

# MacIntyre Care Bartlett Close

## Inspection report

1 Bartlett Close  
Witney  
Oxford  
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Website:

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We inspected 1 Bartlett Close on 20 and 23 January 2015. 1 Bartlett Close is a residential home providing care and support to four people with a physical and or learning disability. It is located close to the town of Witney Oxfordshire.

The previous inspection of this service was carried out in May 2014. In May the service was found in breach of two regulations in relation to respect and involvement of people and staffing. We also asked the provider to note issues with assessing and monitoring the quality of service. We asked the provider to send us an action plan

detailing how they planned to make the necessary improvements. This was an unannounced inspection to see whether these improvements had been made, but also to do a full inspection in order to provide the service with an overall rating.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 supported by sufficient numbers of staff to meet their needs at all times. There was a new system to ensure that staff could be called in at late notice should the need arise.

Peoples support plans contained detailed risk assessments to ensure their general safety and also their safety whilst out in the community. There were safe arrangements in place for the administration of medicines. However the storage of medicines was not always safe and in line with relevant guidelines.

Whilst care staff had a clear commitment to ensuring people made their own choices, the principles of the Mental Capacity Act were not being consistently applied. There was evidence that people were being supported through best interest meetings, but not all staff we spoke with understood the key principles of the Act.

Care staff felt supported, but did not always receive a regular formal supervision or appraisal. Care staff received relevant training and were supported to access more if required. The service was also working on developing new individualised training to meet the specific mental health needs of the people they supported.

People benefited from a caring culture where there were positive relationships between people and staff who supported them. People's privacy and dignity were respected.

People's needs were assessed and this information was used to develop clear plans to help staff understand more about each person and their support needs. However, the mix of needs within the house meant that people were not always enabled to have as much choice and control as possible.

There management structure did not always evidence that the registered manager understood the requirements of their registration. There were systems in place to monitor the quality and safety of the service.

Care staff, people and their relatives told us the service was well led and told us the manager communicated well. A number of staff also spoke highly of the registered manager's inclusive nature and willingness to support them.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010/2014. You can see the action we took and what action we told the provider to take at the back of the full version of the report.

**We recommend that all medicines should be stored in line with the Royal Pharmaceutical guidelines.**

# 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.

There were safe arrangements in place for the administration of medicines. However the storage of medicines was not always safe and in line with relevant guidelines.

Support plans identified how staff should manage risks to people's health and welfare in a way which supported people's freedom. However, some risks identified by staff were not always updated into people's risk assessments.

There were sufficient numbers of suitably qualified staff to safely meet people's needs. There was also a system in place to ensure these numbers were maintained in the event of sickness and absence.

Good



### Is the service effective?

The service was not always effective

There was not a full understanding of the principles of the MCA within the service.

Staff felt supported but some staff felt more formal supervision would be more effective.

Care staff had a good knowledge and understanding of people's needs and were given appropriate training to meet those needs.

Requires Improvement



### Is the service caring?

The service was caring

People and their relatives described staff as caring. We also observed warm and caring interactions.

People's privacy and dignity were respected at all times.

People were involved in decisions about their care and were provided with clear and accessible information when they first entered the home.

Good



### Is the service responsive?

The service was responsive

People benefited from a culture that understood the importance of person centred care. However people could not always have total choice and control due to staff having to support the needs of others within the home.

People's needs were continually assessed and the service responded when their care needs changed with the support of appropriate professionals.

People had access to activities and opportunity to access the community.

Requires Improvement



# Summary of findings

## Is the service well-led?

The service was not always well led

The registered manager was not keeping the principles of best practise within the service under review. The service was monitoring the quality and safety of the service.

The registered manager was approachable, open and committed to the people using the service.

Care staff felt the service was well led and that the manager was inclusive and took their views on board.

**Requires Improvement**



# Bartlett Close

## 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 was 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 the 20 and 23 March 2015. The inspection team consisted of an inspector and a specialist advisor. At the time of the inspection there were four people being supported by the service.

We spoke with the two people who were using the service and two people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with six care staff, the registered manager and the area manager. We reviewed four people's care files and five staff files. We also looked at records relating to staff supervision, training, and the general management of the home. We also reviewed quality audits that had been carried out by the area manager.

# Is the service safe?

## Our findings

At the last inspection in May 2014, we found the registered person did not have suitable arrangements in place to ensure there were enough care staff to meet people's needs at all times. At this inspection in March 2015, action had been taken to meet the required standard. Staffing numbers had increased with a plan to extend this further in terms of direct support each day. The registered manager had formalised a relief system that meant they could call in care staff to cover at short notice. This was also supported by agencies who would provide support staff at late notice. Care staff felt that there were still difficult times, but things had improved. Comments included, "We could still do with more staff, but it doesn't feel as dependent as it did, nights are also more settled lately", and "if there is a lot of sickness things can be challenging still, but that's the same anywhere, we often get regular agency staff who know people's needs to help".

Support plans identified how staff should manage risks to people's health and welfare in a way which supported people's freedom. For example, one person who wished to walk around the home freely despite an increasing number of falls had a risk assessment in place with clear guidance to staff. Risk assessments documented key points for staff to consider and were reviewed regularly or in the event of an incident occurring. Staff were able to speak with us about the risk to people they supported in line with the guidance we had seen. Support plans also instructed staff to refer to the risk assessment to ensure documented risks were read and understood. However, we did see that a member of staff had raised a concern about a person falling asleep in the bath. There was no record of action taken and this was not updated in the person's risk assessment. We spoke with staff who told us this didn't happen often, but is something they would include in the risk assessment.

Medicines were not always stored securely. We found that keys for the cabinets, in which prescription medicines were stored, were left in the office and in the kitchen. A member of staff responsible for administering medication told us that the keys were not always kept in the possession of the person dealing with medicines in line with Royal Pharmaceutical guidelines. We mentioned this to the Area Manager who took immediate action and also notified the managers of other services.

We reviewed the ordering and administration of medicines at the home. Medicines were ordered on a monthly cycle, delivered in a monitored dosage system and administered from 'blister packs'. We checked medicine administration records (MARs); we saw that administration records were correct and consistent with the balance of tablets remaining. People's MAR sheets were kept in folders with other medicine related information, including the purpose of each medicine.

People we spoke with felt safe. Comments included, "Yes, I do feel safe, the staff look after me". Another person told us, "Very safe". Relatives we spoke with felt their relatives were safe. Comments included, "I'm sure they are very safe" and "It's a safe atmosphere, staff are very good".

Records clearly documented when incidents and accidents had occurred and what action was taken following the event to reduce the risk of reoccurrence. For example, we saw an incident recorded which involved a person needing to be left alone outside the house whilst a member of staff went for support. We saw that following this, procedures were put into place to ensure support staff took a mobile phone with them. Concerns were also recorded, for example, one had been raised due to the foot rest on one person's wheel chair being broken making it unsafe for the person to get in and out of. The staff member who raised the concern told us, "there was someone the very next day sorting it, it was very quick".

Staff had knowledge of types of abuse and signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the registered manager. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role. We also looked at safeguarding notifications made by the registered manager. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse.

Each person had a safeguarding assessment in their file which assessed the person's vulnerability to all types of abuse. This information was used to inform risk assessments and support plans. We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them

## Is the service safe?

safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse.

There were arrangements in place in the event of an emergency. There was a central record of information available to staff which contained detailed information about what action to take in the event of a number of unforeseen circumstances. For example, each person had a personal emergency evacuation plan that detailed what support each person would need. Staff we spoke with had a good understanding of the actions they needed to take.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

**We recommend that all medicines should be stored in line with the Royal Pharmaceutical guidelines.**

# Is the service effective?

## Our findings

Staff did not understand their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. We saw an example of an incomplete best interest's assessment for managing finance in a person's care plan. The sections of the form entitled 'has the decision been discussed' and 'describe arrangements' had been left blank. Whilst care staff had an understanding of the importance of giving people choices, there was not an understanding of the legal framework regarding people who lacked capacity. Staff were not able to tell us about the key principles of the Act.

One person, who was assessed to lack capacity, required surgery. This person was supported through a best interest meeting which involved the person's relatives and health professionals. However this understanding was not consistent across the whole service. One staff member told us that if a person was making a decision that was bad for their health then that's when they would possibly decide for them. However, this staff member needed to be prompted to understand that this may be dependent on the person's capacity to make a specific decision at the specific time.

The service had an understanding of the legal requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. A number of applications had been made for people who were having their liberty restricted and in two people's support plans we saw letters from the provider to families concerning the Deprivation of Liberty Safeguards (DoLS). However, the applications that had been made had not been followed up despite being made a long time ago. There was also no indication that current arrangements were being reviewed to ensure they were the least restrictive in the interim.

These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by staff who understood their needs. For example, one person with complex needs had

recently experienced deterioration in their health. The service had worked with other professionals to support this person with a specific routine regarding their nutrition. Each member of staff we spoke with understood this routine in detail. The person's health had stabilised and begun to improve as a result.

Staff told us they felt supported and could access support when they needed it. Comments included, "I would only have to ask and support would be there" and "the manager is very supportive, it's good that she is on shift sometimes". However, some staff we spoke with felt that more formal supervision and appraisal would be better. One staff member told us, "it would be nice to have a formal sit down sometimes, get a clear picture where I am at". Another member of staff told us, "I don't really have a proper formal sit down and chat about the job, it would be useful though". Staff files did not always indicate staff received regular formal supervision. The manager filed their hand written notes of conversations with staff. Staff had not had an annual appraisal since 2013. We raised this with the registered manager who told us they were happening later in the year. In the appraisals we did see staff did not have a clear development plan some staff we spoke with told us they did not want any further qualifications, but knew they could ask if they wanted to. One person told us a level 3 had been discussed but they "had heard nothing more about it".

It was not always clear through supervision that staff were being supported to improve the quality of their work. For example, in one person's most recent appraisal it was identified they did not understand the need for recording as much information with regard to the care they provide to people. There was no action point or follow up from this discussion.

Staff received training in a number of areas. This was confirmed by care staff who all told us they received plenty of training. The registered manager told us if people wanted to do a relevant health and social care qualification they would be supported to do so. New staff were given an induction, which involved relevant training. The induction period involved shadowing shifts until staff were comfortable they understood people's needs.

Plans relating to people's health were personalised and contained clear and concise information regarding people's support and health needs. Information regarding people's health was clearly documented so you could easily identify

## Is the service effective?

what was said at visits to health professionals. These were clearly recorded on specific health appointment information sheets. Records showed referrals to dentists, psychologists, and speech and language therapists had been made for specialist advice.

# Is the service caring?

## Our findings

At the last inspection in May 2014, we required the provider to take action to make improvements with regard to a breaches of regulation 18 relating to respecting people's privacy and dignity. Care staff were openly discussing people's personal details in front of other people. People's personal spaces were not always respected.

At this inspection in March 2015 the provider had taken action to ensure the required standard was met and maintained. Changes to the handover process at the end of shifts had been made to ensure that people's needs were discussed privately and respectfully. People receiving care in their rooms were supported in a way that maintained their privacy and dignity.

Staff understood people well and had a good relationship with them. We observed several examples of positive interactions between staff and people who used the service. We observed that staff members spoke with people in a warm, friendly but respectful manner.

People were relaxed, liked the home and valued the support from staff. One person told us, "I do like living here. I've been here two years" and "I want to stay here for another nineteen years." Relatives we spoke with all told us they felt the staff were caring. Comments included, "staff are wonderfully caring" and "it's a very caring atmosphere when I visit".

We observed that people were supported to participate in activities they valued, such as going to the local library. A

person who had been to the library showed us the music compact discs and DVD of a television programme they enjoyed. The person was smiling and clearly pleased with the items. They asked us to read the titles to them.

A member of staff told us "I like the house. I like the support team." They said that "Clients are genuinely cared about." Senior staff told us how carers had supported a person during a hospital stay for surgery in order to meet their needs and provide reassurance. This had included staying with the person overnight.

People were supported to be involved in how they were supported. Comments included, "Yes, I sit down with staff and think about my day". Support plans we reviewed were personalised and involved people and their relatives. The environment was also well cared for with visual aids set out around the home. This was to support people in moving freely around the home, but also to ensure people were aware who would be supporting them. People's own methods of communication were documented within their support plans so staff could understand people who could not communicate verbally.

People and their relative's received clear and accessible information about the service when they arrived. This offered information on all aspects of the service regarding the care that would be offered and information regarding who to speak if they have a question and/or concern. The information also clearly detailed people's rights in relation to advocacy. Advocacy among other things works to make things happen and change for people who cannot speak up for themselves and helps people to make choices and take more control of their own life.

# Is the service responsive?

## Our findings

Staff raised concerns that the mix of needs within the service meant people could not always be supported as well as they would like. Comments included, “people who are not as loud or as vocal tend to get left, certain services user routines do dominate the home” and “I sometimes think people may be happier in services catered more for them”. We also saw in staff supervision records and team meeting minutes that these issues had been raised over a long period of time. Documents within peoples care plans designed to encourage future planning and goals had not been updated since 2013.

It was clear through people’s records that there was a commitment to best practice. Care files included essential life plans (ELP’s) and person centred support plans. Essential lifestyle planning is a tool that lets staff know how someone wants to live and shows how they would like it to happen through a very detailed action plan. ELP also lets staff discover what is important to people, what support they need (from their perspective) to remain healthy and safe. However, our observations throughout the day indicated that despite this intention and planning, the mix of needs within the home meant that people could not always manage their own life as much as possible. For example, due to staff needing to provide support to one person with complex health needs they had to be in the house at certain times.

We raised this with the registered manager and area manager who acknowledged that the service needed to think more creatively around how they could ensure people were free to live as independent a life as possible. There was an acknowledgement that the approach within the service could sometimes be task led and staff did not enable people as much as they could.

People’s needs were assessed when they entered the service. This assessment was used to develop support plans. Support plans were detailed and clearly indicated through a colour coding system what additional documents needed to be read in addition to each person’s support plan. For example areas highlighted in red meant staff would need to review corresponding risk assessments. Wording coloured blue directed staff to information in relation to the person’s health. This system made it simple to follow peoples support needs.

One person who had complex needs required support to manage their anxiety. There was a detailed ‘supporting me with my anxiety’ plan in place that had been written with support from psychologists. Staff we spoke with had an in depth understanding of this plan and were clearly sticking to it. This person remained calm throughout both days of our visit.

People and their relatives were asked for their views on the service. There were documents in peoples care files that captured what the service does well and what they could do differently. People relatives also received a satisfaction survey that was full of positive feedback. We discussed with the manager what they would do with information that came back and we were told, “we would always look at how people’s views can help improve things”.

The service had a clear complaints policy and procedure. People and their relatives knew how to make a complaint and felt confident it would be dealt with. One relative told us, “If I had an issue I know they would listen, I have never had a big problem at all”. There had been no complaints since our last inspection.

# Is the service well-led?

## Our findings

The registered manager was approachable and open and demonstrated a clear commitment to the service. There were systems in place to monitor the safety of the service such as fire checks, water checks and general checks of the environment including infection control. However, the registered manager did not demonstrate an understanding of their responsibilities in relation to monitoring the quality of the service, in line with the requirements of their registration. We discussed this with the registered manager who agreed that their role was often dictated by what was happening on shift day to day. This had become increasingly more challenging in the absence of a senior care worker. There was an acceptance by the registered manager and the area manager that more time and focus needed to be given to ensure there was a clear focus on prioritising the carrying out and recording of management tasks.

The area manager conducted audits of the service and sent us information to review. These audits covered a range of issues relating to people who used the service as well as observations of interaction with people who used the service. Where the audit identified actions these were given to the manager for action. For example the audit identified not all staff had seen and signed one persons support plan and action was taken to do this.

The registered manager had a clear vision for the service that involved increasing the quality of the service and ensuring that people led an active life and maintained as much choice and control as they could. Staff we spoke with shared this vision. In addition to the registered managers vision the service also shared the provider's values and practiced in line with the provider organisation's philosophy. This embraced a person-centred approach.

Person centred approaches involve a change in the relationship between staff and the people they support so that there is an emphasis on helping people make connections in the community. However, in the absence of a system to monitor the quality of the care provided, the issues we identified with people not always benefiting from full choice and control had not been identified or improved.

Resources and support were not always available to develop the team and drive improvement. An absence of systems designed to ensure the quality of the service, meant the need for a more robust supervision and appraisal process, to ensure support and development of staff had not been identified.

These issues were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care staff told us the service was well led and spoke highly of the manager's commitment to take their views on board. Relatives also told us the service was well led and all felt the registered manager communicated openly and in a timely manner. Comments included, "the manager listens and takes on board what we say" and "the manager seems good, keeps us up to date and people seem happy".

Team meetings were used to bring relevant issues and topics to people's awareness as a team to develop the team's awareness and showed a commitment from the registered manager to maintain open communication.

All staff we spoke with felt able to raise concerns and were aware of the whistleblowing procedures in place to challenge poor or unsafe practices.

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Staff did not have a consistent understanding of the key principles relating to Mental Capacity Act 2005. DoLs applications had been made but not followed up or kept under review.</p> <p>(18)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>There was not a system in place to monitor the day to day quality of service delivery. To identify and improve the issues identified during the inspection.</p> <p>(10) (1) (a)</p>