Community Care Matters Limited

Marlcroft

Inspection report

746 Warrington Road
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Warrington
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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 the 20 November and 2 December 2015. The inspection was unannounced.

Marlcroft is a three bedded bungalow registered with the commission to provide accommodation and personal care for a maximum of three younger adults with learning disabilities. This service is owned by Community Care Matters.The home is a domestic style property set within pleasant gardens and located within a residential area of Warrington. Care and support staff are on duty twenty-four hours a day. At the time of the inspection three younger adults were 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

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.

This was the first inspection of Marlcroft since the home first registered with the commission on the 18 August 2015. All the people who lived at the home had previously lived together in another home which had also been operated by Community Care Matters. They moved in to Marlcroft together when the other home closed.

We found that people were provided with care that was safe, person centred, sensitive and compassionate. The home was managed and staffed by a consistent team of support workers who were well trained and well supported. They told us that the appreciated the support leadership and direction provided by the management team. The staff worked together as a cohesive team with the benefit of having shared aims and objectives.

The registered manager promoted a person centred philosophy of care which resulted in positive outcomes for the people who lived at the home.

We could see that they each person received care and support tailored to their individual needs, personal preferences and wishes. Whilst we were unable to communicate with them directly because of communication difficulties we were able to observe their interactions with staff who had developed effective methods of communication with them. We could see that the people who lived at the home were happy and content. They had positive relationships with the staff, with whom they shared a rapport and interactions often resulted in smiles and laughter.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their characters and personal preferences'.

People were protected from the unsafe administration of medicines. Support workers responsible for administering medicines had received training to ensure peoples medicines were administered, stored and disposed of correctly. Support workers skills in medicines management were regularly reviewed by the team leader to ensure they remained competent to continue.

Relatives spoken with praised the registered manager for the quality of care provided. They told us that they had every confidence that their relatives were safe and protected from harm.

We could see that people were protected from avoidable harm because hazards that may cause them harm had been identified, risk assessed and effectively controlled.

Support workers had received training on safeguarding vulnerable people from harm and abuse. They understood the provider's guidance to enable them to recognise and address any safeguarding concerns about people but there was some room for improvement. Some staff did not know which authority took the lead on safeguarding adults and did not have a thorough understanding of how those who reported abuse were protected under the law. The registered manager took action to address this during the inspection.

Support staff had an understanding of supporting people when they lacked capacity. It was clear that the relevant person was always placed at the centre of decision making and best interest principles had always been followed. However, there was room for improvement. Some staff lacked the required knowledge and confidence to carry out a mental capacity assessment and best interest decision process because their training had not covered these important topics. The registered manager wrote to the commission following our inspection and confirmed that action had been taken to address this issue.

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.

Good

People who lived at the home were at ease and content. Their relatives told us that that they had every confidence their loved ones were safe. Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safeguarded from abuse.

People were supported by sufficient numbers of suitably trained and experienced staff so their health and social care needs were met.

Recruitment records demonstrated there were systems in place to ensure staff

employed at the home were suitable to work with vulnerable people.

Medicines were administered safely by support workers whose competency was assessed by the registered manager and team leader.

Is the service effective?
The service was effective.

Good

The people who lived at the home had thrived because they received safe and effective care from a consistent team of well trained and supported staff.

People were supported to live their lives in the way that they chose. They were placed at the centre of decision making and the legal requirements regarding consent to care were met.

Support workers understood the importance of nutrition, they knew people's preferences regarding food and drink and encouraged them to explore new tastes and make healthy food and drink choices.

Is the service caring?
The service was caring.

Good

The people who lived at the home received safe effective care that was delivered by an established team of staff who knew them well.

People were treated with respect and support staff understood how to provide care in a dignified manner that respected people's right to privacy.

Records were kept securely so people could be assured that information about them was kept confidential.

Is the service responsive?
The service was responsive.

Good

Person centred assessment, care planning, monitoring and review was central to the home's management and had provided positive outcomes for all the people living at the home.

Summary of findings

Arrangements for the care and well-being of each person were confirmed in informative and well written care and support plans so staff knew how to provide packages of care tailored to each person's individual needs and personal preferences'.

Is the service well-led?

The service was well led.

Good

The registered manager promoted a culture which was founded on the delivery of person centred care, seeking feedback, learning from experience, and involving people, their relatives and associated health and social care professionals in order to continually improve the service.

Support workers were aware of their role, were motivated and felt supported by the registered manager and team leader. They told us they were able to raise concerns and felt the registered manager listened to them, acted on their views and provided good leadership.

Marlcroft

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.

We carried out an unannounced inspection on the 20 November 2015, and visited again announced on 2 December 2015. The inspection was carried out by one adult social care inspector.

We reviewed the information the Care Quality Commission already held about the home. We contacted the local authority commissioning teams before the inspection and they shared their current knowledge about the home. During the inspection we were unable to speak with all the people who lived at the home because of communication difficulties. However, we were able to observe their interactions with staff who had developed effective methods of communication with them and we also spoke with two of their relatives. We talked with five members of staff including four members of the care staff team and the registered provider who was also the registered manager. We looked at three care and support plans as well as other records and audit documents. We looked around the building including, with the permission of people who used the service, some bedrooms.

Good

Is the service safe?

Our findings

We were unable to communicate with all the people who lived at the home directly because of communication difficulties. However, we were able to observe their interactions with staff who had developed effective methods of communication with each person. We could see that the people who lived at the home were happy and content. They had positive relationships with the staff with whom they had a rapport and their interactions often resulted in smiles and laughter.

We spoke with the relatives of two of the people who lived at the home. They told us that they had every confidence that their loved ones were safe. They told us that their relatives had thrived in the care of Community Care Matters at this home and the previous home they had lived at. One relative said: The managers and staff "have the right attitude; they know the rights of people with a disability". Our relative "is definitely safe I could not wish for a better environment for them". They went on to describe how their relative had benefited from receiving safe and effective care and support and how they had been supported to personally grow and develop as a young person. They said "I was so happy to see how they had developed I could have cried, (with happiness) they "have blossomed". When we asked them about the quality of staff they said: "All he staff are brilliant, they know what they are doing. Nothing is too much trouble for them. All decisions are about our (relative) they reflect their needs and wishes in everything they do".

Another relative said in answer to our question on whether they felt their loved one was safe said, "Safe, yes we are confident in the staff, we can turn up on the doorstep anytime and always receive a warm welcome. We often ring first but that is just because they go out doing things in the community so often". They also told us how their relative benefited from receiving safe and effective care and support and how they too had personally grown and developed as a young person. They said (our relative) "leads an active life, they (the staff) are always exploring what they might like to eat or do, they genuinely care and because of this our (relative) has gone from strength to strength. When we asked them about the quality of staff they said: "The staff who have been there longer are more knowledgeable but they are all pretty good we cannot praise them enough".

The staffing rotas we looked at and our observations during the inspection showed us that there were sufficient numbers of suitably trained and experienced staff on duty to meet the needs of the people living at the home. We could see that staff were deployed flexibly to meet the varying needs of the people with higher numbers of staff on duty when people were engaged in activities during the day time period. When we started our inspection we found that five support workers including the team leader were on duty. The team leader was at the home providing direct care and support for one of the people and the other four staff were out and about with the other two people supporting them individually on activities in the community. In the late afternoons the numbers of staff on duty at the home reduced to two support workers. At night time there was one member of staff on duty supported by another sleeping in and therefore available should the need arise.

The atmosphere in the home was relaxed and quite when we started our inspection but it soon changed and became more vibrant and sociable when the people who had been out returned from their activities in the community. Staff presented as relaxed, competent and knowledgeable. They told us that they had received training on safeguarding vulnerable people and that their training was updated regularly. All staff spoken with had a good understanding of the provider's policies and procedures on safeguarding vulnerable people and were able to provide examples of the types of abuse people could experience. They told us that they would they would report any evidence or suspicion of abuse without delay to the team leader or manager.

Staff had access to the local safeguarding authority's safeguarding vulnerable adult's policy and procedures including telephone numbers should they need to make a direct referral. All staff were familiar with the term 'whistle blowing' but did not know that "Whistle-blowers" honestly reporting evidence or suspicion of abuse were protected under the provisions of the Public Interest Disclosure Act 1998.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service

Good

Is the service safe?

(DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home.

We could see that the people who lived at the home lived active lifestyles with staff encouraging them to take advantage of opportunities to socialise and engage in activities in local community. The team leader showed us that any activity was risk assessed in order to identify any potential hazards and where necessary safeguards were put in place to ensure the safety and wellbeing of the person. Care and support plans incorporated an assessment of risk in each aspect of care provided, including moving and handling, nutrition, choking and epilepsy where appropriate. We could see that risk assessments were regularly reviewed and where necessary updated to ensure any changes in circumstance where accounted for.

There was a fire risk assessment in place and people living in the home had an individual Personal Emergency Evacuation Plan [PEEPS] in place. This was good practice and would be used if the home had to be evacuated in an emergency such as a fire. It would provide details of any special circumstances affecting the person, for example if they were a wheelchair user. These were kept in the emergency evacuation folder at the front door.

Support workers responsible for administering medicines had received training to ensure people's medicines were administered, stored and disposed of correctly. Support workers skills in medicines management were regularly reviewed by the team leader and registered manager to ensure they remained competent to continue.

We carried out a medicines check and found that medicines were stored, administered and recorded safely and effectively. We noted that the medication policy did not address covert administration of medicines. It is important that the service provider addresses this. One of the people is administered their medication via A PEG (which is short for percutaneous endoscopic gastrostomy). Whilst this was prescribed by their doctor the person did not have capacity to give consent to this and therefore giving them their medication in this way could be considered as covert administration.

The home was found to be clean and odour free throughout. We could see that the provider had made affective arrangements to ensure the risk of infection and cross contamination were minimised. All staff had received training on infection control and paper towels, liquid soap and personal protective equipment was available to all staff to use. However, we noted that some staff had not used protective aprons when assisting people with personal care. The team leader took action to address this oversight at the time of the inspection and confirmed that refreshers training for all staff on infection control would take place in the near future.

Good

Is the service effective?

Our findings

Relatives the people who lived at the home spoke with high regard for the manager and staff. They told us that their loved ones had consistently received safe and effective care at this home and the previous home operated by Community Care Matters.

One person's relatives told us how managers and staff had worked diligently with other health and social care professionals to address their relative's loss of appetite which had affected their health and wellbeing. How managers and staff had explored various solutions to the problem and had identified that the particular pain killers they were on may have had an adverse side effect. Their medication was subsequently reviewed and changed and as a result their appetite improved. They told us how the staff prided themselves on producing home cooked meals from fresh ingredients and how their relative had responded positively with great effect. They said their relative "went from not eating to having a very good appetite, they (the staff) explored what they liked and disliked and now we are surprised to find they enjoy such things as coffee which they had not liked before".

Another person's relatives told us how managers and staff had worked diligently with other health and social care professionals to address their relative's health care needs. Following a series of reviews and subsequent reduction in medication they told us how their relative had benefited. They said: our relative "is just happier, the change in their personality, they are much more alert, I could have cried (with happiness), they have blossomed".

Relatives told us that they had been involved in the development of care plans that had been tailored precisely to meet their relatives' needs and personal preferences. They gave examples as to how their relatives had been placed at the centre of decision making and how they had been involved in supporting their relatives to make decisions in their best interest. One person's relative said: "We feel cared for and involved in everything they do".

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 such as Marlcroft are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us that all three people living at the home lacked capacity to consent to care and all were subject to DoLS authorisation's because they were under constant supervision and would not be able to leave the home without the supervision of a competent person. We looked at each person's records and could see that all appropriate documentation was in place. We could see that the manager and staff had worked in partnership with each individual's advocates and social care professionals to ensure that these decisions were made in their best interests and were the least restrictive.

Staff told us that they had received training on MCA and DoLs but their training had not covered carrying out a mental capacity assessment or the process to follow to ensure best interest decision were recorded in accordance with the requirements of the MCA code of practice. The registered manager acknowledged that further development was required and took effective action to ensure that staff received effective training.

Staff were acutely aware of the rights of people to be involved in arrangements made for their care and to be assisted to make their own decisions, as far as possible. To this end they had developed effective methods of communication with each person and ensured that their wishes and personal preferences were paramount in any decision about their care and welfare. The team leader gave an example where they had challenged a care professional who had apparently overlooked speaking to a person when making an assessment of their capacity to make a decision.

From the comments made by the two relatives we spoke with we could see that people who lived at the home enjoyed their food and records showed they benefitted from a varied and nutritious diet. Staff told us that they prided themselves on home cooking and we could see that the home was well stocked with fresh ingredients. One of the other people who lived at the home received their nutrition through a device none as a PEG (which is short for percutaneous endoscopic gastrostomy) as prescribed by

Good

Is the service effective?

their doctor. Staff were knowledgeable about the PEG and were aware of risks and what action to take should there be any issues. They had access to specific training which had been provided by a specialist nurse and a detailed care plan which was reviewed regularly. Records showed that all staff had received training on PEG in March 2015.

The staff team presented as caring and competent. They told us that they were well supported having the benefit of regular structured supervision and training in all relevant aspects of their work and regular updates to ensure they were up to date. Records showed that most of the staff had achieved national vocational qualifications in health and social care including two who had specific qualifications in the care of people with a learning disability. The team leader was a qualified moving and handling assessor and had the level 5 Diploma in Leadership for Health and Social Care and another member of the care staff team was working toward this qualification. Other training included eating and drinking, epilepsy and buccal midazolam training, safeguarding vulnerable adults, DoLS, moving and handling, equality and diversity, dementia, falls prevention and end of life care, nutrition and catheter care.

The team leader told us that the registered manager encouraged joint working and close liaison with the multidisciplinary team. A representative from the care staff team routinely attended the Warrington Borough Council Partnership meeting which was chaired by the local authority's lead on safeguarding vulnerable people. Staff told us that they enjoyed attending such meetings because it gave them opportunities to keep up to date with developments in health and social care such as DOLs and end of life care.

Good

Is the service caring?

Our findings

Relatives of people who lived at the home praised the manager and staff for providing safe and effective care. They told us how their loved ones had benefited from the care provided, how their health care needs had been met and how they had thrived in the home's environment. One person's relative said the registered manager knows what they are doing; they are skilled and genuinely care for people who present with complex learning disabilities. They also praised the staff and told us that they have no doubts and feel confident that their relative receives the best possible care.

The registered manager and team leader promoted a philosophy of person centred care and we could see that this had resulted in positive outcomes for all the people who lived at the home. Each person received care and support tailored to their individual needs, personal preferences and wishes. Whilst we were unable to speak with them directly because of communication difficulties we were able to observe their interactions with staff who had developed effective methods of communication with them. We could see that the people who lived at the home were happy and content. They had positive relationships with the staff with whom they shared a good rapport and interactions observed often resulted in smiles and laughter.

People had care plans which were personalised to their needs and wishes. Each care plan contained detailed information to assist support workers to provide care in a manner that respected the relevant person's individual needs, promoting their characters and personal preferences.

We could see that staff respected each person's personal preferences and promoted positive choice. Their dignity was also respected by the way staff supported them to present themselves. They were all well dressed in such a way that reflected their characters and personal preferences' and their hair and nails were clean and tidy.

The quality of décor, furnishings and fittings provided people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well-furnished, suitably equipped and contained items belonging to the person.

None of the people living at the home were considered to be nearing end of life or of an age or condition where such consideration would be necessary. However, the manager being a qualified and registered learning disability nurse had the required skills and knowledge to respond effectively should the needs and circumstances of any of the people change.

The registered manager had developed a range of information, including a statement of purpose and an easy read service user guide for the people living in the home. These documents gave people information on such topics as the objectives of the home, activities, medicine arrangements, meals, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Good

Is the service responsive?

Our findings

All three people living at the home had lived together for a number of years. Each had an individual case file which contained detailed assessments, risk assessments and care and support plans which had been reviewed, refined and developed over the years. All aspects of each person's health and social care needs were addressed drawing on their personal histories, previous life experiences, their families' views and advice and guidance from their associated health and social care professionals.

Relatives of people who lived at the home told us that they had been involved with the development of these assessments, care and support plans and believed they reflected the person's needs and personal preferences'.

The manager promoted person centred care and this was reflected in the detail of each carefully written care plan. For example one person's care plan on bathing that had been reviewed in September 2015 recorded the person's desired water temperature and other personal preferences' including: "sometimes I really enjoy a shower it can be a fun time when I like you to sing to me." This level of detail helped to ensure that people's preferences where known.

Together these documents provided staff with clear and accessible information so they were able to meet each person's needs and ensure they received safe and effective care and support.

When we started our inspection one person was out at a local day centre and another was out visiting the hairdressers. Each person had their own transport and there were a sufficient number of drivers amongst the staff group to enable them to engaged in separate activities if they so wished. Relatives told us that their loved ones lived active lifestyles engaging in various activities in the local community. Records showed that these activities included swimming, bowling, shopping, days out and holidays. One relative told us how grateful they were to receive birthday and Christmas cards from their loved one. They said the staff "genuinely care" and are "so thoughtful we too feel cared about and involved".

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There were no records of complaints received since the home had opened. Relatives of people who lived at the home told us that they had never felt the need to make a complaint. They told us that they felt so involved

Good

Is the service well-led?

Our findings

The registered manager was a qualified and registered learning disability nurse who presented as an experienced, caring and competent, health and social care practitioner. The team leader had a wealth of experience in the field of health and social care and had gained the level 5 Diploma in Leadership for Health and Social Care. Together they led an established team of experienced staff in the provision of safe and effective care for three younger people who presented with complex needs.

Staff told us that they appreciated the support and guidance provided by the management team. They were conversant with the principles of person centred care and were able to demonstrate this in the way they carried out their duties and responsibilities. Relatives of people who lived at the home were unanimous in their praise for the standard and quality of care provided. They told us that they felt involved were always made to feel welcome and had every confidence in the registered manager, team leader and staff.

We found that the registered manager and team leader were open and receptive to any issues we raised as part of this inspection and moved swiftly to learn from experience and improve the service where necessary. For example, whilst we found that the home was compliant with the requirements of the mental capacity act it was clear that staff would benefit from further training to ensure they had confidence to carry out mental capacity assessments when required. The registered manager addressed this at the time of the inspection and subsequently confirmed that the homes mental capacity policy and procedure would be updated to reflect decision making protocols and guidance which had recently been published by the local authority. In addition changes were made to the home's policy regarding misconduct of staff and whistle blowing to ensure staff had all required information and guidance.

We could see that the registered manager had an established system to monitor and continually develop the standard of care facilities and services provided. These included regular surveys of the views of the people who used the service as supported by their relatives. The most recent survey had been conducted in July 2015 and positive comments were received from the relatives of each person who lived at the home. For example one relatives comment read: "it would be difficult to improve the service X already receives. They all give exceptional service". In addition the team leader and manager carried out a series of audits on relevant topics including: The safe storage and administration and recording of medicines at least monthly with the addition of random spot checks, infection control audits also monthly, health and safety audit of hoists and slings which were checked daily, fire procedures, legionella audits, and care plan audits November 2015. The home's maintenance file showed that maintenance tasks were addressed promptly and routine services of gas and electricity installations and appliances where carried out in accordance with industry standards. The fire officer visited the home in August 2015 and indicated satisfaction with fire precautions including the fire risk assessment. The environmental officer checked the home food storage and preparation arrangements awarded a five star rating.