

# MacIntyre Care Cherriton

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This was an unannounced inspection carried out on 19 June 2015.

A registered manager was in place at Cherriton. 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

# Summary of findings

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 January 2014. At that inspection we looked at the support people had received with their care, welfare and nutrition, we also looked at whether people were safe, the support provided to staff and how the quality of the service was assessed by the provider. We found that the provider had met regulations in these areas.

The registered provider did not meet the requirements of the Mental Capacity Act 2005 (MCA). They had applied for and received Deprivation of Liberty Safeguards (DoLS) for people who needed them, however people's capacity to make a particular choice was not always assessed. You can see what action we told the provider to take at the back of the full version of the report.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a safe, effective caring and well led service. You can see what action we told the provider to take at the back of the full version of the report.'

Care plans provided sufficient information to inform staff about people's support needs. This included information about their health, personal care and activities they enjoyed.

People received the support they needed with their nutrition, however this support was not always provided in a way that promoted their dignity.

Medication practices were not always safe. People received their medication on time and it was stored correctly. However, stock control systems were not robust enough to prevent the possibility of medication being mis-managed.

Staff had received training and understood their role in identifying and reporting any potential incidents of abuse. They also had a good understanding of whistle blowing procedures and their role in dealing with any complaints received. The registered provider responded appropriately to safeguarding and complaints.

A system was in place for recruiting new staff to work at Cherriton. This included carrying out checks to help ensure the person was suitable to work with people who may be vulnerable.

There were enough staff available to support people with their daily lives. Staff had received the training they needed to support people safely and well. Staff knew the people living at Cherriton well and were able to respond to their non-verbal methods of communicating. Records were stored safely and were maintained and up to date.

# 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 not always safe.

Not all required safety checks on the building had been carried out to ensure it was a safe place to live.

Medication was not always safely managed. Stock control systems were not sufficiently robust to ensure medication was managed safely.

Staff had undertaken training in safeguarding adults and were aware of the procedures to follow if they suspected abuse had occurred. Potential safeguarding incidents had been reported appropriately.

Recruitment polices were in place to ensure that all of the required documentation was obtained for a member of staff before they commenced working for the provider.

There were sufficient staff available to support people with their everyday lives. This included their health and personal care as well as with enjoying their everyday lives.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People's stated views were not always acted upon. Staff sometimes assumed people lacked the ability to make a decision without carrying out a formal assessment.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Proper policies and procedures were in place and had been followed.

People were provided with the support they needed to manage their health.

Staff had received the training they needed to support the people living at Cherriton.

**Requires improvement**



### Is the service caring?

The service was not always caring.

The support people received at lunch time did not promote their dignity or make for a relaxing enjoyable experience.

Relatives told us that they found the staff team caring and they had confidence people were well looked after.

We saw positive interactions between the people living at Cherriton and the staff who supported them.

Staff were aware of and promoted people's right to privacy.

**Requires improvement**



# Summary of findings

## Is the service responsive?

The service was responsive.

Care plans were up to date and comprehensive. Staff had a good knowledge of the support people needed and support was provided to people as described within their care plan.

People were supported to take part in activities they enjoyed both at home and within the community.

A system was in place for dealing with any complaints received. Relatives knew how to raise a complaint and were confident to do so.

Good



## Is the service well-led?

The service was not always well led.

Quality assurance systems were in place to check the quality of the service provided. These were not always effective at noting and / or achieving improvements to quality and safety of the service.

The staff team were divided and did not always feel their opinions were listened to. This issue had been on-going over a period of time without being resolved permanently. This could impact on the atmosphere within the house.

Cherriton had a manager in post who was registered with the Care Quality Commission.

Records relating to people were well maintained and stored confidentially.

Requires improvement



# 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.

This inspection took place on 19 June 2015. The provider was given 24 hours' notice because the location is a small care home for younger adults who may be out during the day; we needed to be sure that someone would be in. The inspection was carried out by an Adult Social Care Inspector.

Prior to our visit we looked at any information we had received about Cherriton and any information sent to us by the registered manager since our last inspection in January 2014.

During the visit we spoke with the people living at Cherriton and with four members of staff. We also spoke with the registered manager. Following the inspection we spoke with relatives of three of the people living at Cherriton and with the area manager for MacIntyre Care. We looked at shared areas of the home and visited people's bedrooms. We also looked at a range of records including care plans, medication records, staff records and records relating to health and safety.

# Is the service safe?

## Our findings

One of the relatives we spoke with told us that their relative was always happy to return to Cherriton, this indicated to them that the person felt happy and safe living there. Another relative told us that they would feel confident to raise any concerns they had with senior staff.

Before we visited Cherriton we looked at the records we held about the service. We found that incidents or allegations of potential abuse had been reported appropriately by the registered provider. This showed us that staff were taking action to protect the people living there by informing the relevant authorities of any issues that arose.

The provider had a medication policy in place which provided guidance to staff on how to manage medication safety. Records confirmed that staff had undertaken training in managing medication and we saw that prior to a member of staff being allowed to give people their medication a senior member of staff carried out three observations of their practice to ensure they were safe to do so.

Each person living at Cherriton has their own lockable medication cabinet within their bedroom. Care plans contained up to date information about the medication people took and the support they required to take it. Following a recent error with medication, a system had been introduced to minimise the risk of this occurring in the future. We saw that daily checks of medication held in individual cabinets and of the temperature of each cabinet had been recorded.

A larger medication cupboard was located in the office. This held medication to return to the chemist and additional stocks of medication for people living at there. We checked a sample of these and found the stocks included six bottles of a sedative prescribed for one person to take 'as required,' and antihistamine tablets for another person that they were not taking. No stock control system was in use for the medications that were in this cupboard. This meant that there was no clear system for identifying if any of them were missing or were used by mistake. The registered manager arranged for unused medications and overstock to be returned to the chemist during our

inspection. She also arranged for a stock control system to be put into place. However the lack of a system for stock control prior to our visit meant that medication was not being managed safely.

We saw that some checks on the premises safety including the fire system and electrics had been carried out. We also saw that small electrical appliances had been tested for safety. A contract was in place for yearly checking of the gas boiler however no gas safety certificate check had been undertaken. The registered manager confirmed this and arranged for a registered company to undertake the check three days after our inspection. We have since received a copy of a satisfactory gas certificate. However not having this check undertaken once a year means that all possible checks were not being undertaken to ensure the premises safety.

The provider had a policy in place for identifying and reporting potential safeguarding adults incidents. Information about how to report abuse and the phone numbers to do so were made available to staff via a notice board and discussion at a staff meeting. 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.

Staff told us that they were aware of the provider's whistle-blowing policy and knew how to use it. Whistle-blowing protects staff who report something they suspect is wrong in the work place. We saw evidence that the registered provider responded appropriately to whistle-blowing allegations they received.

Cherriton had a register manager who told us she worked 19 hours a week directly supporting people and a further 19 hours supernummary. In addition they employed a senior carer, care staff and a domestic who worked 20 hours per week. The manager told us that there were a minimum of two staff, sometimes three available during the day to support people and one member of staff available at night. We looked at the staff rota for the weeks prior to, during, and following our inspection. We saw that these staffing levels had been maintained. The rota clearly identified which member of staff was shift leader each day and therefore had additional responsibilities.

During our inspection there were three members of care staff including a senior carer, plus the manager working at

## Is the service safe?

the home. In addition, the domestic was working and a student nurse was on placement. We observed that there were sufficient staff available to support the people living there.

Records relating to staff recruitment were kept at the registered provider's regional office. We were therefore unable to view these. However, we saw copies of staff files that contained a record of the information held for staff. This included references and a Disclosure and Barring Service check (DBS). These checks help to ensure staff are suitable to work with people who may be vulnerable.

We spoke with a member of staff who had been recently recruited to work at Cherriton. They confirmed that prior to commencing work they had undergone a formal interview process and references and a DBS had been obtained for them. They also explained that they had visited the house for a 'meet and greet' with the people living there and had been shown around by one of the people living there. This helps to involve the people living there in the recruitment of new staff who will be supporting them.

# Is the service effective?

## Our findings

Records showed us that one of the people living at Cherriton had said, and had shown by their behaviour, that they did not always want to attend a particular activity. Staff told us that this was because they did not enjoy the wait for transport. We looked at eight days records for the person and these recorded that on only four occasions had the person indicated they did not wish to go. We also saw a complaint written on behalf of the person stating they did not wish to go. There was no evidence that the person's capacity to make this decision had been assessed. An assessment would establish whether the person was capable of making this decision and if they were then their decision must be respected. If an assessment showed that the person was not able to make this decision then a best interest meeting must be held to decide how to support them and the best outcome for the person.

**This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent.**

We saw that some assessments had been carried out for people to establish whether their liberty was being unduly restricted. We also saw that some assessments of people's capacity to make some important decisions, such as managing their finances, had been undertaken. Where a person was unable to make that particular decision a best interest meeting had been held. These meetings help to ensure that decisions wherever possible include the person or their views and decisions are made for the person that are best suited to them.

Our records showed that the provider had acted lawfully and in keeping with the latest guidance around Deprivation of Liberty Safeguarding (DoLS). These laws and safeguards are a legal way to ensure people are not deprived of their liberty unduly.

In discussions with staff they were able to explain how people indicated their everyday choices and decisions non-verbally. Throughout the day we saw people living at

Cherriton choosing to spend time in different communal areas or their bedrooms as they pleased. We also saw people engaging in activities within their home as they chose.

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. For example we saw people had a double bed as they found this more comfortable, staff had also supported one person to have sensory lights in their room and to put pictures and activities near floor height as the person liked to sit on the floor.

People shared a large domestic style kitchen, lounge and dining room. In addition the house had an enclosed back garden with seating area and a laundry room. An upstairs bathroom had a bath chair to support people to get in and out easily. In addition there were upstairs and downstairs wet rooms with showers. This meant that people could receive support with their personal care easily.

We saw that all areas of the house were decorated to a good standard and where possible they had been personalised. For example one person had a mirror located next to the armchair they liked to use. This had been placed at the right height for them to use when sitting down.

Individual health care plans were in place for all of the people living at Cherriton. These provided information on the support the person needed to maintain their health along with relevant information such as how the person communicated. Records confirmed that people had received support to access routine health appointments, such as having their flu vaccination as well as support with more specialist or emergency appointments they needed. Up to date information about the person's health and any health appointments they had was recorded within their plan. This helps to identify changes to the person's health care needs that may need acting upon.

A member of staff explained that food shopping was carried out both on-line and at local shops and supermarkets. They also explained that the people living



## Is the service effective?

there were offered the opportunity to go shopping. A four week menu was pre-planned however, staff explained that this was not currently adhered to. Records of the meals each person had eaten were recorded in their daily diaries. We looked at the entries for 17 days for one person and saw that they only recorded the person had had vegetables on four occasions. Whilst it is possible vegetables had been included with other meals it was not possible to establish whether people were being offered meals that met government guidance around healthy eating. Where people are unable to choose the food they eat and do not show a dislike of eating healthy food the provider should ensure that people are offered a balanced diet that will promote their health.

Care plans contained information about the support people required around their meals and any special diet or adapted cutlery or crockery needed. We observed that this was followed throughout the day. For example we saw one person eating between meals as outlined within their plan; we also saw that one person was consistently given their drink in two beakers so that it was easier for them to hold.

Staff told us that they had received the training they needed to carry out their role effectively. One member of staff told us, "The training is good, they are ensuring we are up to date, we are asked if there is anything we need." Another member of staff told us, "We do get the training."

The registered provider uses a system of e-learning via the computer for some of their training. In addition they arranged face-to-face training sessions for staff and supported staff to attend external training. We looked at a sample of training records and saw that staff had undertaken training in areas the registered provider considered mandatory. These included, first aid, fire, safeguarding adults and infection control. We also saw that staff had attended training in more specialist areas such as Deprivation of Liberty Safeguards. The manager told us that if a training need specific to the people living at Cherriton was identified then the registered provider would support staff to undertake this training.

Staff told us that they had received regular one to one supervision from a senior member of staff. These one to one supervisions sessions provide opportunities for staff and their manager to discuss any training needs they may have, additional support they may need and how effective they are within their role. We looked at a sample of staff records that confirmed staff had received documented supervision and appraisal.

# Is the service caring?

## Our findings

Relatives were positive about the care provided at Cherriton. One relative told us staff "really look after (name)," another relative told us "I like the place, they are well looked after," and a third relative described staff as, "lovely, caring."

All of the staff we spoke with told us that they thought the care and support people living at Cherriton received was of a high standard. One member of staff told us, "I like supporting the people living here."

We observed the lunch time meal and found this was not a relaxed experience. Four people ate in the dining room. We saw that one person was sitting in an armchair with a member of staff using a large spoon to give them their meal. The manager later confirmed that the person should have been supported to sit at a table. The second person was sitting alone at a table eating their meal with their head almost resting next to their plate. The third and fourth people were sitting at a table with a member of staff supporting both of them at the same time to eat. This was not a dignified way to support people and did not provide them with the individual support they needed.

Relatives told us that they were invited to attend people's care reviews each year and were generally informed if the person was unwell or if something significant had happened to them. They also told us that they were able to visit at any time and were always made welcome. This showed us that people received support to maintain contact with people who were important to them.

Throughout our inspection we saw that staff spent time sitting with people, talking with them and offering them activities to engage in. We also saw that staff knocked on doors before entering, ensured bathrooms were vacant before entering and where possible obtained permission before going into people's room.

Staff had a good knowledge of the things people liked and we saw that this had been used to support people around their home. For example bedroom doors had pictures on that were personal to the person. This helped identify the room and also showed the person's individuality. One person liked music and we saw they had a range of instruments readily available in the lounge. Another person liked mirrors and we saw that one had been placed in the kitchen near to where they liked to eat.

# Is the service responsive?

## Our findings

In discussions with relatives of the people who lived at Cherriton they told us that they would feel confident to raise any complaints they had with staff. We also saw that one of the people living at there had been recently supported to make a complaint.

The registered 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 these had been used appropriately. In discussions with staff they were aware of the complaints procedure and their role in dealing with any complaints that arose.

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. Information had been reviewed regularly including a formal review of the person's care and their support needs which had included people significant to the person including their relatives.

People were supported to take part in activities they enjoyed both within and outside of the house. We saw that people had activities they enjoyed available in both communal areas of the home and in their bedroom. We also saw that staff had placed activities at a height the person could use unaided. In discussions with staff they had a good understanding of the things people enjoyed spending their time doing. For example we looked at one person's records for the past 18 days and saw they had been supported to spend time in the garden, at a sensory room, attend music sessions, go out for a walk or drive and go horse-riding. We saw staff supporting people to spend time at home engaged in activities they enjoyed, this included making sure the television was switched to a programme people liked and supporting people to use musical instruments.

# Is the service well-led?

## Our findings

Checks and audits in use at Cherriton had failed to identify issues we have noted within this report. This includes the lack of a gas certificate and lack of stock control for some medication. They had also failed to ensure that issues amongst the staff team were permanently resolved.

**These are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because systems and processes were not effective in ensuring the safety and quality of the service.**

Cherriton had a registered manager in post. This is a condition of the registration of the home. The other conditions for registration had also been met.

Staff had differing views about the culture and atmosphere within Cherriton. One member of staff told us they thought there was, "A relaxed atmosphere, a friendly home." They also told us that in their opinion there was, "A good team," and they had found the manager, "really supportive." Another member of staff described the registered provider as a "lovely firm" to work for.

However other staff had a different opinion with one person telling us, "The atmosphere's bad at times, rapport is low." A member of staff told us there had been an improvement in staff relations in recent months but said, "I feel like I can't always speak out." Another member of staff told us that at times, "you can cut the atmosphere with a knife."

One member of staff said that they felt the atmosphere within the home could affect the people living there, another said, "it depends who's on as to how fun the house is."

The manager acknowledged that there had been issues within the staff team in recent months and explained that a team-away day had recently taken place which had been positive. We discussed these concerns with a senior manager representing the registered provider, who told us that they were aware of issues within the staff team and were taking steps to address these.

The people living at Cherriton are unable to verbally express their views so it was not possible for us to establish their opinion of the atmosphere within their home and morale amongst the staff team. However it is likely that if staff are unhappy at work this will create an atmosphere within the house that will affect the people living there.

A number of systems were in place at Cherriton for checking the quality and safety of the service provided. We saw daily checks had been carried out on money held at the home, medication held in people's bedrooms, temperatures of fridges, freezer, bath water and medication cabinets in people's rooms. Daily checks had also been carried out on people's wheelchairs and weekly checks on the vehicle. A senior manager working for the registered provider visited Cherriton regularly to carry out an audit of the service. This looked at areas including training, medication and health and safety.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**The provider did not have suitable arrangements in place for people to consent to their care or follow legal requirements when people could not give their consent.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Systems and processes in the home did not operate effectively enough to ensure that the service provided was safe, effective, caring, or well led.**