

MacIntyre Care Fern Lea

Inspection report

Liverpool Road
Moston
Chester
Cheshire
CH2 4BA

Tel: 01244382509

Website: www.macintyrecharity.org

Date of inspection visit:
17 July 2018

Date of publication:
09 August 2018

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 inspection was carried out on 17 July 2018 and was unannounced.

Fern Lea is a care home for four adults with a learning disability. The home is in a secluded semi rural location on the outskirts of Chester. Transport is required to access local shops and other amenities.

The home has a registered manager. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in February 2016, the service was rated Good.

At this inspection we found the service remained Good. The service is rated Good as it had met all the requirements of the fundamental standards.

Recruitment systems at the home continued to be safe and robust. There were sufficient trained and competent staff to meet people's individual assessed needs. All staff undertook an induction at the start of their employment and completed shadow shifts to fully understand their role and the people they supported. The staff were supported by the management team through on-going supervision and team meetings.

Staff described procedures that were in place to safeguard the people they supported. They fully understood the safeguarding policies and procedures and felt confident to raise a concern and thought they would be listened to.

Medicines were ordered, stored, administered and disposed of in accordance with best practice guidelines. All staff had undertaken medicines training and had their competency regularly assessed. The registered provider had medicines policies and procedures in place.

People living at the home had an individualised care plan and risk assessments in place to meet their assessed needs. People's needs that related to age, disability, religion or other protected characteristics were considered throughout the assessment and care planning process. Clear guidance was included within the care plans the staff to follow that ensured people's needs were met. Staff had a good understanding of people's histories and were able to describe each person they supported in detail. People were supported to undertake activities of their choice and their independence was promoted.

People were supported with their nutrition and hydration needs. Clear guidance was available for staff to follow when people had specific dietary needs. People spoke positively about their mealtime experiences and told us they were always offered choice.

Staff knew people well and demonstrated kindness and compassion. People's privacy and dignity was respected. Relatives were consistently complimentary about the staff and management team.

The registered provider had a clear complaints policy and procedure that relatives were familiar with and felt confident any concerns would be listened to.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and report on what we found. We saw that the registered provider had policies and guidance available for staff to follow in relation to the MCA. Staff demonstrated a basic understanding of this and had all completed training. The registered provider had made appropriate applications for the Deprivation of Liberty Safeguards (DoLS). Care records reviewed included mental capacity assessments and best interest meetings.

Fern Lea was well maintained overall and was awaiting some redecoration. All required health and safety checks and documentation were in place as well as fire safety equipment checks.

The registered provider had quality monitoring systems in place that were followed by the management team to identify areas for development and improvement. Audits were regularly undertaken as part of the governance process.

The registered provider had up to date policies and procedures available for staff to offer them guidance.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Fern Lea

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 registered 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 was unannounced and took place on 17 July 2018. The inspection was carried out by one adult social care inspector.

As part of the inspection planning we reviewed the information the registered provider had given us since the last inspection. We looked at information provided by the local authority, safeguarding team and commissioning team.

We checked the information we held about the registered provider and the home. This included statutory notifications sent to us by the registered manager about incidents and accidents that had occurred at the home. A notification is information about important events which occur at the home that they are required to send us by law.

The registered provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the home, what the home does well and any improvements they plan to make. This information formed part of the inspection planning and was used during the inspection visit.

During the inspection we observed and spoke to people living at the home, four relatives of people living at the home, the registered manager and two staff. We observed staff supporting people throughout our visit.

We looked at two care plan files, two staff recruitment and training files, medication administration records (MARs), complaints, policies and procedures and other records that related to the running of the home.

Is the service safe?

Our findings

Relatives spoke positively about the home and their comments included "[Name] is safe living at Fern Lea and I never have any worries about them living there", "I have no need to worry about the home, [Name] is really safe and happy living there" and "I know [Name] is happy and safe as he is always smiling."

The registered provider continued to follow safe recruitment practices and employed sufficient staff numbers to meet the needs of the people supported. The recruitment records included the full completion of an application form, interview notes, two references that included the most recent employer and a disclosure and barring check (DBS).

People had individual risk assessments in place specific to meet their needs. These included environment, moving and handling, personal care, behavioural needs and finances. Risk assessments had been reviewed regularly to ensure staff had the most up to date information to support people safely. This meant staff provided safe care and the correct level of intervention relevant to each person.

Medicines were ordered, stored, administered and returned in accordance with best practice guidelines. People were supported by staff that had received training and had their competency regularly assessed. We found that stocks were correct and records were accurately completed. Staff regularly checked the temperature of the environment where the medicines were stored. This ensured they did not lose their effectiveness. Following a recent medication error an analysis of the event took place, supervision with staff that included a reflection of what had happened, medicines training had been refreshed and competency had been completed. Staff were supported to learn from these events and areas for development and improvement were identified.

Staff had all undertaken safeguarding training and were able to demonstrate confidently their understanding of signs and symptoms to look out for. Staff told us they felt confident any concerns they had would be promptly acted upon and reported to the local authority safeguarding team.

Accidents and incidents were promptly and fully recorded by staff and reviewed by the registered manager. Emergency procedures had been appropriately followed when there had been a suspected gas leak. Staff had accessed the emergency file that had included clear guidance for them to follow.

The registered manager regularly undertook health and safety checks. All equipment continued to be regularly serviced to ensure it remained safe. All required safety certificates were in place.

Personal protective equipment (PPE) was available to all staff that worked at the home. This included gloves and aprons used by staff when undertaking personal care tasks. Staff understood the importance of regular hand washing and how infection was spread.

Each person living at the home had a personal emergency evacuation plan (PEEPS) that described the level of support and intervention they required to evacuate the building in the event of an emergency. These were

regularly reviewed and updated.

Is the service effective?

Our findings

Relatives spoke positively about the staff and their comments included "The staff are well trained and understand [Name] very well" and "The staff have spent time to get to know [Name] really well and made fantastic connections with them. They have a great understanding of [Name]'s needs."

Staff had all completed an induction at the start of their employment and had undertaken a week of shadow shifts to fully understand the needs of the people supported. The induction that staff undertook met the requirements of the Skills for Care, Care Certificate which is a nationally recognised qualification based on a minimum set of standards, that social care and health workers following the daily working life. The standards give staff a good basis from which they can further develop their knowledge and skills. Mandatory training had been completed and regular refresher training took place in accordance with good practice guidelines.

Staff told us they had regular supervision and records confirmed this. Staff told us they were well supported by the management team and were confident that any concerns they raised would be promptly acted upon.

People had access to health and social care professionals when they needed them. Records showed regular attendance at appointments that included GP, chiropodist, dentist and optician. Feedback from these appointments was clearly documented and any recommendations or guidance was included.

People were fully supported with meal preparation and to manage their health-related diets. One person required their meals to be prepared in a particular way and this was available in an easy read and pictorial format that ensured they knew their eating and drinking guidelines. The speech and language therapist had prepared guidance around dysphasia. People's likes, dislikes and favourite meals were clearly documented. One person told me they were having fish pie for tea and it was one of their favourite meals. After they had eaten it they said 'It was lovely.' One relative said "[Name] seems to like the food and staff manage their dietary requirements well." This meant people's food and drinks needs were met safely by staff that had the appropriate guidance available for them to follow.

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 or are helped to do so when required. 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. Mental capacity assessments and best interest decisions were evidenced throughout the documentation reviewed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made and all required documentation was in place.

Is the service caring?

Our findings

Comments from relatives were consistently positive throughout all conversations. One relative told us how a member of staff had painted a mural on their relative's bedroom wall as they knew they would like a particular theme. Relatives described staff as kind, caring, patient and understanding. Other comments from relatives included "[Name] loves the staff and they are very good with him", "[Name] is always smiling and demonstrates how happy he is."

Staff told us that they respected people's privacy and dignity. We saw staff demonstrating discretion when supporting people to manage their continence needs. Staff knocked and stated who they were before they entered a person's bedroom. This meant that staff promoted people's privacy and dignity.

During our conversations with staff they all demonstrated an excellent understanding of the people they supported. Staff had developed positive relationships with people and were seen having banter with them. We observed staff demonstrating kindness, patience and caring. Staff were knowledgeable about people's likes, dislikes, their family members and were able to have comfortable conversations around topics specific to the individual.

Care plans included very detailed guidance for staff regarding people's individual communication needs. One person communicated through signs and sounds and their communication plan described each means of communication clearly. It included clear direction for staff to follow to support their understanding of the person. This meant staff had the skills and knowledge to meet each person's individual communication needs.

People were consistently offered choice and these choices included where they wanted to sit, who they wanted to sit with or did they wish to be alone, did they want a bath or shower, as well as food and drink choices. Staff described how they encouraged people to participate in their decision-making processes.

People's independence was promoted and encouraged. Documentation clearly described what they could do for themselves and how much support they required from staff. Staff described how they promoted people's independence wherever possible. Examples included encouraging a person to wash off the soap on their body when in the shower, brushing their own teeth and putting some items of clothing on. One person told us that staff supported them into their trousers but they pulled them up. Staff recognised how important it was for people to have as much independence as possible.

People's records were stored securely in a locked office to maintain their confidentiality. Staff were aware that when they were completed documentation it was important to protect people's personal information.

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to the home. This information was used to prepare individual person centred care plans and risk assessments. People's needs in relation to equality and diversity were considered during the assessment process and included within the care plans. These needs included age, disability, religion and other protected characteristics. Some areas of the care plan were in easy read and pictorial formats. Care plan reviews were undertaken and included photographs of each person in attendance and included questions such as 'What's important to [Name]', 'What's working and what's not working for me' and an action plan. This meant people were fully included in their reviews and their thoughts and feelings were considered.

Relatives described their involvement in the development of people's care plans and reviews. Comments included "I have regular contact with [Names] key worker and they will ask advice when they need to about behaviours or food preferences, I find this reassuring" and "I receive regular updates about [Name] and feel very much part of their life."

Care documents included a 'How I like to be supported' document that included information specific to the person about the people that were important to them, how they liked to communicate, morning and evening routines, likes and dislikes and what people like and admire about them. There was also a one-page profile that briefly overviewed each person using photographs and easy to read descriptions.

The registered provider had a complaints policy and procedure in place. These documents were available in easy read and pictorial formats. They had also developed a postcard system with prepaid postage that people could send to an area manager at any time and it had pre-written 'please come and see me' on it. Relatives we spoke to were confident about raising any concerns or complaints but stated they had not had cause to do this.

People described some of the activities they participated in. One person told us they were attending the day centre, another person described their birthday celebrations that had included presents, a cake and meal out. They also described going to a Tom Jones tribute evening which they had enjoyed. They proudly showed us pictures that had been taken at the event. People had collated photographs of activities they had enjoyed in a Fern Lea's memories and adventures album. This included photographs of people feeding the ducks, celebrating Red Nose Day, enjoying fish and chips, visiting Chester zoo, the Blue Planet Aquarium and Christmas celebrations. People smiled and laughed as they shared with us these happy memories.

Is the service well-led?

Our findings

Staff described the management team as approachable and felt supported and listened to. Staff spoke positively about their roles and demonstrated enthusiasm about making a positive difference to people's lives.

The home had a registered manager who had been registered with the Care Quality Commission since March 2012. 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.

Quality assurance systems were consistently completed to assess and monitor all areas of the service. The registered manager and registered provider undertook regular audits throughout the service that included medicines management, health and safety, finance, and infection control. The audits identified areas for development and improvement within the home. Action plans were created following the audits and these were signed off when actions were completed.

During our inspection visit the registered manager undertook a staff meeting. The meeting was used to share organisational information as well as reviewing emergency procedures within the home. A fire evacuation was undertaken and staff and people left the service promptly. Staff were encouraged to actively participate in the meeting and their ideas and suggestions were welcomed. Minutes of staff meetings were reviewed and showed that these meetings took place regularly.

Relatives spoke positively about the manager and their staff team. They each knew the manager by name and had regular contact with them. They told us the manager was approachable. One relative said "The communication between the manager, staff and ourselves is very good" and another said "The registered manager keeps in regular contact and I am confident they would immediately let me know if they had any concerns."

The registered provider had a set of policies and procedures available that were regularly reviewed and updated. They gave staff clear guidance in all areas of their work role and employment.

The registered provider had displayed their ratings from the previous inspection in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen within the service. The service had notified the CQC of all significant events which had occurred in line with their legal obligations.