided to the registered manager and the provider's governance team.

We saw that people's records were stored securely in a locked cupboard. Management records were either held centrally by the provider, stored electronically on a system protected by password or locked in a cabinet in an office away from the home. Information about people and the service could therefore be accessed only by people authorised to do so.