MacIntyre Care

Darley Cottage

Inspection report

Darley Cottage
6 Hoole Road
Chester
Cheshire
CH2 3NH
Tel: 01244 350128
Website: www.macintyrecharity.org

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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

The inspection took place on 23rd of January 2015. We gave the provider a day's notice. This was to ensure that people using the service could be given the opportunity to speak with us. Darley Cottage is registered to provide accommodation and personal care for up to six people 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. Staff are on duty twenty-four hours a day to support the people living in the home. At the time of our visit, six people were living at the service. The service has a registered manager who has been in post for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager continues to update her training and had demonstrated to us her understanding of requirements under her registration. As well as providing supervision and appraisals to the staff team,

Summary of findings

the registered manager was involved in the provider's quality assurance processes. People told us that they felt safe and that felt cared for. We saw that people who used the service would refer to the staff team for information and advice. People lived in an environment that was clean and home-like in appearance. Some attention was needed to brightening up paintwork in halls and landings and plans to address this were made during our visit. People received care that was personalised and met their needs effectively. People had care plans which were person centred and presented in a format which suited the communication skills of people. Care plans went into great detail and people we spoke with felt included in the way care plans were devised. We saw that care was given in a way that promoted independence and was delivered with dignity and respect. Staff sought the consent of someone when they provided care and had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to enable them to provide care lawfully where people lacked in capacity. People were being cared for by staff that had received training and were being encouraged to develop further skills. The manager provided the staff with on-going support and sometimes worked alongside them to ensure that they were probing appropriate care.

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.

People told us that they felt safe living at the service. We observed that people felt at ease with the staff who supported them. We found that staff were familiar with safeguarding procedures and had received training in this. The provider demonstrated that it would take action when safeguarding incidents arose.

People who used the service had their health and safety promoted through the safe management of medicines.

Good

Is the service effective?

The service was effective.

Staff were able to demonstrate their knowledge and confirmed that they received regular training and supervision.

Staff were knowledgeable about the Mental Capacity Act 2005 and the manager was able to demonstrate that applications for Deprivation of Liberty Safeguards had been made.

The service had a flexible menu which took the preferences of individuals into account

Good

Is the service caring?
The service was caring.

All people we spoke with felt that the staff team cared about them. We observed that the staff team adopted a positive and inclusive approach to the people who lived there.

The independence of people in daily tasks was respected and information was provided to people in a manner which was appropriate to their communication needs.

People were provided with privacy and dignity at all times.

Good

Is the service responsive?
The service was responsive.

Care planning was person centred and was presented in a format that people could understand.

People experienced significant contact with the local community. People were able to pursue their own interests in a way which took risk into account.

The people who lived at Darley Cottage understood that they could make a complaint about their support and were confident that it would be acted upon.

Good

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

Good

Summary of findings

The manager demonstrated the knowledge and skills needed to perform the registered manager's role. The provider demonstrated that there was a robust process to ensure the quality of the support remained to a good standard.

People living at Darley were able to comment and influence the support they were provided with.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on the 23rd of January 2015. We gave notice to the provider of our visit in order to ensure that people using the service would have the opportunity to meet and speak with us about their experiences. The inspection was undertaken by an inspector from adult social care. Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had received since the last inspection, including notifications of incidents that the provider had sent to us. We spoke with local authorities who commission care at the location who had no concerns or issues. No Healthwatch visit had been undertaken at 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. On the day of our inspection, we spoke with six people who lived at the home. We spoke with the registered manager and two members of support staff. We spent time observing the support provided to people. We toured the premises and looked at all six care plan records as part of our assessment of the quality of support provided

Good

Is the service safe?

Our findings

People who used the service told us that they felt comfortable with the staff team and safe living there. We saw that interactions between staff and individuals were positive and informal with staff being a point of contact for individuals. During our visit, five people had returned to their home having been involved in other community activities during the day. All people approached the staff team individually and shared their experiences of the day. This demonstrated to us that individuals were trusting of the staff and felt relaxed with them. We spoke to three support staff and the registered manager about how they ensure people using the service were kept safe. All confirmed that they had received training in safeguarding and we saw records which reflected this.. All were able to give an account of how they would report any concerns or allegations of abuse. Since our last visit, the staff had notified us and the local authority of a safeguarding incident between two individuals. While the situation was addressed quickly, the registered manager still referred the incident to the local authority so that any further support could be provided. We saw documents relating to the incident, the action that had been taken by staff and the referral to the local authority. These records confirmed that this had been done with the interests of the individuals. Information on how to make a safeguarding referral was available to staff. We also saw that the most recent copy of the local authority procedure on making referrals was available.

The premises was clean and hygienic. We were invited to look into all bedrooms. These were nicely decorated and personalised reflecting the interests of individuals. We noted that one window in an upstairs bedroom did not have a restrictor on it with the possibility that this could be used to enter the building and it could be a risk to the person whose room it was. We discussed this with the registered manager and action was taken to address this. One person used a self-contained flat comprising of bedroom, kitchen/diner and bathroom. We saw from care plans that this reflected the more independent nature of the individual and we observed that the person took pride in their living space. The building was subject to a maintenance programme. We saw that where repairs were needed that a system for reporting these was in place. We noted that hallway areas in the building were in need of brightening up. The registered manager made arrangements to address this. All other communal areas were home like in appearance and comfortable. We saw that substances hazardous to health were locked away with risk assessments available to ensure their safe use.

We spoke to two care staff about staffing levels. They considered that there were sufficient staff available but felt that at times their time was taken with cleaning tasks rather than time with people using the service. We looked at the staff rota and this provided evidence that sufficient staff had been identified in advance. The service had not recruited anyone from outside the organisation since our last visit. We noted that any shortfalls in staffing were filled by a member of relief staff who was subject to the same training and recruitment as other McIntyre staff. We saw evidence that this person had received induction into the service. The registered manager considered that this person had provided continuity for the service in order to cover sick leave.

We looked at how the service considered the risks faced by people in their day to day lives. We noted that potential risks posed by the environment had been taken into account and were reviewed regularly. We also saw that where individuals are involved in domestic self-help tasks that any risks again were taken into account. We saw that risk assessments included those risks unique to each person and took into account their need for independence when accessing the community as well as ensuring that they were protected from abuse. The service recorded accidents and incidents. We saw that these included an account of each incident and how it was to be prevented in the future. We looked at how the service promoted the health of people through the management of medication. Five people were prescribed medication and they told us that the staff team assisted with medication and that they were happy with that. One person stated that they had managed their own medication in the past but that they had “got confused” This led to the person agreeing to allow staff to manage their medication. People told us that they always got their medication and that they were aware of the times of the day they should receive it. Everyone told us that they always received their medicines when they were needed and that these were never missed. Medication records indicated that medicines received were recorded as well records reflecting the disposal of medication. All records were appropriately signed for. Information on medicines was available as well as protocols for the administration of homely medicines for each person. A

Good

Is the service safe?

medicines profile for each person was in place indicating the best practice for administering medication to each person. here was evidence that staff had received training in medication. In addition to this, staff told us that their competency to administer medication was checked regularly and records confirmed this.

Is the service effective?

Our findings

People we spoke with told us they were involved in decisions about their care and had been provided with a variety of activities that they could be involved in if they wished. People told us that the staff were "very good" and that they were able to make decision about their lives. Two people told us about the voluntary work that they were involved in and that they "enjoyed it". One person told us that they had been able to choose what they wanted to do for their birthday which coincided with our visit. The staff team had remained stable with no new staff recruited. We spoke to two staff who provided evidence of their understanding of the needs of the people they supported and were very positive about working with individuals. They were able to demonstrate knowledge in respect of the mental capacity act as well as deprivation of liberty arrangements. Staff told us that they received regular training in health and safety topics. These were confirmed by training records. A training plan for 2015 had been devised and showed that where refresher training was needed, this had been identified, booked and placed on the staff rota. The registered manager told us that she maintained her training and also received training that was relevant to her role.

Staff told us that they received supervision every four to six weeks. While we did not view individual supervision records, we saw that a schedule of supervisions had been drawn up by the manager and these indicated that the supervision process had begun for January 2015. Staff also told us that they received annual appraisal of their work.

We looked at how staff took the capacity of individuals into account. Initial assessments of people's capacity had been completed by the service and these were available for all six people. Following on from these assessments, formal applications to assess individuals had been completed by the service and sent to the local authority for consideration. No decisions to make restrictions in liberty had been made at the time of our visit. Information was available to the staff team on the deprivation of liberty process (DoLS). We asked staff about the deprivation of liberty process. and staff were able to give us a good account of this and referred us to the process that was on display in the office. We looked at how staff promoted the nutritional needs of the people who lived at the service. People told us that the food provided was good and that if there was something they did not want, an alternative would be provided. We saw that staff offered people hot drinks on their return from day activities.

Care plans provided a summary of the likes and dislikes of food for each person.. A menu was devised each week. We saw that on a number of occasions this had been altered depending on what people wanted. The day of our visit coincided with one person's birthday and plans had been made to visit a local restaurant for a celebratory meal. Everyone we spoke to said that they were looking forward to this. There was an emphasis on providing information on healthy eating. This information was presented in an easy to read format.

Good

Is the service caring?

Our findings

We spoke with all people who lived at Darley Cottage. Without exception they told that staff were "alright", "very good" and "they care about us". We saw that staff included people in their discussions and interactions. These interactions were relaxed and friendly. When people arrived home, they immediately went to talk to staff about what they had been doing during the day and plans they had for the rest of the evening. For some people, their return home involved identifying which staff were on duty. As soon as they saw who would be supporting them, they appeared content with this and continued on with their routines.

We noted that a lot of key information for people who used the service was available in pictorial form accompanied by written text for those who preferred this. We saw that a complaints procedure was available. This was in pictorial form, included all relevant contacts and was on display within the service. We saw three questionnaires completed by people in 2014 inviting them to comment on the support they received. This again was presented in pictorial form and there was evidence that were people suggested improvements that these were acted upon. We noted that staff promoted the privacy of individuals. While we spoke to four people, staff left the room to attend to other people enabling people to speak freely about their experiences. One person told us that they had recently experienced bereavement in their family. The registered manager and staff told us separately that efforts had been made to ensure that this person had contact with their family members while they were ill. In addition to this, continued support was being provided to this person through observation of this person's emotional needs.

Good

Is the service responsive?

Our findings

We spoke with the people who lived at the service. They told us that they were well. Other comments included "they always get me to a doctor or dentist if I have a problem". They told us that anything staff wrote about them on a daily basis was always shared and agreed by them.

All people who lived at the service told us that they knew how to make a complaint or to raise any concerns. They told "staff would sort it" and "we can go to staff if we are not happy".

No new people had come to live at the service since we last visited. We saw that on-going assessments of people's needs were outlined in care plans which were in turn assessed and reviewed. This meant….We looked at all care plans. In each case, care plans were person centred and detailed. Care plans were accompanied by photographs of individuals undertaking daily activities relevant to each part of their plan. Plans contained individual needs and as a result there was no repetition between plans of the needs people had. Care plans outlined what was important to people as well as likes and dislikes.

There was a detailed outline of their daily activities including those tasks that people could achieve on their own and those where they needed support. Care plans also included communication plans on how staff could best talk to people and how best to approach them during these interactions. Care plans were formally reviewed annually through meetings with the person and all people connected with their support. In addition to this, daily diaries were available for each person. People told us that "we know what staff write about us because they tell us". People had access to these diaries at any time and added their own comments. One person approached us with a diary that indicated a request that he had. They told us that no objections had been made to him accessing his diary to make this request and staff showed no concerns when this this person presented the diary to us.

We looked at care plans and then spoke with two people. One care plan indicated that the person was a fan of sports. We chatted to them about sports during our visit and their reaction was such that we knew that this was of great interest to them. Another person's care plan indicated that they were very interested in the welfare of the home's pet. Again this was confirmed through our conversations with them. This indicated that care plans were a genuine reflection of the interests of people. We saw in one care plan that a person had been placed on a plan of action to take a change in their psychological wellbeing into account. An assessment had been completed by a healthcare professional and this change had been responded to quickly by the staff team. This meant that the person's care plan had been adapted in all aspects of their daily life to reflect this change in their needs. Care plans covered a range of needs of individuals and included their interests and activities. We were able to conclude from these records and observation that all people had significant access to the local community. Most people attended local day services which in themselves contained access to other community facilities. Two people were involved in voluntary work We spoke with one person who confirmed that they attended this work and appeared to enjoy it. Another person attended a local community group meeting up with others from other local services. A person was fully independent in accessing the community and . this was reflected in their risk assessment. The staff team enabled and encouraged this positive risk taking to be encouraged yet had agreements with the person to ensure that they could provide a time for returning. This demonstrated that the team were responsive, took their duty of care into account and did not place un-necessary limitations on this person. We looked at how staff responded to the health needs of individuals. We spoke to all people who lived at Darley Cottage. Some people had been identified as not necessarily being able to directly express whether they were in pain. In those instances, a health calendar was used to record on-going observation of health. Communication profiles had been set up for these individuals allowing staff to know that certain words or gestures could indicate underlying pain or discomfort. We looked at health records. All provided evidence that people were registered with a GP and dentist. As well as staff ensuring that medical attention was sought during any health condition, there was evidence of on-going preventative attention to health such as check-ups, opticians and chiropody appointments. A hospital passport had been devised for reach person outlining the daily needs of people for health professionals should they have to stay in hospital. One person had spent some time in hospital recently and staff had provided support to them through visiting and other practical means. A complaints procedure in pictorial form was available. No complaints had been raised since our last visit either to the registered

Good

Is the service responsive?

manager or to the Care Quality Commission. The registered manager told us that they had started to formally record compliments received by others and in one case the general public.

Good

Is the service well-led?

Our findings

People who lived at the service told us "we have meetings" and "they listen to us". People told us that they “liked the manager” and said that “she looks after us”. They told us that they could go to see the registered manager if they had a problem and that “it would be sorted” We looked at house meeting minutes which indicated that the views of each person had been sought from the staff team enabling them to have a voice and influence the running of the service. We also noted that issues which affected the support provided to people were discussed at this meeting. There had been a recent discussion, for example, in respect of deprivation of liberty. People told us that they found the meetings useful and felt that the staff team listened to them. The service had a registered manager who had worked at the service for a number of years. The registered manager kept all health and safety training up to date as well as attending specific training relating to her management role. The registered manager told us that the administrative part of her role had increased and that she sought to maintain a balance between this and “being hands-on.” In addition to the registered manager, the provider had a management structure in place to provide support, guidance and to monitor the quality of the service. We saw evidence that senior managers and compliance officers visited the service to comment on the quality of the care provided. The purpose of these visits was to determine whether the service was meeting the required regulations. The reports looked at how the service was run and an action plan devised as a result. There was evidence that these actions had been responded to. In addition to this, the registered manager completed audits in respect of health and safety. Staff meetings were held every month and minutes recorded the discussions between the registered manager and staff about the standards of support provided. Care plans suggested that there was an on-going partnership between the service and other professionals. Care plan reviews noted that people from elsewhere who were involved in the support of each individual were invited to these for their professional views. In addition to this, care plans identified those people who were important to each person. This included family and friends but also included community nurses and doctors. The registered manager told us that one person's needs appeared to be changing. This was confirmed by the staff team. As a result the individual had been placed on a pathway to assist with this change in condition. This had involved community nursing services to assist. The individuals living at Darley Cottage had significant links to the local community. Two people were working in a voluntary capacity and one person told us "I enjoy it". Another person was part of a group with other people who used other services run by the provider. This involved regular social evenings again which were enjoyed by the individual. One person was able to access the community independently. While this was encouraged and is an example of positive risk taking, staff were still aware of their duty of care and arrangements were in place in case of emergencies. The registered manager had informed us of any adverse incidents affecting people at Darley Cottage appropriately. We were able to check our records to confirm this. These records indicated that the service did not often submit notifications to us. This was because no adverse incidents had happened. The last incident we were told about involved a safeguarding referral which was mentioned earlier in this report. A certificate of registration was on display in the building. We found that this was up to date and that the regulated activities the service was registered for were taking place. We asked the provider for information before our visit. This information in the form of a provider information return was completed and returned to us in a timely fashion.