

MacIntyre Care Cherriton

Inspection report

1 Bedford Drive
Rock Ferry, Birkenhead
Wirral
Merseyside
CH42 6RT

Tel: 01516438145
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 ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 10 March 2017. We also visited the provider's offices on 14 March 2017 to look at records.

The manager of the service had applied to be the registered manager and was going through the process at the time of the inspection. 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.

Cherriton provides accommodation and support for six adults who have learning disabilities. It is run by MacIntyre Care who provide support services to people across the country.

The house is a detached property in a residential area of Rock Ferry. It fits in with the local neighbourhood and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community. Shared space includes a lounge, dining room, kitchen, bathroom and two accessible shower rooms. Outside, an enclosed back garden provides seating, and parking is on-street at the front of the house. Each of the people living at the house has a large bedroom of their own, some of which are located downstairs.

We last inspected Cherriton in June 2015. At that inspection we had concerns that the provider did not meet the requirements of the Mental Capacity Act 2005 (MCA) and with how the service managed their quality assurance systems. At this inspection we found that these areas had improved along with the rest of the service provision.

The home employed adequate staff in order to meet the needs of the people who lived there. The staff were supported by the manager and senior support worker to do their jobs well. They had access to regular training, support and supervision.

The premises were cleaned and well maintained. We saw that the equipment was regularly checked to ensure that it was safe for use. We saw that there were plans in place to improve some areas of the home.

The manager and staff team had a good understanding of the Mental Capacity Act and saw that it was safely applied to ensure that people were cared for lawfully.

The staff were kind and caring and we saw many examples of how they respected the individuality and dignity of the people who lived in the home. Relatives spoke very highly of the staff and the manager and the care that their family members received.

The home was well led and the manager and senior support worker worked hard to maintain systems and processes to ensure that people received good care in a caring and safe environment.

We saw that risk assessments were in place and were updated regularly to keep people safe. Medicines were managed well for everyone who lived in the home. The manager monitored the systems and processes well and made sure that standards were maintained and took action when it was required.

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.

The premises and equipment were safe and well maintained.

Staff had a clear understanding of safeguarding and what action to take if they thought that people were at risk.

The service had adequate staff to meet the needs of the people who lived there.

Is the service effective?

Good ●

The service was effective.

The MCA was safely applied in the least restrictive way for people.

The staff had access to regular support and training in order to do their jobs successfully.

There were plans to refurbish the parts of the building that needed it.

Is the service caring?

Good ●

The service was caring.

Relatives were very positive about the staff team and the care that they provided.

Staff engaged with people in a positive way at a level and pace that was suitable for them.

People's confidentiality was maintained at all times.

Is the service responsive?

Good ●

The service was responsive.

The complaints process was clear and people knew how to use it.

Care plans were person centred and contained all the important information needed to care for the person safely and in the way that they wanted.

Activities were tailored to meet people's needs.

Is the service well-led?

Good ●

The service was well led.

Relatives spoke highly about the service and the way it was run.

Clear quality assurances processes were in place and followed to ensure the safe running of the service.

The manager notified CQC of significant events as required.

Cherriton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 March 2017 and was unannounced. It was carried out by an Adult Social Care Inspection manager. The manager was given 24 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in. We also visited the provider's main office on 14 March 2017 to look at records.

Before the inspection we contacted Wirral Council's Quality Monitoring and Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about, and from, the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the manager, the senior support worker and three other members of staff. We met with the people who lived at the home, and following the inspection we contacted three relatives by telephone. We observed staff providing support for people in the lounge and the dining room. We looked at medication storage and records. We looked at staff rotas, training and supervision records. We looked at maintenance records. We looked at care records for two people who lived at the home and records of the audits that the manager had carried out.

Is the service safe?

Our findings

People spoke very highly of the staff team and the support that their relatives received living in the home. One relative told us "I have no worries at all. She is safe and well cared for." We spoke with one person who lived in the home and they told us about an incident that had occurred and how this had been resolved. The staff member present was supportive and reassuring to the person and enabled them to tell us about what had happened.

Before we visited Cherriton we looked at the records we held about the service and saw that there had been some errors made with the administration of medication. We looked at the systems and processes in place and saw that they were robust and that medicines were checked after every administration to ensure that any concerns were picked up immediately. We also saw that staff who had made errors had to go through a rigorous process of training, reflection and observation before they were able to administer medicines again.

We saw that medicines were stored appropriately and safely in locked cupboards in each individual's bedroom and that temperatures were checked to ensure that storage was at a safe level as to not affect the effectiveness of the medicines.

We looked at the safety of the premises and saw that it was well maintained. We saw evidence that regular checks had been made of the premises and the equipment within it. We saw that the gas, electricity, water were all certificated and on maintenance contracts. We looked at health and safety audits and could clearly see that when issues were identified, they were dealt with.

We looked at risk assessments and saw that they were up to date and had been revisited as and when required. We also saw that there was a clear audit trail of learning following any accident or incident in the home.

The provider had a policy in place for identifying and reporting potential safeguarding adults incidents. Information about how to report abuse was available to staff. Staff told us and records confirmed that they had received training in safeguarding adults. In our discussions with staff it was clear they had an understanding of safeguarding adults and their role in reporting potential abuse.

We looked at the safeguarding concerns that had occurred over the last year. We saw that there was a real effort to ensure that systems and processes were in place to avoid any further incidences.

We looked at the staffing levels and saw that they were adequately maintained. We saw that agency staff were used as a last resort but every effort was made to maintain consistency and agency staff had a full induction before commencing work. The manager told us that the night shift was currently under review as to whether there was adequate cover due to the changing needs of the people who lived in the home. They were checking to assure themselves that people's needs were being met safely by adequate staff cover.

During our inspection we observed that there were sufficient staff available to meet the needs of the people living in the home. We saw a number of one to one activities taking place. We saw that staff had time to spend quality time with people and were people led, not task orientated. We were also told that there was always an 'on call' system in place so staff had access to senior managers for advice at all times should they need it. Some staff raised some concerns that their manager now also split their time with another home nearby and they were concerned that this may impact the home in the future.

We visited the provider's offices to look at recruitment records. We saw that robust procedures were followed in relation to staff recruitment. All staff had all the required checks carried out prior to commencing work at any of the services the provider was responsible for.

Is the service effective?

Our findings

The relatives we spoke with were all very positive about the staff and the care that they provided. Comments included "They are wonderful. I can't thank them enough" and "I am very pleased indeed. She is so well cared for."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the staff team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

At our last inspection of Cherriton we had some concerns with how the MCA was being applied to the care of the people living at the home. At this inspection we saw that significant improvements had been made. There was a clear focus by the staff team to support people and to uphold their rights and help them to make as many decisions as they could about their lives and how they wished to be cared for. We saw many examples of staff working to support people using the least restrictive options and when people were able to express a choice, staff were consulting with the agreed family member. Some people who lived in the home who did not have a consulting family member had an advocate appointed from an outside agency.

Cherriton is a detached property located on a residential street in Rock Ferry. It fits in well with other domestic houses in the area and is in keeping with the principle of supporting people to live ordinary lifestyles within their local community. Each of the people living there had their own bedroom, some of which were located on the ground floor. We saw that people had received support to personalise their rooms according to their needs and choices. We noted that some parts of the building looked a bit tired. The manager told us about the plans they had to improve and update the décor. We could see that the main lounge had recently been refurbished and there was new furniture and a picture wall that was filled with pictures of the people who lived in the home doing activities and on holidays.

There was a second lounge upstairs that was in the process of being refurbished. We saw that attention was being given as to how this room could best be used; to meet the needs of people who had different sensory problems and also to enable people to meet with relatives more privately without having to go into their bedrooms.

We were present whilst the evening meal was served and we saw that the food looked and smelled appetising. We saw that people were supported to eat at a level and pace appropriate to them. We saw that food was served in accordance with people's dietary requirements. We spoke with a member of staff about how they adapted meals to meet people's needs as two people required their food to be served at different consistencies.

A person who lived in the home told us how they enjoyed going to the supermarket with the staff to do the

food shopping and how they liked to choose what they wanted to eat. We saw that there were planned menus but staff told us that these were flexible and people could choose something else if they didn't like the planned meal.

We asked about staff training and the staff told us that they received lots of training and that this was not just e-learning but included face to face training. They told us that training came under three headings; must, should and could. They explained that there was mandatory training that the organisation dictated that they must do, training that they should do in order to meet the needs of the people that they supported and training that they could do for their personal development. We confirmed what we were told with the manager. Staff spoke very highly of the 'Intensive interaction' and the 'Facilitation to connect' training that they had completed and told us how this had improved the quality of life for the people whom they supported.

Staff told us that they regularly received supervision and we saw the evidence to corroborate this. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Is the service caring?

Our findings

We asked relatives if they thought that the staff were caring. All responded positively. One relative told us "The staff relate to the people that live here well. They know them so they know what they need and what they like. It's very reassuring for us as family to know that they are with people who know them and love them."

We looked around the home and saw that the home was organised and set up to meet the needs of the people who lived there. We saw that people's personal items and specific chairs were set up in the communal areas of the home where people wanted them.

We observed staff interact with people who lived in the home in kind and caring ways. It was obvious from our observations that staff knew people well and knew how they liked to be supported. We saw that one person was in their room as they were not having a good day and staff were mindful of this and made sure that we were aware not to disturb them and to respect their privacy.

We saw another person who became anxious on a couple of occasions and staff were skilled in their responses by patiently reassuring the person of the information that they needed. We saw this happen a number of times and staff were supportive and caring in every conversation.

We saw that one person had a particular health problem and medical interventions had not been successful as the person was reluctant to engage with them. Staff had been forward thinking and had come up with solutions that the person was happy with and enjoyed and the physiotherapist involved had been very happy with the solutions as these helped to maintain the person's mobility but in a way that they could cope with that did not cause them any distress.

We saw that there was a memory tree in the home that was covered in handprints that detailed people's memories. We were told about the plans to develop this further.

We saw that people's confidentiality was maintained in the home. Records were stored either in people's rooms or locked away in the office.

During the inspection we were made aware that some people in the home did not have relatives to consult with or relatives who could advocate on their behalf. In this situation, independent advocates had been sought and were involved to ensure that decisions were made within the person's best interests.

Is the service responsive?

Our findings

We asked relatives if they were involved in their family members care. One relative told us "They keep me in touch and when she had an accident, they took steps to make sure that it didn't happen again." Another relative told us "I had concerns before this manager came but they were dealt with. I've had no concerns since this manager arrived."

The provider had a policy in place for dealing with any complaints they received. This included providing times scales for responses. We saw that forms were available for people to complete to record complaints and that this had been used appropriately on the one complaint we were made aware of. We saw that complaints forms were in different formats. In discussions with staff they were aware of the complaints procedure and their role in dealing with any complaints that arose.

We saw that a staff member had supported a person who lived in the home to make a complaint. There had been a real effort to respond to the complaint and we could see that learning had taken place following the incident and staff had responded appropriately and been mindful of the person's feelings.

Individual care files were in place for all of the people living at Cherriton and we looked at two of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances and day-to day lives. There was clear person centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. The manager told us that one staff member was particularly gifted in pulling together person centred plans and they were utilising this person's skills to improve them.

We saw the activities board on the wall in the office and saw that everyone who lived in the home had a plan of activities. We were told that this was completed on a weekly basis and staff cover was sought around it in order for people to be able to do the activities that they wanted. There was a mixture of activities that took place within the home and activities outside of the home such as horse riding and trips out to a local café.

Is the service well-led?

Our findings

One relative told us about the changing needs of their family member. They said "The staff are doing a marvellous job. The manager is trying to do so much for us. He is meeting himself coming back trying to do the best for our family." All of the relatives we spoke with made very positive comments about the staff team and the way that the service was run.

Staff feedback about the manager was mixed. Some staff said that "he was still finding his feet" and some comments were that staff didn't like the managers way of doing things. We spoke with the manager about this. They were honest and upfront about the service. They told us that they had been in post for six months and had to make a number of changes to the way the service was run, including some cultural changes and these had not all been well received.

The manager felt very well supported by the area manager who visited the home on at least a monthly basis to speak with the people who lived in the home, and the staff and to carry out supervision with the manager.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, infection control, staff records, care records, medicines, accidents and incidents amongst other areas. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed.

We saw that the service regularly had student nurses coming to the home on placements. We saw that the student nurses had provided feedback and this was 96% positive about the home and the way it was managed.

The manager was committed to the development of the service and the development of the team and this was very apparent. They were also committed to their own development and were undertaking a QCF Level 5 (replacement of NVQ) qualification in the Leadership and Management of care services.

The registered manager understood their legal obligations including the conditions of their soon to be completed registration. They had correctly notified CQC of any significant incidents which had occurred within the service.