

Mental Health Care (U.K) Limited

Acrefield House

Inspection report

2 Acrefield Road
Prenton
Wirral
CH42 8LD

Tel: 0151 608 0664
Website: www.mentalhealthcare-uk.com

Date of inspection visit: 21 December 2015
Date of publication: 24/02/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 21 December 2015 and was unannounced. The home was last inspected in May 2014.

Acrefield House is registered to provide care and support for up to 12 adults. At the time of our inspection, there were 10 people resident in the home. The home is run by Mental Health Care (Wirral) Limited and specialises in providing accommodation and personal care to people

with mental health problems and/or acquired brain injuries. It is located in the Prenton area of Wirral and is a large, older type building which is within walking distance of local shops and transport links.

The home required a registered manager. There was a registered manager in post who had been in post for two years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

In addition to twelve bedrooms, there was a large communal lounge, a dining room, a conservatory and a large kitchen as well as staff room, several offices and the medication room. To the rear of the property was a single story extension which we were told it was hoped to be enlarged to provide more independent living accommodation.

We saw that staff had been recruited appropriately and numbers of staff in the home were suitable to people's needs, throughout each day and night. There were appropriate employment policies in place such as grievance and disciplinary procedures and a whistleblowing policy.

Staff had been trained appropriately and there was an induction period for new staff which included basic training and knowledge. They demonstrated their skill and knowledge when we observed the interaction with the people they were supporting. Staff were able to tell us about abuse and how to prevent or report it.

Staff demonstrated that they knew about mental capacity and deprivation of liberty safeguards and used this knowledge with empathy and professionalism.

All the staff showed a caring approach and they involved and included people in everyday decisions.

The support for each person was person centred and tailored to their needs. We saw that relationships were good between the staff and the management and that people looked as if they were happy with their support. Other professionals who supported people and the relatives we spoke with told us that they felt that the service was good, caring and well-led.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw that staff were recruited appropriately and had the relevant checks completed before they started their jobs.

Staff were able to tell us about safeguarding and how they would report any concerns.

The medication records tallied with the medicines in store.

Good



Is the service effective?

The service was effective.

Staff were trained regularly and this was updated frequently. They were able to tell us about mental capacity and deprivation of liberty.

Staff were regularly supervised and demonstrated that they had skill and knowledge to support people in the home.

Good



Is the service caring?

The service was caring.

Staff had a caring approach to the people they supported and gave them information and explanations.

Staff promoted people's independence and respected their privacy.

Good



Is the service responsive?

The service was responsive.

People were supported as individuals and their care records demonstrated person centred assessment and planning.

The people living in the home were encouraged to choose how they spent each day.

Good



Is the service well-led?

The service was well-led.

The home has a registered manager in post who had been in post for two years. The registered manager was open and transparent.

Records showed that there was good partnership working. People and their families were asked their views on service.

Good



Acrefield House

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 was 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 21 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

We reviewed the information that we held on our systems, including any concerns or statutory notifications which had been sent through to us. We also checked with the local

authority quality assurance team and the local Healthwatch organisation to see if they had any concerns or information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We were able to talk briefly to four people who lived in the home. The other people living in the home were either unable to speak with us or chose not to, but we observed them and their non-verbal communication and talked with five staff as well as the registered manager. We also spoke with three visitors to the home, two of whom were relatives.

We reviewed three care files, four staff files, the training records and various other records relating to the running of the home.

Is the service safe?

Our findings

When we asked one person to tell us whether they felt happy and safe, they nodded vigorously and gave us the 'thumbs up' sign.

One staff member told us, "They [the provider] had a recruitment day. They did initial checks then, first".

Another staff member said, "When you get the job, you have to get the DBS (disclosure and barring scheme check) through first. They won't let you work on the floor without it". They went on to tell us that they knew how to report a safeguarding incident. "I would definitely report it to a manager and if we are not sure about them, to someone else. We have an independent contractor who deals with all our safeguarding and whistleblowing"

A visitor told us, "I don't think there are any problems such as abuse. [Name] is safe here.

Another visitor said, "This place is as safe as houses".

We saw that staff had been recruited according to the legal requirements. All staff had been checked for criminal records, qualifications, their right to work in the UK and all had at least two references. Staff had not been allowed to work with people who lived in the home until these requirements had been met and a satisfactory interview had taken place. We saw records of application forms, interview notes and other documents in the staff recruitment files. The provider had various policies relating to employment, such as disciplinary and grievance procedures. This showed that there was clear guidance about the relationship, expectations and requirements between the employer and employees.

All the staff had been trained in relation to safeguarding and were able to tell us what abuse was and how and to whom they would report it. They told us they knew how to get the contact numbers to report an issue. A staff member told us, "If I thought there was anything wrong, I'd do something about it and report it".

The safeguarding policy was in the office and contained both the provider's policy and the local authority's policy, with contact numbers. We saw notices in the home about safeguarding but these did not show any telephone numbers for people and staff who did not have access to

the office, to contact, if there were any concerns. The registered manager told us he would address this immediately and confirmed to us later that this had been done.

We also saw that there was a poster informing staff that the provider contracted with an independent agency to offer a confidential service for staff use, if they wanted to 'whistle blow'. The training records we reviewed showed that the staff were regularly updated with safeguarding and whistle blowing training. Staff told us that, "A lot of the seniors know a lot [about abuse and safeguarding procedures] and it's very helpful".

We saw staff rotas for the previous four weeks and the following two weeks which showed that there were always sufficient staff on duty. The service employed 36 staff and was usually able cover sickness and other leave by offering additional hours to existing staff. The registered manager told us they occasionally used agency staff, but that the agency usually was able to send staff who were familiar with the people living in Acrefield. The registered manager told us the service tried to be as consistent as possible in planning staff rotas. A staff member said, "He [the registered manager] always makes sure we have enough staff".

In the care files we saw that risk assessments had been completed on the various aspects of each individual's person's life, such as accessing the kitchen, eating and feeding, cooking, using money and going out on trips and to activities. Staff had signed the records to say they had read both the care plans and the risk assessments. Other risk assessments had been completed in relation to the home in general, such as fire risk assessments and COSHH (control of hazardous to health substances).

The medication cabinet was kept in the locked medication room along with the medication administration record (MAR) sheets. We saw that the medicines stocks stored in the cabinet and the MAR sheets, tallied. All the MAR sheets had the persons photograph on them for easy identification (ID). All the drugs were 'in date' and new stock had been checked in properly, stored correctly, and administered appropriately. There were no controlled drugs or drugs which needed refrigeration, prescribed and none were stored. PRN (as required) medication and homely remedies were recorded in a similar way. Again the stocks tallied with the record. On the wall of the medication room was a list of staff who had been trained to administer

Is the service safe?

medicines. We saw staff wash their hands before administering medicines and checking people's ID and telling people what their medication was for, before giving them their medication.

The building, which was over three floors, had been adapted from a large domestic house but it was unable, without extensive work, to have a lift. However, the registered manager told us that should such an adaptation be required, the provider would ensure that one was installed. We saw that all the checks on such things as legionella, water temperatures, gas and electrical installations had been done regularly and were up to date and within safe limits. There were smoke and fire detectors throughout the home, with the necessary firefighting equipment placed around the home. These were also

checked and serviced regularly. There were appropriate fire evacuation plans, should there be an emergency. We saw that individual personal emergency evacuation plans (PEEPs) had been written for staff to use in an emergency.

The kitchen was large and tidy and the kitchen and the equipment in it, was clean. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen had an environmental health food hygiene rating of five, which was the highest rating possible. We saw that there were care plans for individuals eating needs, such as swallowing needs and there was also a record of high risk foods which some people found difficult to either eat or digest.

Is the service effective?

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Is the service caring?

Our findings

One person told us that staff had helped them prepare for Christmas. Another said that they really liked the staff and that they were happy with the home.

A relative told us, “The staff are caring, whoever they are. They phone me from time to time and keep me updated.

A second visitor told us, “I have always said that if anything happened to me, I’d book a room here”.

One staff member told us, “The feeling amongst the staff is that there is a lot of care here”.

Another staff member said, about the staff, “Everyone cares, everyone has that little bit of love for the residents”.

We saw that the staff were patient, positive and supportive to all the people living in the home. Where people required support, we saw that this was done in a considerate and empathetic way.

Staff interacted with people appropriately, joking and laughing but always being professional and caring. We observed a group of people who lived in the home, in the lounge. There were staff intermingled with them and everyone was watching and chatting about the TV programme which was on at the time.

We noted that people were involved with staff in all aspects of their lives. People were given information and

explanations by staff and where possible, choices. Some people smoked and we saw that they were encouraged to wear extra clothing to go outside, or to use the actual smoking shelter for more protection from the winter weather.

Some people were encouraged to join with each other in the home’s day to day activities, such as having meals together or playing games and watching TV. Some individuals chose to be on their own and this was respected and supported. We saw that one person stayed in the conservatory playing their music on a portable CD player. Staff were always quietly and unobtrusively, within sight and sound of this person.

Bedrooms were able to be locked and we were told by the people themselves that they had keys to the rooms. Some of the people preferred to stay in their own rooms for part of the day. We saw that staff interacted with all the people unobtrusively, respecting their need for privacy and to retain their dignity.

Where people were able to be independent, this was supported and encouraged, as in the planning and preparation.

We saw that people were comfortable with the staff and often sought their advice and looked to them for suggestions. An example was that one person asked to speak with us and this was arranged and facilitated.

Is the service responsive?

Our findings

One relative told us, "This place is fantastic; it's a godsend".

Another told us, "[Name] seems happy, they do well by her".

We saw that care plans were individualised and person centred. One staff member told us that "The home provides good care and its individual".

We saw that the care plans for the people living in the home were detailed, person centred, up-to-date and easy to follow and understand. There was a photo and a one page profile of the person the file was about, and then a more detailed 'My Person Centred Plan'. This included a communication chart, a positive behaviour support plan, information about their health and medication needs and their likes, dislikes and professional and family contact details. Each person's care file contained personalised and individual risk assessments. We saw that care files had been reviewed regularly and updated as necessary.

Staff were able to tell us about the people who lived in the home. They demonstrated they had an understanding of people's individual differences, likes and dislikes, routines, personality traits, their chosen activities, communication needs and generally, the level of support they required.

Staff told us that they read the care files and they knew the triggers for behaviour from the records and from speaking to other staff during shifts and at handover where they shared information. A daily log was kept for each person.

We saw documentation in the care plans which showed us that there had been effective communication between the home staff and other professionals involved in people's care and support. The relatives told us they told us that they met regularly with the provider and if they weren't able to attend they were updated about the home and the person they were visiting, through various methods such as telephone and email. Staff told us, however, that some people living in the home had no relatives or that they did not visit.

The home had its own minibus and this was used by staff to accompany people on the various outings arranged.

In the care files was a section on what the person enjoyed doing for recreation and learning, such as going to a drumming session, having hand massages, going on walks and other trips out. There were also group therapy sessions which some people attended.

Many of the activities which were available for everyone were advertised on the noticeboards in the home.

The home had a complaints policy which was available of the noticeboard and we saw records of complaints investigated and that the complainant had been informed of any outcome. Staff told us that they knew how to raise any concerns. One said, "I know exactly how to raise any issues".

Is the service well-led?

Our findings

One relative said, “[The home] consistently has a high standard generally”. They went on to say, “Occasionally the manager is out of the office, but you have got to get the time right. He’s approachable, and he always has time to talk”.

A staff member said, “I think he’s good. He cares. He’s a good manager”

The registered manager was present during our inspection. This person had been a registered manager for two years for Acrefield. We saw that they were approachable and respected by the staff in the service and that the people who lived in the home were very happy to talk with the registered manager and seek their advice.

We saw that the people who lived in the home had a good relationship with the registered manager. They were warm towards him and if there were any difficulties, he listened to them as they discussed any concerns they had with him.

The registered manager had submitted the required statutory notifications to CQC.

We found that the culture of the management was open and accountable. Staff confirmed that they were able to talk with the registered manager and we observed that there was both a professional but friendly interaction between the management and the rest of the staff.

On the notice board in the registered manager’s office we saw a certificate showing that he had completed advanced training in the management of health and social care services, which had been supported and funded by the provider. We saw that this training was put into good use by the registered manager who clearly demonstrated that they were informed and transparent about the way they managed their staff and how they related to the people who lived in the home.

A staff member told us, “The manager has an open door policy”. A relative told us, “The manager has been brilliant [during a difficult time] and still is”.

All the staff we spoke with told us that the staff group worked as a team; one said, “All the staff are fantastic” and they told us that everyone helped and supported each other. They told us that “The day to day support is fantastic from him and the team leaders”.

We looked at the records relating to the home and saw that they were up-to-date and that where issues had been noted, these had an action plan to resolve those. Policies and procedures were up-to-date and had been reviewed regularly. The care record reviews and other records relating to the running of the home such as fire safety checks and drills, PAT checks, medication and other audits, health and safety incidents and accidents at all were completed within the providers’ timescales. The registered manager generally had regularly audited various aspects of the service, such as premises, care files and records and health and safety.

The manager had sent out quality questionnaires to the people living in the home, their relatives and to health and social care professionals who were involved in people’s care.

We saw that ‘service user questionnaires’ had been sent to people living in the home and these had been available in ‘easy read’ format. Easy read is a way of written communication with both words and simple language. The last one had just been sent out in December 2015 and some of the ones we saw had already been returned completed, with the support of staff. Some of the questions involved people’s views about making decisions and the activities they would like. The entries in these were complimentary.

There were also ‘stakeholder’ questionnaires which had been sent to relatives and other visitors, and to the professionals who were involved with people’s care.

A relative said, ‘There has been considerable improvement in the home compared to a few years ago’.

One professional wrote that the service had, ‘Improved greatly over the last eighteen months’ and that they commented that, ‘Residents were relaxed with staff’.

Another professional wrote, ‘Staff are always very interested in the care and treatment the service user is receiving’. A third professional’s comment was that, ‘The service user seems very settled in Acrefield; far more relaxed and less agitated than was previously the case’.