MacIntyre Care

The Cherries

Inspection report

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Date of inspection visit:
25 October 2017
26 October 2017

Date of publication:
29 November 2017

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 took place on 25 and 26 October 2017. It was an unannounced visit to the service.

The Cherries is a residential care home for seven people with learning disabilities. At the time of the inspection six people lived at the home. The care home is located within a residential town in Buckinghamshire. The main home is a two story building with communal and kitchen areas upstairs and bedrooms and bathrooms located on the lower ground floor.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We received positive feedback from people and their relatives. We also observed positive interactions between people and staff. People told us they had developed a good working relationship with the staff. Comments included "I am really happy here," "It's good" and "They [staff] couldn't do anything more for them." A relative told us "I wouldn't want my son to be anywhere else."

People were protected from bullying and avoidable harm. Staff had a good understanding of how to recognise abuse and what to do in the event of a concern being raised. The service had clear processes in place to manage allegations of abuse and staff had received training.

Risks posed to people had been assessed and systems were in place to mitigate and reduce the risk of harm to people.

We observed people were supported by staff who were able to respond to their care needs when required.

People who required support with their prescribed medicines received this by staff who had received training. We found there were safe medicine management practices in place.

People were supported by staff who were supported to maintain their skills and develop new skills in line with best practice. Staff felt supported by the management team.

People's human rights were supported. People were supported to understand and make decisions about their care needs.

People were encouraged to maintain a healthy, balanced diet. People were supported to maintain their health and attend any external healthcare appointments.

People told us they were supported to maintain and improve their level of independence. One person told us "I like being independent, I like going out and meeting people in the local area." A relative told us "He is so wonderful now, when he first moved into the home he did not have a lot of speech. I now am able to speak to him on the phone."

We observed people were treated with dignity and respect. People were relaxed in the company of staff and were seen to be smiling and laughing with staff.

People received a personalised service as staff worked with them to understand their hopes and wishes. Care plans were written to support people achieve their aspirations. Reviews of care plans and support provided were undertaken in a way people could understand.

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

There was a clear culture among the staff to support people achieve their potential and live the life they choose without barriers.

The service ensured it monitored the provision of care to drive improvements.

The registered manager was aware of their role and responsibilities. They had a good understanding of what needed to be reported to The Care Quality Commission (CQC) and how to meet the fundamental standards.

Further information is in the detailed findings below.

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 was rated Requires Improvement at the last inspection. Staff were unable to demonstrate how they supported people to make decisions in line with the Mental Capacity Act 2005. At this inspection we found improvements had been made and the service was rated Good in Effective.

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.

The Cherries

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 comprehensive inspection took place on 25 and 26 October 2017 and was unannounced.

The inspection was planned and was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with five people who were receiving care and support and two relatives. We spoke with the registered manager, and two staff. After the visit to the home we received further feedback from two relatives and two staff. We reviewed three staff recruitment files and three care plans within the service and cross referenced practice against the provider's own policies and procedures. Whilst at the home we made observations of people's interactions with staff and observed medicine administration for two people.

We contacted health and social care professionals who work with home to seek feedback.

Good

Is the service safe?

Our findings

People told us they continued to receive safe care. Comments from people included. "The staff make sure I am safe," "I like living here, it's good." Another person gave us a hand signal to suggest they were happy with the service when we asked them if they felt safe.

Relatives we spoke to, told us they thought their family members were safe at the home. One relative told us "He has come on no end since he went into The Cherries."

People told us there was enough staff on duty to support them with their personal care and domestic needs. We noted two staff members were rostered for each shift during the day. At the time of our arrival on the first day of the inspection one member of staff was in the home with four people. We do not feel that people's safety was compromised by the staffing levels. People were supported as required. One person was observed to request support from staff and this was responded to quickly.

People were supported to take responsibility and staff supported them to manage risks posed to them. Risks had been assessed and systems were in place to reduce the likelihood of harm. Risk assessments had been written for a wide range of activities both within the home and the local area. One person who had a medical condition which could deteriorate had a risk assessment in place. It clearly identified what signs staff needed to be aware of which could indicate deterioration in the person's health and what action was required to prevent this from happening.

Risks posed to people as a result of the environment had been assessed and were monitored by the service. The provider rented the building from a landlord who was responsible for the maintenance of the building. The provider had identified a new Legionella risk assessment was required. We were provided with reassurance a new assessment was planned in the near future.

People were supported by staff with the appropriate experience and character to work with people. The service had recruitment processes in place. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People were protected from abuse and avoidable harm. Staff had received training and were able to tell us about potential signs of abuse and what action they would take if they had concerns. People told us they would report any concerns they had to the management team.

Where people required support with their prescribed medicine this was provided by staff who had received appropriate training to do this safely. People told us they were happy with the support they received with their prescribed medicines. Staff were not signed off as competent until sufficient checks were undertaken. The service had responded positively to a pharmacy audit conducted on 27 September 2017. We noted it identified a few minor recommendations to improve practice and these had been adopted by the service since the audit had been carried out.

Good

Is the service effective?

Our findings

At the previous inspection carried out on 16 and 18 June 2015, we made a recommendation about training for staff on carrying out mental capacity assessments. At this inspection we noted all staff had undertaken training in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 code of practice provides advice on guidance on how to support people to consent to decisions about their care and treatment. The registered manager had a good understanding of the MCA and how best to support people to make decisions or consent to care.

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). We checked if the service was working within the guidelines of the MCA. We noted referrals had been made to the local authority for an assessment of authorisation to be made on DoLS. The service had a good understanding of the conditions placed on the DoLS that had been authorised. The registered manager informed us the DoLS were due for renewal and they would be submitting new applications in due course.

We observed staff sought verbal consent from people when engaging with them and where decisions about care were being made. The service embedded the core values of the MCA into risk assessment and care planning. Where people had been assessed as not being able to consent to care and treatment only a third parties with legal powers can provide consent. The registered manager was aware of the need to use a 'best interest' process to seek a consensus about care and treatment from third parties who do not have legal powers.

People were supported by staff who were provided with opportunities to improve their knowledge and skills through training in line with best practice. The registered manager had a system in place to monitor staff attendance at training. Staff told us they felt supported. Staff had one to one meetings with a line manager and an annual review of their performance.

There was a robust induction programme in place to support new staff. It covered essential areas of knowledge for instance, equality and diversity and health and safety, as well as the core values and behaviours the provider expected from staff. New staff were supported to undertake the nationally recognised Care Certificate. This a set of standards for care staff to adhere to. The standards include communication, privacy and dignity; equality and diversity and working in a person centred way as examples.

Where people required support with meals and drinks this was detailed in people's care plans. For instance, one person required a pureed meal and this was detailed in their care plan. Staff were knowledgeable about how to prepare meals for the person. Staff regularly monitored food and drink intake to ensure all residents received enough nutrients in the day. Staff regularly consulted with residents on what type of food they prefer and ensure foods were available to meet peoples' diverse needs. People were encouraged to help prepare meals and we routinely observed people making their own hot and cold drinks.

People were supported with managing their health conditions. Staff were knowledgeable about people's health. This was supported by what a family member had told the service "Thank you so much for taking such good care of [name of person] during his [medical problem]. It made such a difference you being aware and reacting so quickly that we didn't have the awful trek to hospital…you are all stars for coping with his inevitable pain and misery." Staff told us and we saw evidence that staff supported people to access healthcare to improve their wellbeing. We noted prompt referrals had been made to external healthcare professional for instance; one person had been referred to an Occupational Therapist due to concerns about their ability to stand up from a chair. Following the visit by the Occupational Therapist staff supported the person to have a more suitable chair.

Good

Is the service caring?

Our findings

People told us staff were kind and caring towards them. This was confirmed by our observations of care and support provided. Relatives also told us they felt the staff provided a good service. One relative told us "Staff are the best you could ask for, they do a brilliant job." Another relative told us "Staff are very kind and friendly."

We observed staff were kind and professional when they were talking and supporting people. People were addressed by their preferred names.

We observed people were pleased to see staff when they returned to the building from visits out. Staff went out of their way to welcome people back home and took a genuine interest in what they had done whilst out. For instance one person had been at a day centre on the first day of our inspection. When they returned home, it was clear they were glad to be at home and staff and fellow residents were pleased to see them.

Staff we spoke with and had contact with spoke respectfully, kind and compassionately about the people they supported. It was clear from comments we received staff wanted to improve the quality of life people experienced.

People were encouraged to be independent. This was supported by what people told us and what we observed. One person told us "I like being independent, I like going out and meeting people in the local area." They also told us I now go out in a taxi by myself and I have some jobs." They went on to tell us about how they had got responsibility for cleaning the main office. On the second day of the inspection we observed the person was keen to commence their job of cleaning.

People were supported to take an active part in the running of the home and making decisions about daily life. We noted one person opened the door to us on day one of the inspection. They did not allow us into the property as they did not know us. They sought advice from a member of staff. We discussed this with the registered manager. They informed us they had minimised the risks as a member of staff would be aware the door bell had rung and would supervise from a distance. We observed this in action when the door bell was activated later in the day.

People were encouraged to express their views about their care and treatment. We received many examples from staff about how they supported people to express their views. The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. One example given to us from staff was how they supported a person with 'intensive interaction' techniques. Intensive interaction is a method of communication used with people. It uses the mimicking of actions, noises and mannerisms to communicate. The staff member and registered manager were able to tell us how one person's range of communication had increased using the method. It was clear from speaking with the staff they were proud

of what they had achieved with the person. Another staff member told us how another person showed when they were happy as they clapped their hands and laughed. One staff member told us "We observe people. We get to know people by doing this we can observe body language and understand what they like."

People were treated with dignity and respect. We noted staff were aware of how to support people's privacy and we observed they knocked on doors prior to entering people's rooms.

We received positive feedback from health and social care professionals. Comments included "The cherries is a lovely home, the staff are very friendly and I always feel welcome," "Everyone was very welcoming" and "Always nice to visit here."

People were encouraged to maintain important personal relationships, for instance, keeping in contact with family. One person's relative commented, "It's a beautiful place, everyone is so happy. I wouldn't want my son to be anywhere else. He is so wonderful now, when he first moved into the home he did not have a lot of speech. I now am able to speak to him on the phone."

Staff were respectful of people's cultural and spiritual needs, three people were supported to attend a church service of their choice.

On the second day of the inspection one person was being visited by an Advocate. Advocacy gives a person independent support to express their views and represent their interests.

Good

Is the service responsive?

Our findings

People received a personalised service that met with their identified needs. Each person had comprehensive and detailed care plans which identified people's likes and dislikes. We acknowledged the provider had introduced a new format for recording risk assessments, which the registered manager was in the process of transferring information over.

Care plans were detailed with what level of support people required. Care plans were reviewed regularly or when changes occurred. The service promoted people's choice and involvement in care plan reviews. One person had historically not stayed in review meetings. However the staff spent time with the person to identify what would make them more comfortable to enable them to remain at a meeting. Together the person and the staff identified how the person would like the review meeting to be conducted. It was agreed that the person's favourite music would be played in the background, other changes were also introduced which supported the person to be more relaxed and comfortable in the meeting. We received positive feedback from the service that the person had stayed for the whole duration of the meeting for the first time in history. Another person was due to have their review meeting in the afternoon of the second day of inspection. The registered manager told us the review meeting was going to take place in the local public house, as the person really enjoyed going there. We spoke with the person and it was clear from their reaction they were looking forward to going to the public house.

People were encouraged to think about what they wanted to achieve. The provider supported people to identify goals for each calendar year. We noted that people were encouraged to celebrate their successes. Photos were displayed across the home showing the achievements people had made.

One person had identified they wanted to become involved more in the running of the home and have some responsibility. The registered manager interviewed the person for an office cleaning role. The person took the interview seriously and was successful. Another person had identified that they liked outdoors. The provider had a yearly 'big hike' event, which was a fundraising event involving people walking a set distance. The registered manager told us they spoke with a person about the possibility of joining the 'big hike'. The person agreed to undertake the hike and soon became involved in planning and training for the event. The person had overcome many fears and dislikes whilst on the hike. However they told us they were really proud of what they had achieved.

Staff spoke passionately about how they supported people to participate in activities of their choice. One person's health had declined to the extent they required additional support to go out of the home. They had previously been able to access the local area independently. The staff told us how they would ensure the person still had access to all the activities and events they had previously but with support from staff. One staff member told us how they had sought additional support for the person based on their changed needs. The staff member told us "We [staff] try to encourage them [people] to be as independent as they can be." They told us how they had taken the person to explore different day opportunities and clubs. This meant the person was fully involved in any decisions made. The staff member went onto to tell us how they had increased their knowledge of the person's medical condition to ensure they were able to provide person

centred care.

People were supported to realise their life time dreams. One person had always been interested in aviation, both planes and helicopters and had hoped to be able to fly one day. Once the staff had been made aware of this and had the financial support to enable it; they set about supporting the person to fly in a helicopter. The staff understood the difference between dream and reality. They supported the person to have a flight stimulation. This not only prepared the person for the flight but demonstrated they were ready for a real flight. Staff made the necessary arrangements for a helicopter flight. The person was joined by their mother and the registered manager. We spoke with the person and it was clear the experience was very special for the person. The person went onto to tell us how they wished to go abroad. A staff member told us how they supported the person to apply for a passport and was in the process of planning a journey abroad.

One person was supported to attend a 'pizza making' event at a well-known restaurant. Staff were aware of how the person enjoyed eating pizza and put his name forward. The person had some sight loss and was supported throughout the event by staff. It was clear from photographs of the event the person enjoyed the experience.

People were encouraged to make a meaningful contribution towards the management of the providers services and care homes. The provider had introduced an expert by experience role for people they supported to assess the quality of other services. We spoke with one person who lived at The Cherries who had undergone training for the role. They told us how much they had enjoyed the role. "I really enjoyed going to speak to other people, I asked them questions about what it was like to live there." It was clear from how the person described the role they were very proud of what they had achieved and felt valued.

The service had a complaint process in place. The registered manager advised the service was dealing with a complaint. We noted the service acted appropriately in dealing with the issues raised. People and their relatives had access to opportunities to feedback their comments about the service. The home had an area in the corridor where visitors were encouraged to share their comments about the service. The registered manager used the comments to drive improvements.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

We received lots of positive feedback about the registered manager, comments included "[name of registered manager] get it all sorted, they help me a lot," "[name of person] has progressed and become very sociable, especially since [name of registered manager] took charge of the home." Another relative commented "The current manager is very good." This was also supported by what an external professional told us "I have found [name of registered manager] dependable, reliable...conscientious." Another professional told us "I have always found [name of registered manager] to be professional and innovative in her approach regarding the well-being of all the residents."

There was a clear set of values and culture among staff, to ensure they promoted people's independence.

People were involved in discussions about the running of the home. One member of staff told us "We discuss changes like a family." People were encouraged to be involved in the local community. One person undertook voluntary work at a local charity shop, another person was supported to keep in contact with the local shop owner who they had known for many years.

Systems were in place to monitor the quality of the service, this included auditing of key documents and internal processes to assess how successful the service was. One audit undertaken concentrated on the experience of people who lived at the home and was used to reflect on what the service was getting right and what required further work. The audits undertaken were monitored by the provider's senior management team to drive improvements.

The registered manager was aware of their responsibilities to meet the fundamental standards and what events needed to be reported to CQC.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of this requirement.

Records we requested on the inspection were readily available and the registered manager provided all additional information requested in a timely manner.

Staff told us they felt supported and valued. The service held regular staff meetings to ensure staff were provided with an opportunity to share information and ideas on how the service could improve.