

MacIntyre Care

Darley Cottage

Inspection report

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Date of inspection visit:
15 June 2017

Date of publication:
20 July 2017

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

Darley Cottage is a care home registered for six adults with a learning disability. Located in a residential area in Chester, the home is close to shops, pubs and other local facilities. It is also on the bus route to the city centre. Access between the ground and first floors of the two-storey building is via the stairway. Two of the bedrooms have en-suite facilities. Staff are on duty twenty-four hours a day to support the people living in the home. At the time of our visit, five people were living at Darley Cottage.

At the last inspection in January 2015, the service was rated good. At this inspection we found the service remained good.

The registered provider had systems in place to ensure the safety of the people who used the service. This included arrangements for identifying, reporting and taking action on any allegations of abuse. This was reinforced through training for staff, staff knowledge and reporting processes. People's safety was further enhanced through assessments for individuals identifying risks they faced from the environment or from risks associated with their own health and social needs. The registered provider ensured that a system for the safe management of medication was in place and that the premises were well maintained and hygienic.

The registered provider took the requirement of the Mental Capacity Act 2005 (MCA) and associated safeguards into account. This meant they were working within the law to support and assist people who may lack capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service were supported by a staff team who had received the training and had the knowledge to best support them. The nutritional needs of people were met. Consideration was made to the dietary needs of people and their personal preferences. People who used the service were involved in shopping for food and occasionally assisted in preparing it.

Staff interactions were friendly, caring and supportive. People were supported in a patient and respectful manner. Staff ensured that people were treated as individuals and had their privacy and dignity taken into account through care practice. People were given information about their care and the support they could be provided with. People were encouraged to make choices concerning their daily lives and the support provided by staff was directed by these choices and preferences.

Care plans provided staff with the information they needed to successfully support people in all aspects of their daily lives. These were person centred and detailed with evidence outlining that people were actively involved in them. Care plans were reviewed and updated when required.

People undertook activities which were linked to their personal preferences. Some people were involved in voluntary work in the local community and this was fully supported by the staff team.

Information was in place in respect of how people could make a complaint. This was presented in a format appropriate to the communication needs of people. Complaints records were maintained and concerns responded to in a timely manner.

The registered manager used a variety of methods to assess and monitor the quality of the support provided at Darley Cottage. These included regular audits of the service and staff and resident meetings to seek the views of people about the quality of care being provided. The registered manager had provided feedback to people about the rating that we had applied at our last visit. The registered manager always notified us of significant incidents within the service as required. A robust system of audits enabled the registered manager to identify those areas of support that required either improvement or development.

Further information is in the detailed findings below.

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

Darley Cottage

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.

This was a comprehensive inspection.

This unannounced comprehensive inspection took place on the 19th June 2017 and was undertaken by one Adult Social Care inspector. A further announced visit to the registered provider's office was made on the 29th June 2017 to assess recruitment records.

As part of our inspection, we ask registered providers 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. The PIR was returned to us when we asked.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at four care plans and other records such as two staff recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. We also observed care practice within the service.

We spoke to four people who used the service. Five people lived at the service during the time of our visit. We also spoke to the registered manager and two members of staff. People who used the service were able to give an overall view of their experiences of living at Darley Cottage to us and in addition to this, we observed interactions between people and the staff team and care practice.

We contacted the Local Authority Commissioning Team. They had no concerns in respect of the service. The service had received a visit from the infection control agency and pharmacy supplier who again had not raised any concerns about care practice.

We checked to see if the Cheshire West Healthwatch team had recently visited the service. Healthwatch is an

independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. No recent visit to the service had been made. The team last visited in March 2015 and did not identify any concerns.

Is the service safe?

Our findings

People told us that they felt safe with the staff team. They said, "I really like the staff" and "They [staff] are very good." People told us that they relied on the staff team to assist with their medication. They told us that they always received their medication on time and that their tablets were "never missed". People were happy with their accommodation and other areas within the building such as lounges.

Observations noted that people were comfortable and relaxed with the staff team. Staff members remained a focus for people who used the service to talk to and ask for advice and assistance.

Staff demonstrated a good understanding of the types of abuse that could occur and how any concerns could be reported. They were confident that in the event of them needing to raise any allegations of abuse that the registered manager would report them in an open and transparent manner. They confirmed that they had received training in safeguarding and were confident that they had the information to best protect people who used the service. In addition to this, staff were able to outline the process of whistleblowing. This meant that systems were in place for staff to raise concerns about care practice within the organisation who operated Darley Cottage as well as other agencies such as the Care Quality Commission and Local Authority. Our records suggested that one alert had been raised yet this was not connected to the support provided at Darley Cottage.

Risk assessments were in place for each person. These were designed to promote their health as well as protecting them from any abuse. Systems were in place to protect the financial interests of individuals. Where possible, people were encouraged to manage their own finances. Where this was not possible, checks were in place to ensure that people's monies were managed in an accountable and transparent manner.

Other risk assessments relating to the risks people faced in the environment as well as risks they faced through support in personal care had been completed. Risk assessments were up to date and had been reviewed regularly. These assessments provided a clear indication of how people could be prevented from harm. One care plan outlined the support a person needed with bathing. We observed how this was achieved in practice with carrying out all aspects of the assessment to protect the individual.

The environment presented as a clean, hygienic and homely living space. People told us that they were happy with their personal accommodation and other communal areas. All equipment within the building had been checked to ensure they were safe. This included portable appliances and checks to fire detection and fire-fighting systems. Information was clear on what people should do in the event of a fire as well as other emergencies which might involve an evacuation of the premises. Fire detection systems were checked regularly and clear signage was in place in an easy to read format for people to refer to.

Discussions with people who used the service during house meetings demonstrated that the knowledge of people when faced with an evacuation was explored and safe action reinforced. People had been involved in fire drills to reinforce safe practice. All people had been assessed to ensure that in the event of a fire or

other emergency, people could be kept safe. These assessments included any individual factors or additional support that people would need in time of crisis.

The registered manager ensured that the rights of people as citizens were promoted and protected. Information relating to a recent general election showed that information from major political parties had been retained for the person to consider. In cases, the right to vote had been discussed with people yet it was recorded that they had preferred not to vote on this occasion.

Staff rotas were in place outlining the staffing levels required to support people who used the service. Generally, two members of staff were on duty assisting people to access the local community or to support people within their home. Staff told us that these levels were maintained although some sickness and annual leave had meant that extra shifts from existing staff had been picked up to ensure continuity of support.

Two new members of staff had come to work at Darley Cottage since our last visit. Personnel files relating to these individuals demonstrated that appropriate checks had been made to ensure that they were fit and suitable people to support vulnerable adults. These checks had included the obtaining of references, checks on whether new staff had had gaps in their employment and whether they were physically fit to perform the role. Disclosure and Barring checks (known as DBS) had been carried out. These checks were designed to ensure that new staff had not been convicted of offences that would put people they support at risk. Interview notes were in place which used a scoring system matching the performance of potential staff at interview to the values of the registered provider. In addition to this, an objective personality questionnaire gave the registered manager further evidence to support a person's application. People had had their practice assessed during the first few months of them starting and had been signed off as competent to work on their own as well as being competent in managing medication.

Management of medication was safe. This included appropriate storing of medication and records maintained after administration. The support required by people was outlined in detail in care plans in respect of their involvement with their medication. The temperature of medication storage areas was checked regularly to ensure that medication would be effective for each person. Records were maintained outlining the medication that people had been prescribed and possible side effects associated with them. Staff told us that they had received training in medication and had their competency to administer medication assessed. This was confirmed through assessment forms. New staff that had come to work at the service since our last visit had had their competency to work unsupervised (including dealing with medication) assessed and it was confirmed that they were safe to do so. Audits were in place in respect of medication stocks and people told us that they always received their medicines when required. The service had had their medication management assessed by their pharmacy supplier prior to our visit. The report from the supplier concluded that the service provided a safe system of medication management.

Is the service effective?

Our findings

People told us that they were happy with the support they received from the staff team. They also told us that they were happy with the food provided. They told us that they were able to choose what food they were provided with and were involved in shopping. They told us that occasionally they would help with the preparation of meals and that the food was "very good". People told us that if they did not feel well; the staff team always assisted them in making an appointment with a doctor, for example.

Staff outlined the training that they received. This covered mandatory health and safety topics as well as other training linked to the needs of the people they supported, for example, awareness in specific health issues. The training had included safeguarding and the Mental Capacity Act. Records demonstrated that training had been received regularly and that an annual plan for forthcoming training was available. Further records provided evidence that staff were regularly placed on any relevant training that was available. Training was also provided on line. The registered manager had access to a computer database which alerted them to training that was required. In turn the registered manager then alerted staff to the training they needed to do.

Staff told us that they received supervision on a one to one basis. A supervision schedule was in place outlining the supervision that staff had received for 2017. This also included staff meetings and checks on the competency of people in certain tasks, for example, medication management. A supervision policy was in place. Where complaints had been received in respect of any practice, the staff team were informed of this through individual supervision sessions or through team meetings. Staff who had worked at the service for a number of years told us that they had received annual appraisals so that they were aware of their performance within their role.

New staff followed a structured induction process. This involved shadowing other members of staff and gaining a general introduction to the layout of the building and fire procedures. After a probationary period, staff were assessed as being competent and safe to work independently. Following on from this, new staff were encouraged to carry out further induction by use of the Care Certificate. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. This combined with initial training demonstrated that new staff were given a detailed introduction into their role.

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 Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the registered provider was operating within the principles of the Mental Capacity Act on this visit. No one living at Darley Cottage was the subject of a DoLS order. Consideration was made that the principles of capacity were applied to people in their daily lives. Any financial transactions over a certain figure meant that certain checks were made to ensure that the capacity of people in dealing with their finances was taken into account and that their interests were safeguarded. All people had been subject to a capacity check on all aspects of their daily lives. These were reviewed to

ensure that people were still given the opportunity to make informed choices.

Staff had received training in the Mental Capacity Act. They were able to give an outline of the principles of the Act and how this assisted people in making choices about their daily lives.

No one had specific nutritional needs although one person had been identified as needing a "healthy eating" diet. This person was aware of this and had been given the information on healthy eating choices. Care records outlined people's likes and dislikes in relation to food. In addition to this, information was available about people's allergies in respect of food. Risk assessments were in place in respect of the risk of malnutrition although no-one was considered at risk at this time. People had their weight monitored on a monthly basis.

A menu was available but this was a general guide to what people may want in the week and could be changed in line with people's preferences. All staff had food hygiene training which meant that they were able to prepare meals in a safe and hygienic manner. People were able to prepare snacks and drinks when they wanted and we observed this throughout our visit.

The kitchen was domestic in size with care taken to ensure that food stuffs were appropriately stored and kept fresh. Shopping was done when needed and people were involved in going to the shops to purchase food.

People told us that they were keeping well from a health point of view. Records suggested that all people were registered with a GP and received regular checks from other health professionals such as chiropodists and opticians. All received an annual health check to ensure that people were keeping as healthy as possible. GP and hospital appointments were presented by local surgeries in an easy to read format. One person had a doctor's appointment on the day of our visit. The person was fully aware of this and reminded staff that they needed to go out later. This demonstrated that people were fully informed of appointments and other issues in respect of their health care.

The registered provider had devised a communication tool to help staff understand when a person was unwell or in pain, which was produced in picture format. The document outlined certain behaviours or words used by people to indicate that they need some medical attention.

Is the service caring?

Our findings

People told us that they liked the staff team. Comments included, "They [staff] are great" and "They [staff] look after us." People felt that they were listened to and that the staff were "there to help me."

Interactions between people who used the service and staff were informal and friendly. People were seen regularly joking with the staff team and a relaxed atmosphere was noted throughout our visit. Staff sought to support people in a manner which was focussed entirely on the wishes of individuals and support was focussed on their needs.

Staff were observed taking the privacy of people into account. Staff were seen knocking on bedroom doors and waiting for an invitation to enter. Staff gave us practical examples of how they would promote the privacy of people. They told us that attention was paid to knocking on doors and ensuring that the dignity of people was promoted especially when being supported with personal care.

People were involved in their support in a number of ways. People had the opportunity to be as independent as possible and were always provided with explanations and options from the staff team. Everyone was involved in some form of household task from cleaning rooms or doing laundry. Staff were there to prompt people and to provide encouragement.

The communication needs of people were outlined in care plans. This provided information on key words or phrases that indicated how people were likely to approve or otherwise of activities and other aspects of their lives. Records included how staff could best support people to communicate their wishes through the tone used and the posture used by staff to better aid communication. Some people benefitted from being talked to in a slow and deliberate manner as this best met their needs.

Information was provided to people in a format that met their communication needs. This included information in respect of complaints, care plans and how we had rated the service following our last visit. Information was presented in photographs or pictures to better provide information.

The registered provider had measures in place to recognise the achievements and activities of individuals. A magazine was produced by people who used all of the provider's services nationwide and this was published from time to time. This had included articles on people who lived at Darley Cottage and included an account of activities they had pursued. This enabled the achievements of people to be celebrated and for them to be involved in sharing positive aspects of their lives.

The service recognised compliments made about the support provided. All compliments were recorded and then circulated to the staff team.

People told us that they were happy with the accommodation that they had been provided with, especially their personal living space. People invited us to go into their bedrooms. Each room was personalised to the tastes of the person. These included photographs and pictures of loved ones and family as well as items and

possessions that reflected the interests and character of each person.

Information on advocacy services was available to people. No one used an advocate at the time of our visit as it was recognised that family members were involved in people's support to a significant degree.

Is the service responsive?

Our findings

We asked people about their care plan. People were aware that they had a care plan and that it was all about their lives. Evidence was in place that they took an active role in this. People provided us with examples of activities they pursued as well as voluntary work that they undertook in the local community. People told us that they "enjoyed going out" and "we can go out whenever we want to". People said that they were happy living at Darley Cottage and did not have any concerns. They told us that if they were unhappy, they would talk to the registered manager or the staff and were confident that they would "sort it out".

No-one had come to live at Darley Cottage since our last visit in 2015. The service did have a vacancy and enquiries had been made from an individual about this. The registered manager told us that the placement had been made available for the person yet it was left to the person to make the decision for themselves. If an individual chooses to come and live at Darley Cottage, a series of introductory visits are made in conjunction with a "Getting to know me" document which enables staff to capture the main needs of the person in all aspects of their daily life. The introductory visits served to enable the individual and those who already lived at the service to determine whether this would be a positive step. This demonstrated that the registered provider sought to take aspects associated with communal living into consideration.

Any 'getting to know me' documents would then be translated into a plan of care. Care plans were available for all people who used the service. Care plans were person centred and included all aspects of people's daily lives. These included daily routines, what was important to each person, important points of contact in their lives and their aspirations. Care plans had been devised in consultation with each person to determine what their main needs in life were. All care plans were presented in an easy to read format with photographs and symbols meeting the communication needs of people. There was evidence that care plans had been reviewed with the full involvement of people and those significant others important to them. Reviews of care plans included an account of people's main goals for the forthcoming year as well as an on-going commentary of health needs and other social needs.

People had regular access to the local community and local facilities. On the day of our visit, two people were about to leave to attend a local day centre resource. Other people remained at home and carried out activities with the staff team, for example, staff assisting them with their finances or going out for lunch. Evidence was available of social activities that people pursued in the local community. One person did regular voluntary work and arrangements were in place for this person to carry this out with measures in place to ensure that the person was safe while pursuing these.

A complaints procedure was in place and had been adapted as an easy read document for people who used the service. This provided photographs and symbols for people to refer to and information on who they could talk to if they were not happy with any aspects of their support. The complaints procedure outlined a commitment by the registered provider to respond to people and to listen to their views. A complaints log had been maintained. No complaints had been made by people who used the service but there had been some concerns raised by family members. These included a response from the registered manager and a

commitment to what action would be taken to address concerns. All concerns were fed back to the staff team for action with an indication that the complainant was happy with the outcome.

Our observations of support noted that people were given significant and meaningful choices from the staff team. Staff always asked for the views of people throughout our visit and always consulted them. This ranged from decisions about what they wanted to do that day, what they wanted to wear, to meals or other activities. People were given options and then were given the space to make decisions and choice for themselves. Advocacy services were available to people but no one was receiving support from an advocate at the time of our visit. It was recognised that people had significant family support at that time for them to refer to.

Is the service well-led?

Our findings

People told us that they were happy living at Darley Cottage and that they were supported by the staff team. They told us that they had house meetings which gave them the opportunity to express their views on the quality of support and what they wanted to do as individuals or as a group in the future. We looked at recorded house meetings and found that these enabled each person to contribute and to put forward their own ideas and wishes. People told us that they were confident that the registered manager listened to them and that if they had any problems that they would act upon them.

The service had a registered manager who had worked within the service for a number of years. They had the necessary skills and experience to perform this role. The registered manager considered that they were supported in their role by the registered provider.

The registered manager in conjunction with the registered provider carried out a number of audits and checks in order to ensure that people were safe and that systems designed to effectively support people were in place. These included a commentary on the general support provided to people and all aspects of their daily lives. A representative of the registered provider visited the service periodically to check on all aspects of the support provided. A subsequent report was made available to the registered manager and any actions needed were included within an action plan. Other audits included checks on medication stocks, training audits and care plan reviews. Where staff training was required, the registered manager ensured that staff were aware that they needed to complete training within the required timescale. On this visit we saw that all care plans, risk assessments and other records were up to date and accurate.

Other audits included a check on the quality of the support provided from the point of view of people who used the service. Questionnaires had been provided to each person. This was presented in an easy to read format so that their communication needs could best be met. People had completed these and questionnaires indicated that people were happy with all aspects of the support provided. The general results of these questionnaires were fed back to each person so that they were aware of any action that would be taken by the registered provider.

The registered provider had employed a compliance team to check that the service was maintaining positive outcomes for people. Again visits and subsequent reports were made available exploring all aspects of the support provided with suggestions and improvements made when needed. The compliance team had liaised with us on many occasions in the past to ensure that they were meeting their responsibilities as a registered service. The registered manager always informed us of any significant events within the service as required by law. The last visit to the service had resulted in it being rated as good. The registered provider had displayed the ratings from this for people to refer to. In addition to this, the ratings had been displayed in an easy read format for people who used the service to understand how we had assessed the quality of support.

Staff told us that they considered the registered manager to be supportive. They told us that they were able to approach the manager and that they listened to them. Staff were invited to attend staff meetings through

the year which gave them the opportunity to forward their own suggestions as well as being kept up to date with how the organisation was working.