

MacIntyre Care Cherriton

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

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. There were five people living there at the time of the inspection.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some medication to be given when needed; this was monitored carefully and administered in a person-centred way, in line with positive behaviour support principles.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. This helped ensure that people who used the service lived as full a life as possible and achieved the best possible outcomes that include control, choice and independence.

The building design fitted into the residential area and with other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

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

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

Most people living at Cherriton were unable to vocalise their opinions of the support they received. They

required a lot of support for personal care. However, people's support focused on them having as many opportunities as possible to enjoy positive experiences. Staff were motivated and worked in a positive way to develop trusting relationships. The service enabled people to pursue leisure interests and maintain relationships with families and friends.

There were enough staff employed to ensure people were supported. We observed staff engaged in positive support which was warm and caring. Staff we spoke with told they were supported well and received training and supervision.

Support plans identified the needs of people and plans contained enough person-centred information to identify and meet the preferences of people receiving care.

People had access to healthcare and the registered manager worked closely with other agencies to ensure successful outcomes were achieved.

Systems were in place to ensure the safety and wellbeing of people. These included systems to protect people from the risk of abuse and receive their medicines safely.

Rating at last inspection

The last rating for this service was Good (last report published 14 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cherriton

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who was able to tell us about their experience of living at Cherriton. We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We spoke with five members of staff including the area manager and a senior support worker. The registered manager was not available during the day of the inspection but was able to forward some information we requested after the inspection.

We reviewed a range of records. This included three people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We also spoke with two relatives of people who use the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were robust systems in place to protect people from the risk of abuse. This included safeguarding and whistleblowing policies.
- Staff were aware of how to raise concerns and staff completed safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce identified risk. Specific risk assessments for people during times when they became agitated were clear so that staff could effectively support people.
- Regular checks were made on the building, utilities and equipment to ensure they remained safe.
- Staff confirmed they had access to key policies and procedures that helped to keep people safe.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed before a member of staff started work.
- There were enough staff to meet people's needs. This support was delivered by a small team of staff and staff from an agency when needed. Staff knew people well. An agency staff we spoke with told us they enjoyed coming to work at Cherriton and it was a "Refreshing experience" compared with other services.

Using medicines safely

- Systems to manage medication were safe. There was a policy in place and medicines were stored securely. Each person's medicines were stored individually in their bedrooms.
- Medicines were only administered by staff who had been trained and assessed as competent.
- Records of administration were well maintained and in line with best practice.
- We had a discussion regarding the recording of one prescribed substance (powder used to thicken fluids for people who had swallowing difficulties – 'thickeners') and recording arrangements were updated during the inspection.

Preventing and controlling infection

- There were systems in place to reduce the risk of infection.
- All areas of the home we visited were clean and hygienic.
- Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.
- The kitchen was domestic in design and had been inspected by the Food Standards Agency and awarded five stars for hygiene standards.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. There was a policy in place and staff understood how to report and record all incidents that may occur.
- Accidents and incidents were reviewed regularly by the registered manager in liaison with senior managers, to look for any trends and identify whether future incidents could be prevented.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Family members told us that staff had the skills and knowledge to provide the right support. One person who was able to provide some feedback was very comfortable with staff. Staff were seen to be sensitive and skilled in providing support.
- Staff training was ongoing with routine updates for staff a regular occurrence. Staff told us they were very well supported by the registered manager and the training plans in place.

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

- Care and support was planned and monitored in line with people's individual assessed needs. The care plans we reviewed evidenced some well-planned interventions for people, particularly as they were getting older and requiring more support for health care issues.
- Standard assessments were completed and used to develop care plans. Assessments were obtained from health and social care professionals when required and used to help plan effective care for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- All of the people being supported were subject to DoLS authorisations and were being monitored effectively. None of the people had specific conditions in place other than their place of residency in the care home.
- Staff understood how some decisions could be made in people's best interest when they lacked the capacity to fully understand or consent. We saw an example of this with respect to how one person was being monitored.
- One person told us they were free to experience their daily life and how they needed support when carrying

out some activities but was always offered as much as possible with regard to choice and control over the care they received.

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

- People and family members told us, and observations confirmed, that staff supported people when needed at meals times. Most people needed individual staff support with eating. Meal time was made as sociable an occasion as possible.
- Two people were on 'soft' diets and had thickening agents in their drinks as they had difficulty with swallowing. The registered manager and staff had researched inventive ways of preparing meals so they were more palatable for people, which had enriched their experience of meal times.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- People had good detail in care plans for specific health support such as oral hygiene. Plans included individual routines as well as reference to regular dental checks. Training had been planned for staff to attend on oral care.

Adapting service, design, decoration to meet people's needs

- The general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- The garden area was used in good weather and there was specific equipment such as specialised chairs for people, so they could get out and experience the garden. One person enjoyed the 'sensory experience' facility in the garden and was seen to be relaxing with staff support.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use.

Is the service caring?

Our findings

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

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

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

- We observed warm interactions between staff and people living at Cherriton and staff knew people well. There was a relaxed friendly atmosphere and interactions between staff and people were positive and warm.
- One person we spoke with who gave an opinion was positive about the care they received and confirmed they were happy living in the home.
- Relatives told us that their loved ones appear content living at the service and had built positive relationships with staff. One relative commented, "It's a really good staff team. Excellent really. (Person) can shout and become agitated and staff are always very patient."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

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

- Due to people's cognitive ability there were limited examples of people getting directly involved in care planning. We saw through records, however, that relatives and specialists were included with some reviews and key decisions.
- When needed, people had access to independent advocacy. Three people were receiving input from an independent advocate and we saw reference to this in one person's care notes.
- People were also involved where possible in the recruitment of new staff. This was managed by making observations of how people reacted to new possible employees and directly getting feedback from one person who could give a verbal opinion.

Respecting and promoting people's privacy, dignity and independence

- People had developed in confidence because of living at Cherriton. For example, one person had developed skills over a period of time and could now go shopping with support, wash up and more actively choose their own clothes.
- People's privacy and dignity was respected, and we observed people being treated with dignity and respect throughout our inspection. Staff were able to provide examples of how they protected people's privacy

Is the service responsive?

Our findings

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

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

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

- People received care that met their personalised needs and preferences. Support plans were person centred, and gave good detail, capturing the choices and decisions that people could make as well as their personal preferences.
- There was a calm and relaxed environment where people could relax and feel at home so they could live as independently as possible.

Meeting people's communication needs

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

- The communication needs of people were assessed and support plans contained detailed information about people's communication needs.
- One person had had their care plan explained in an innovative way so they could better understand it and be better involved (a training video had been made of this).
- Key policies and procedures relating to people's care were available as pictorial versions.

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

- People were supported to pursue their interests and hobbies and we saw people participating in activities during our inspection including time spent with staff in a sensory environment created by staff.
- Other activities included daily trips to local shops. One person enjoyed going out for meals and staff had found a local restaurant that would take care to provide a soft diet version of what was chosen from the menu.
- Support plans clearly identified the activities and hobbies people were interested in as well as the relationships with family and friends people wanted to maintain.
- People were supported to go on holiday and were included in choosing and planning these.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information about how to raise a complaint was provided to people and visible on notice boards. Relatives told us they were confident in raising any concerns.
- The only complaint on record was staff advocating on behalf of a person living in the home who had experienced poor accommodation on holiday; this had been followed through on behalf of the person

concerned.

End of life care and support

- The service was not currently supporting anyone with end of life care. We were told people had been living at Cherriton for a number of years and were now older adults. The registered manager had recently accessed end of life training for staff in anticipation of peoples changing needs.
- Information was recorded in one support plan when the person's wishes and feelings had been established with the input of relatives.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

- The service had a series of audits and checks in place to help identify any shortfalls in service provision. Results of key audits were fed through the senior management and analysed, with improvements made if needed.
 - The registered manager was supported by an area manager who visited regularly. The registered manager continuously worked with the area manager and staff to sustain improvements to the service. For example, there had been recent work around developing dysphagia menus for people who had swallowing difficulties.
 - The registered manager had links with external organisations to ensure they remained up to date with new procedures and information so care and support being provided was based on current evidence-based guidance, legislation, standards and best practice. The registered manager chaired a local Registered Managers Network.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
 - When specific incidents occurred, these were documented through the home's accident and incident processes.
 - People and family members were overall confident in the leadership of the service. One relative commented, "Its smashing; I've no worries, the manager and staff are very approachable."
 - The registered persons sent CQC notifications and displayed their quality ratings on their website, and in the home, as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision and felt valued. Staff could talk about the 'MacIntyre DNA' and what this meant in terms of promoting good care. They told us they felt valued and trusted by the registered manager and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings. Staff meetings recorded detailed discussion based around meeting key areas of good practice.

Working in partnership with others

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.