

# Cardell Care Limited

## Machlo

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 14 and 18 December 2015 and was announced. Machlo provides accommodation for up to three people with a mental health condition and/or a learning disability. Machlo also provides personal care to people living in their own homes. At the time of the inspection they were visiting three people but just one person was supported with their personal care.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

People's care and support was individualised based upon their preferences, routines and aspirations. They were fully engaged in developing how they wished their support to be delivered. Their care records confirmed their involvement and were kept up to date to reflect their changing needs. A person told us, "Cardell (provider) see the person, they deliver my personal care the way I want and when I want it". When people were anxious they were supported by staff who understood them and how to help them. A relative commented, "Staff have insight into [name]'s habits and moods and they have developed strategies to cope with the difficulties she can present at times." New ways of working concentrated on how to help people learn new skills and how to help them cope when they were unwell. Creative systems had been developed to support people to manage their own medicines. People told us they were safe and knew how to raise concerns if they needed to. They enjoyed a busy lifestyle meeting with friends and family in their local community.

People were supported by staff who knew them well and worked consistently together to make sure people received continuity of care. Staff had access to training to keep their knowledge and skills up to date and had individual meetings with the registered manager to review their performance and their training needs. Staff were asked for their opinions about the service and as a team had discussions about the care provided making team decisions about the way forward.

The registered manager monitored the quality of the service provided and promoted the rights of people living in the home, ensuring they received the care and support they wanted to receive. She made sure the checks required by law were completed including the recruitment of staff, health and safety systems, and the management of medicines and prevention of infections. The registered manager and staff kept up to date with best practice and changes in legislation by networking or membership with local organisations and attending conferences. The registered manager commented, "We have a well-motivated team, who have an understanding of what to do, how and what to achieve and doing it consistently to the benefit of people living here." A person said, they "really have been angels, phenomenal."

## 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. People were protected against the risk of abuse. They were kept safe by staff who understood them well and knew how to help them become calm when upset or anxious.

People were safeguarded from the risks of harm. Their independence was promoted whilst any known hazards were minimised.

People were supported by sufficient staff who had the skills and knowledge to keep them safe and meet their needs.

People's medicines were managed safely. People managed their medicines either independently or with staff support.

### Is the service effective?

Good ●

The service was effective. People were received their care and support from staff who had the appropriate skills and knowledge to meet their needs. There was flexibility in the scheduling to make sure there were enough staff at all times.

People's consent to their care and support was sought in line with the recommendations of the Mental Capacity Act 2005.

People's dietary needs were monitored and they were supported to have a healthy diet. People were helped to stay well through access to a range of health care professionals.

### Is the service caring?

Good ●

The service was caring. People were treated with dignity, respect and compassion. Staff knew them well and promoted positive communication.

People were encouraged to express their views and were actively involved in discussions about the support they wished to receive.

### Is the service responsive?

Outstanding ☆

The service was responsive. People's care and support was

developed with them and reflected their personal wishes and changing needs. People were encouraged to be independent and to try new skills. Creative systems had been developed to help them achieve independence in aspects of their care and support.

People talked about their worries or concerns as they arose which were listened and responded to.

**Is the service well-led?**

**Good** ●

The service was well-led. People were empowered to express their views about the service they received whether living in the care home or receiving personal care in their own home.

The registered manager was accessible and proactive, promoting an environment in which people and staff felt their ideas and views would be listened to and acted upon.

# Machlo

## **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.

The inspection took place on 14 and 18 December 2015 and was announced. Notice of the inspection was given because the service is small and the manager and people are often out of the home. We needed to be sure that they would be in. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for people with a learning disability.

Before the inspection, the provider completed 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. We also reviewed information we have about the service including statutory notifications. The Care Quality Commission monitors events affecting the welfare, health and safety of people using a service through the notifications sent to us by providers.

As part of this inspection we spoke with three people living in the home and one person using the supported living service. We had feedback from one relative. We also spoke with the registered manager and three care staff. We reviewed the care records for three people including their medicines records. We also looked at the records for three staff, quality assurance systems and health and safety records. We observed the care and support being provided to people. Before the inspection we received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

People were supported to stay safe both within their home and when out in their local community. Staff told us, "People feel safe to come and talk with us." A person supported in their own home said, "The registered manager is always there, I call if I need help." Staff had completed training in the safeguarding of adults and had a good understanding of how to keep people safe and what to do if they suspected harm or abuse. Information about local procedures was available and staff knew who to contact. The registered manager said they focussed on safeguarding and abuse at staff meetings reflecting about their practice and how they kept people safe. Staff described strategies which had been developed over time to help people to respect each other and to be considerate of each other's personal space. Staff knew if a person was upset they could use their own personal day rooms in the knowledge they would not be interrupted. The registered manager reflected how the environment supported people to have their own safe places if needed; this had not been planned but had proven to be a very effective way of responding to incidents when they occurred. Staff had a good understanding of people's routines and how to distract them when they were becoming anxious such as offering people a drink or some space. Clear guidelines were in place which had been discussed and agreed with people.

People had help to manage their personal finances if needed. Records had been kept for all financial transactions and people had signed these with staff. Checks had been completed to make sure balances matched. People had inventories for personal possessions.

People were protected against the risks of potential harm. Their care records identified any known hazards and how these were minimised to keep them as safe as possible. People were encouraged to be independent, for example staff supported one person to go out alone. Initially staff accompanied them until they knew the route and then once the person was confident they withdrew their support. People had mobile phones which were used to keep in touch with staff. One person had their phone set to quick dial in case of an emergency.

The risk of emergencies to people had been assessed and the necessary checks and systems were in place to protect them. Each person had an individual assessment detailing how to evacuate them from their home in an emergency or how environmental risks had been reduced. Some restrictions had been put in place to make sure they were safe in their home. For example, people had agreed to lock the kitchen overnight to reduce the risks of a person trying to use the kettle or cooker without staff supervision. Checks and servicing had been completed for fire and water systems to make sure they were being operated safely. A contingency plan was in place for emergencies such as utility failure or staff sickness. There was a system for out of hours support should staff need help or advice.

There were enough staff with the right skills and knowledge to meet people's needs and to keep them safe. Staff confirmed their schedules were flexible to make sure people had support to carry out their day to day activities. Additional support was always available from another home owned by the provider which staff said they worked very closely with. This ensured people were always supported by someone they knew and who understood their needs, providing consistency and continuity of support. For the person receiving

support in their own home, they had continuity of care from the same staff. They confirmed staff stayed for the correct length of time and were always punctual and commented, "If I am having a bad day, they will stay and talk; they don't rush off." There had been no new staff appointed to either service. Satisfactory recruitment checks were operated by the provider for their other services.

People's medicines were managed safely. Staff had completed training in the safe administration of medicines and their competency was monitored through observations by the registered manager. One person had their medicines administered by staff. Other people had been supported to learn how to manage their own medicines. Clear procedures had been developed to make sure this was done safely. People had chosen whether to keep the keys for their cabinets. One person liked staff to observe them taking their medicines. Protocols were in place for the use of medicine to be taken when necessary. There was evidence of discussion with health care professionals and relatives about the use of this medicine to make sure it was not over-used and given only when needed. Medicines were administered safely in line with national guidance.

# Is the service effective?

## Our findings

People were supported by staff who had the opportunity to acquire the skills and knowledge to meet their specific needs. Staff had completed training considered as mandatory by the provider which involved open learning and questionnaires to assess their knowledge. This training covered areas such as health and safety, infection control, food hygiene and medicines administration. The registered manager confirmed all staff were refreshing their knowledge by completing the new care certificate. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. In addition to this staff said they had completed training in autism and mental health which helped them to understand people's conditions. They told us, "We do quite a lot (training); we have time built in for it. You would only have to do it at home if you got really behind" and we do training "online individually and offsite in a group". Training records had been kept which monitored when training had been delivered and when refresher training was needed.

People benefitted from staff who were supported in their roles by having individual meetings with the registered manager to discuss their work, their training needs and the service they provided. They also had annual appraisals to reflect on their performance and professional development. Staff could also attend team meetings, held every two weeks, to share their knowledge, skills and experience of working with people. The registered manager said they organised team meetings to involve staff from the two homes which worked closely together; this promoted effective communication. The registered manager recognised the importance of a team approach. She said, "The team are well motivated; they have a common understanding of what to do, how and what to achieve and doing it consistently."

People's care records identified whether they were able to consent to all or aspects of their care and support. For example, respecting that when people were unwell or in crisis their capacity to make decisions might be affected. People had signed their care records where appropriate to confirm they agreed with the care and support being delivered. This was in line with the Mental Capacity Act 2005 (MCA). The 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. There was evidence when decisions had been made in people's best interests and why.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Deprivation of liberty safeguards had previously been applied for but the restrictions in place were deemed to be in their best interests and not a deprivation of liberty. One person had restrictions to their liberty which had been authorised by the Court of Protection.

People were supported when upset or in crisis by staff who understood them and anticipated how to help



them regain a sense of calm. New behaviour management systems had been developed with people to help them manage their anxieties and emotions. The registered manager said staff supported people in a "steady and calm" way. Staff would either walk away until people were calmer or work out compromises with people to help them re-engage. Staff said, "We are good at working together and anticipating solutions, we check with the registered manager if these are ok."

People had agreed a menu which reflected their likes, dislikes and dietary needs. A person commented, "We have a set menu, it changes every three weeks with different food every day. My favourite is roast on Saturday - yes, with crispy potatoes." Each person had their own individual cupboard in which to store their food or drink. One person occasionally needed dietary supplements to increase their fat and carbohydrate intake. When needed people's weights were monitored more frequently to assess whether their weight had stabilised. People had been encouraged to help themselves to their breakfast and lunch. Staff confirmed snacks of fruit and yoghurt were available. A special kettle had been provided to enable people to make hot drinks safely.

People were supported to stay healthy and well. A person confirmed, "We go to see the doctor. Staff make appointments. I like the doctors, I like a lady doctor for private things". People's physical and mental health needs were closely monitored and when needed referrals were made to the relevant health care professionals. A record was kept for all appointments with people's GP, community nurse, dentist and optician so that staff could follow up if needed. Each person had a health action plan and a hospital passport which summarised their health care needs should this information be needed in an emergency. The registered manager confirmed they worked closely with the learning disabilities nurses at the local hospital when people had outpatient appointments or were being admitted to hospital. This made the process easier for people having to access the hospital. Health care professionals told us the staff understood the needs of people with mental health and learning disabilities and worked closely with them to deliver the best outcomes possible for people.

## Is the service caring?

### Our findings

People were treated with understanding and sensitivity. People told us, "They're helpful & caring, they're friendly and kind" and "They're there when you want them". Staff had established positive relationships with people, showing concern for their health and well-being. When people were unwell staff endeavoured to support them and respect decisions they might make about refusing help or support. Staff were compassionate about what people were experiencing offering reassurance and comfort when needed. A relative told us, "We are content that [name] care is in good capable hands." A person receiving care in their own home commented, "Staff are so lovely at Cardell Care, it's not just a job, they really do care."

People's personal histories and backgrounds had been discussed with them and summarised in their new support plans. Staff understood these and how they impacted on people's day to day lives. Staff recognised people's routines were very important to them and respected these. Staff listened to people and took notice of what they were saying. People had very individual ways of communicating their needs and strategies had been developed to help people express themselves effectively. For example, answers to frequently asked questions had been written onto a white board so a person could remind themselves of the response. Staff knew how to respond to people promoting positive communication ensuring the person felt they had been listened to.

People's diversity had been recognised and they were supported to follow their spiritual or religious beliefs if they wished. People were helped to take part in meaningful, age appropriate activities in their local community. People were supported to maintain relationships with family and friends who were important to them. People told us, "My daughter comes to visit on Saturdays. My Mum came, took me out to a nice pub" and "I see [sister] on Thursdays and I have a mobile phone, sometimes she comes from Cheltenham." A relative commented, "The staff at Machlo have inevitably been kind and courteous to us and willing to help as required." A person told us, "They have a very good way of dealing with people with mental health issues."

People had been fully involved in talking about the care and support they wished to receive. Their new care plans reflected this and acknowledged how people had been involved. Some people had signed their care records to confirm this. Staff were attentive to people, giving them explanations about their care and support when they needed it. People had access to information about the service provided which was displayed in the entrance hall or given to them personally. For example, the service user guide. A person receiving care in their own home confirmed they had discussed their support needs and showed us their new care plan which they had reviewed with staff.

People's views about changes to how their support was provided were actively sought. They were engaged in developing new ways of working for example managing their own medicines. Individual meetings were held with people to encourage them to talk about the service they were receiving. The provider information return said, "Service users are encouraged to be fully involved in the delivery of their care" and "involvement in meetings where decisions about the home are made".

People were treated with respect and kindness. A person said, "They knock on doors, respect privacy". Staff commented, "Staff are respectful; you never hear any moans or groans." Staff were prompted to consider people's opinions and not to "get into arguments" with people but to "stand back". Care plans encouraged staff to "be positive, smile" and to wait for people to come around. A health care professional commented how the registered manager and staff were always "respectful of the people they support" and their "communication was thorough without breaking confidentiality". People's personal records were kept securely and people had discussed with the staff who they could share their personal information with. End of life wishes had been discussed with people and these had been recorded within their care plans.

## Is the service responsive?

### Our findings

People's care was individualised reflecting their personal wishes and lifestyle choices. Dramatic changes had been made to the way in which people were involved in developing their new style care records called 'Positive and proactive support plans'. Previously, although people had talked with staff about their care plans they had not taken the lead in this process. People now had the confidence to talk with staff about key areas in their lives for inclusion in these support plans. This was done in a variety of ways to encourage their participation and to support them to direct their care; for example day to day chats with staff, more formal discussions with a named member of staff (who was responsible for ensuring the care they received reflected their wishes) and talking with the registered manager. As a result this had a huge impact on people who had been able to make sure their support plans encompassed not only their individual wishes but also those routines so important to them to maintain their confidence and promote their independence. For example, one person requested staff to support them calmly and consistently when they were unwell and another person asked staff to help them to learn safe routes to access their local community independently. People had signed their plans and a statement acknowledged their involvement. The provider information return (PIR) confirmed, "Service users play a full and active role in directing the care that they receive." They had annual reviews of their care with their family and representatives from the local authority, providing them with an opportunity to make sure their individual needs were still being met.

People's plans prompted staff to support them to be independent, "encourage me to do more for myself". Plans also included a summary of people's personal history and behaviour support strategies so staff could understand why they needed their support to be provided in a certain way. Staff knew people well and used this knowledge to make sure people's personal preferences were met, helping them to maintain their physical and mental well-being. For example, a relative commented, "Staff have insight into [name]'s habits and moods and they have developed strategies to cope with the difficulties she can present at times." A person who received support in their own home said, "Cardell (provider) see the person, they deliver my personal care the way I want and when I want it" and "They have a very good way of dealing with people with mental health issues".

People had discussed the levels of support they needed and also explored areas they had never considered being independent with, such as managing their medicines or catching the bus. The PIR recognised although the service was "user led" it was important to "try hard to expose service users to alternative ways of supporting them so they can make an informed choice". Staff commented, "Our new way of working gives people greater decision making, and encourages them to use skills they haven't used before" and "We promote independence, giving people their skills back is extremely valuable". One person told us, "Staff showed me where to get on and off the bus I like to be independent and to come back too". This helped the person to maintain contact with people important to them and to meet with them privately without the support of staff. Another person told us about the opportunity they had when supported by staff to do voluntary work in a charity shop.

Creative systems had been developed to help people to manage their medicines. One person proudly told us, "We all take medication - the staff remind us when to take it." People had a prompt card with a photograph and the name of the tablets they needed to take at any particular time of the day. This reflected

what was on their personal medicines administration chart which they ticked to confirm they had taken their medicines. Staff also completed a medicines administration chart which kept a stock record for all medicines as well as confirmation staff had seen the medicines taken. One person was able to manage their medicines for themselves.

When people's physical or mental health needs changed staff were quick to respond. Strategies had been discussed with people about the support they would like when they were unwell. For one person this meant giving them space and for another person it meant giving them more help than they would normally have to carry out their personal care. Staff kept in close touch to make sure the support they provided was consistent and if they had doubts about their effectiveness they contacted the relevant health care professionals for advice. A health care professional commented, Cardell work with people who have "had poor prognoses in terms of their mental health related to their learning disability. They have worked with the individuals and their families in a holistic way which has resulted in significant breakthroughs in the people they support having dramatic changes to their lifestyle choices." The registered manager confirmed, "We have a well-motivated team, who have an understanding of what to do, how and what to achieve and doing it consistently to the benefit of people living here." People's care plans were kept up to date with any changes in their situation. Daily diaries and communication books also made sure staff were kept informed of any changes.

People enjoyed a busy lifestyle participating in meaningful activities of their choice. People told us, "I go to the gym to try to lose weight", "I go to scrabble Tuesdays, Wednesdays we all go out to club, Thursdays it's arts and crafts group - I like to paint" and we go to a "Coffee morning, test the cakes, Monday at the church". People's activities focussed on their individual preferences and they were supported to do these independently or jointly if they wished. People discussed their holidays and one person said, "Staff gave us three choices, we all chose Spain, we went shopping, went to a magic show, we flew - it was good."

People had the opportunity to mix with their peers and friends from church or social clubs. They used local community facilities such as shops, the gym and the library. One person really enjoyed horse riding and another went to a day centre attached to a local church. Another person used public transport to get around whilst one person had their own car.

People were encouraged to talk about any concerns or worries they might have as they arose. People told us, "I would tell the deputy manager. They'd listen. They'd explain what had happened" and "If get cross we tell staff and they sort it out". Another person said, "We have house meetings – you can chat if you've got a problem or complaint. We can talk about it, can talk about staff if feel brave." Staff confirmed, "Everyone knows how to make a complaint." The registered manager reflected about concerns expressed by one person about a response to drinks being spilled when taken upstairs. Through discussion with the person they had come to a compromise solution whereby a thermos flask was used reducing any risks whilst respecting people's wishes to have drinks in their rooms.

People had individual meetings, if they preferred these instead of the house meeting, with the registered manager and deputy manager who often worked in the home and were always accessible by telephone. The provider information return confirmed "service users meet regularly to discuss house issues both as a group and individually with members of the management team". The complaints procedure, produced in an easy to read format was available in the entrance hall. The registered manager confirmed they had not received any complaints.

## Is the service well-led?

### Our findings

People were fully involved in reviewing and monitoring the service they received. A person receiving care in their home said "They see me as a person". They confirmed they helped to shape the service they received and commented; they "really have been angels, phenomenal and have helped me through hard times". As part of the process of reviewing people's care records, people and staff assessed whether they had helped people to achieve their goals. Staff said they were encouraged to participate in this process, "We express our views, and discuss if it's not working, changing systems if needed."

People had lots of opportunities to voice their opinions. They had individual and house meetings and had produced a newsletter with staff reflecting on their achievements and their aspirations for the future. The provider information return (PIR) stated these "ensure that the service user's voice is heard". Relatives confirmed close contact was kept with them and they openly expressed their views about the quality of care. They told us, "I am happy to report satisfaction overall with the standard of care provided by Cardell Care at Machlo."

The registered manager was open and approachable. People knew her well and were used to having access to her when she was in the home to chat or socialise with. Staff commented, "The registered manager is fair. Decisions are made as a team; everyone's opinions are put in the pot and discussed, to benefit everybody." The PIR stated, the registered manager by supporting staff with individual meetings and providing them with "clear direction" said "staff support service users as they have requested to be supported". The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission. Statutory notifications are information the provider is legally required to send us about significant events.

The registered manager described her vision for Machlo was to make sure "Service users continue to have a full, active voice in their home and community and that every day is meaningful." Staff confirmed, "It's their home, all are happy." The registered manager said, people living at Machlo were "treated as individuals, the three ladies lived beautifully together without impacting on each other's lives". "People are allowed to be safe in a very individual way. Everyone feels comfortable to express themselves." She recognised the challenge was to continue to understand people's communication needs and to maintain a staff group who knew people; the consistency of staff was vital. She said they constantly asked themselves "is there a better way to do this?"

The registered manager monitored the quality of service provided by overseeing daily, weekly and monthly checks on the environment and health and safety systems. An annual infection control report had been produced in 2015 in line with national guidance, summarising the systems in place to prevent the spread of infection. An inspection by the local environmental health department had awarded Machlo the top score of five stars for the management of food services. A very positive report was received about Machlo after a visit as part of a local authority quality assurance audit.

The registered manager maintained her own professional development and kept up to date with changes in

legislation and guidance through membership of a local care provider's organisation, subscribing to care magazines and membership of a local authority networking group. She also attended local and national conferences. Staff completing the diploma in health and social care were supported to share their knowledge and to make sure best practice was reviewed and service details kept up to date. Most policies and procedures had been reviewed in 2015 and the "Welcome to Machlo" document had been changed to reflect changes to the service being provided. The registered manager confirmed they had registered with the Skills for Care National Minimum Data Set for adult social care to record their training and also enable them to access future training for staff.