

MacIntyre Care

Darley Cottage

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

Darley Cottage is a residential care home providing personal care for six people who have a learning disability and or autism. The home is in one adapted building, with facilities for a member of staff to stay overnight.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

There was a very positive, inclusive and person-centred culture at the home. Most people had lived at the home for a very long time; and they had benefitted from a very stable staff team that had supported them to achieve positive outcomes. The staff team cared about people and were very knowledgeable about their support needs; while remaining inquisitive and keen to learn. Feedback from staff was that they felt well supported in their roles.

In their speech and actions, staff treated people with respect and kindness. They provided people with individualised support that enabled them to be as independent as possible. People's feedback reflected this. Their comments included; "I like living here", "I like it here; I get up when I want, and I have my own routine" and "This home is very relaxed."

Staff supported people to be as safe as possible. There were systems in place that had been effective in helping staff to identify risks in people's support and day to day lives, whilst respecting their freedom and choice. People were safeguarded from the risk of abuse.

People were supported to make their own decisions, staff respected these and promoted people making decisions as much as possible. Staff listened to people, didn't interrupt them and enabled them to take the lead. This was done in a respectful, enabling and everyday manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Planning and documenting people's care was done in a very respectful and creative manner. Each person's plan was personalised, completed in partnership with them and contained key information that was meaningful to the person.

Staff made best use of any opportunities for learning. For example, records of any accidents and incidents were detailed, including even minor events and near misses to increase the opportunities for learning and improving. Alongside this the provider had an effective series of audits on the safety and quality of the care being provided.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's privacy and dignity was respected. Darley cottage was designed and maintained to have a homely feel and to blend into the neighbourhood. People were supported to be as independent as possible, in a natural and everyday manner in an unrestrictive environment.

For most specific and significant decisions, the principles of the MCA had been applied. Documents showed how people had been supported to make their own decisions as much as possible; and if they were unable how the decision made was in the person's best interests.

We have made recommendations that the provider review the staffing rota and documenting how people had been supported to make key decisions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Darley Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Darley Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They were on a period of extended leave. This meant that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with

four members of staff including the manager who currently had oversight of the service and one visiting healthcare professional. We reviewed a range of records. This included three people's care records and two people's medication records. We looked at two staff files in relation to staff support and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. There was a long-standing staff team who knew people well. Staff received training in safeguarding people at risk of abuse and they were able to tell us what they looked out for to ensure that people are not at risk.
- Each person had a safeguarding assessment to highlight any risks and plan people's support to minimise these risks. Staff had met with people and ensured that they understood their rights, understood different types of abuse and knew what to do if somebody was abusive towards them.

Assessing risk, safety monitoring and management

- People were supported to be as safe as possible. There were systems in place that had been effective in helping staff to identify risks in people's support and day to day lives.
- Steps were taken to reduce identified risks as much as possible, whilst working in partnership with people and ensuring that their freedom and choice was respected.
- The building, environment and services were regularly checked for safety.

Staffing and recruitment

- New staff had been recruited safely using appropriate checks that helped ensure that the person was suitable for the role.
- There were enough staff at the service, any cover was provided by overtime or staff from one of the providers other local services who people knew. The service made no use of agency staff. There was currently a recruitment program to increase the size of the team.

Using medicines safely

- Medication administration was safe. Staff provided people with appropriate support to enable them to take their medication safely, whilst promoting their independence.
- Each person had a "About me and my medication" document which contained necessary information that staff needed. Appropriate records were kept and the safety of the administration of people's medication was regularly checked.

Preventing and controlling infection

- The home was clean and well maintained. Staff were trained in preventing infections and the kitchen and laundry areas were safe and appropriately equipped.

Learning lessons when things go wrong

- Opportunities for learning were applied. When something went wrong this was recorded and reviewed to ensure that any necessary improvements could be made. We reviewed these records, they were detailed and recorded even minor events and near misses to increase the opportunities for learning and improving.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were regular assessments of people's support needs involving them and people who they wished to be involved. This process also ensured that people's choices and preferences were also being respected.

Staff support: induction, training, skills and experience

- Staff were supported to be effective in their roles. There was a program of induction and ongoing training, along with regular refresher of that training. Staff received supervision meetings with a senior member of staff that they described as being "very useful".
- People were involved in selecting new staff. People met with new staff and told them about their routines before they started to support them.
- There was a very stable staff team who were very knowledgeable about the people they were supporting; whilst remaining inquisitive and keen to learn.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a balanced diet. People were involved in choosing, shopping for and preparing main meals at the home. People used the kitchen and had breakfast and lunch when they chose; there were also snacks and fruit available throughout the day.
- People with specific dietary needs had these catered for and staff worked closely with healthcare professionals to ensure they supported people safely.

Adapting service, design, decoration to meet people's

- The home was in a large domestic style building that fitted in with the neighbourhood's surroundings. There was nothing that distinguished the home as a care home, it was furnished in a homely style, had a domestic style kitchen that people used and had comfortable sitting areas that created a cosy and welcoming environment.
- People had been supported to decorate and personalise their own rooms. One person's accommodation enabled them to be more independent, they had their own kitchen and dining facilities which they used.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People received effective support to ensure that they were as healthy as possible. Key information was recorded that may indicate a person was becoming unwell, particularly for people who may find it difficult to communicate feeling unwell. Staff had also made plans with people, containing key information that would help people access healthcare effectively.

- Observations of any changes in people's health and wellbeing were recorded daily and reviewed by staff for any patterns or changes. Records regarding people's health concerns were well thought out, detailed and of good quality. They had helped healthcare professionals to provide effective support and we saw examples of when people had benefited from this approach by staff. One healthcare professional told us, "The staff have been good. They have worked alongside us, have been proactive and acted quickly to get additional support."

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The documentation relating to who may benefit from a DoLS and if a person was being deprived of their liberty was not clear.

We recommend the provider reviewed the process for documenting the process of deciding who may need or not need the benefit of a DoLS.

- For most specific and significant decisions, the principles of the MCA had been applied. Documents showed how people had been supported to make their own decisions as much as possible; and if they were unable how the decision made was in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- In their speech and actions, staff treated people with respect and kindness. People received individualised support that supported them to be as independent as possible.
- One of the people who lived at the home took the lead and showed us around their home. They were confident and it was clear that there was an imbedded culture at the home of people being empowered and listened to. People's feedback reflected this. Comments included; "I like living here", "I like it here; I get up when I want, and I have my own routine" and "This home is very relaxed."
- We saw many examples of staff having a caring approach towards people. For example, one person had been through a period of illness that had been difficult for them to express and health professionals to diagnose. Care staff had taken the initiative to meet and redesign how they recorded the person's wellbeing, this was exceptionally detailed and summarised changes over time in a clear format to help health professionals with their diagnosis. This helped an unexpected cause to be found and the person to improve in their wellbeing. Staff told us that it was really important to them that they did everything they could to support them to become well again.

Supporting people to express their views and be involved in making decisions about their care

- We saw that people were supported to make their own decisions, staff respected these and promoted people making decisions as much as possible. Staff listened to people, didn't interrupt them and enabled them to take the lead. This was done in a respectful, enabling and everyday manner.
- People were comfortable and confident in their home and took ownership of their environment and personal space. For example, one person was supported to have and look after their pet.
- The care planning process supported people to take the lead in planning their care and support. This included asking people what was most important to them and involving people in the selection and recruitment of new staff members.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Darley cottage was designed and maintained to have a homely feel and to blend into the neighbourhood.
- People were supported to be as independent as possible, in a natural and everyday manner in an unrestrictive environment. For example, some people had been supported to purchase and use their own mobile phone, which helped them to be more independent whilst staying as safe as possible; and if people wished and they were able to use them, they had a set of keys to the home.
- Any intrusion into a person's privacy was in their best interests and managed carefully. One visiting

healthcare professional told us, "Staff are respectful and kind. With a good balance of support and respecting people's privacy."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We saw that at times staff were deployed so that people could receive support to attend specific events. However, in people's everyday support, staff were not able to show how the rota had been designed to ensure people had maximum choice and opportunities to engage in individual interests. For example, typically there were two staff supporting people all the time; when a lot of people were only at home during the evening and weekends.

We recommend the provider reviewed how the deployment of staff met people's needs, preferences and increased people's choice.

- Planning and documenting people's care was done in a very respectful and creative manner. Each person's plan was personalised, completed in partnership with them and contained key information that was meaningful to the person. Some people's plans contained key sections in a graphic format that enabled them to contribute to their plan.
- People chose how they spent their time during the day. Some people had chosen to attend mid-week daytime activities in one of the local community day services; other people chose to spend time at home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Documents containing important information had been adapted to make them easier for people to understand. This included the service user guide, information about people's rights and what to do if "somebody is nasty to you". The service had developed very good pictorial risk assessments that helped people understand risks and remain safe.
- Some people used Makaton to communicate; Makaton is a language program that uses symbols, signs and speech to help people communicate effectively. Some staff had learned Makaton signs and we saw that some information was printed in Makaton signs for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Many people at the home had become friends. They were also supported to maintain relationships and

make connections in their community. People were supported to be active members of their community, used local services and socialise in local pubs that were only a short walk away.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns they may have. There was an accessible document that outlined people's rights in how to make a complaint. Staff had identified what support people may need to raise a concern and what may indicate a person was unhappy.
- People's complaints and concerns were taken seriously and effectively responded to.

End of life care and support

- If appropriate people had been supported to let staff know their wishes about if they became very ill and how they would like to be supported. This had been done sensitively, in a manner that helped people to understand their decisions.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very positive, inclusive and person-centred culture at the home. Most people had lived at the home for a very long time; and they had benefitted from a very stable staff team that had supported them to achieve positive outcomes.
- The service was provided in line with the principles of Registering the Right Support. Darley Cottage was consistent with other homes in the neighbourhood and was not distinguished as different to other domestic homes in any way. The home had an appealing and comfortable domestic style environment and people were supported to live ordinary lifestyles in their community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was currently on extended leave from the service. During this time the provider had arranged for oversight of the service and staff support to be provided by another registered manager. Staff told us that they had felt supported during this time. Many of the staff had worked at the home for many years and they were familiar with the running of the service. The staff team were effective in their roles and had good daily communication.
- The provider had an effective series of audits on the safety and quality of the care being provided. There was also a program of improvements of the home's environment that was part way through completion. This showed that the quality of the environment of the home was being monitored and improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Senior staff understood their responsibilities in relation to their duty of candour and had ensured that information was appropriately shared if any concerns were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; and working in partnership with others

- People were continuously consulted with about the quality of the support they received, and their feedback was listened to and acted upon.
- There was an established team of staff members who effectively worked together, learned from each other and remaining inquisitive and keen to learn and improve.
- People's care and support was regularly reviewed in partnership with them. We saw times when this had

led to changes and improvements being made in people's support.

- The staff and management team worked closely with other agencies to ensure positive outcomes for people. This included health and social care professionals so that people received person centred care to meet their individual needs.