

Aitch Care Homes (London) Limited

Cherrycroft

Inspection report

59 Crowstone Road
Westcliff On Sea
Essex
SS0 8BG

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14 March 2016

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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

This inspection took place on 14 March 2016.

Cherrycroft provides accommodation for up to ten people who have a learning disability and may have additional mental health issues. There were nine people living in the service on the day of our inspection.

There was 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.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. Staff were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People told us, or showed us through their body language and facial expressions, that they felt safe and comfortable living at Cherrycroft. Staff had a good understanding of how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them in maintaining good practice.

Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had made appropriate applications to the relevant authorities to ensure that people's rights were protected.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The support plans provided staff with good information about how to meet people's individual needs, understand their preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in activities of their own choice that met their needs. Families were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

There were good systems in place to monitor the quality of the service and to deal with any complaints or

concerns.

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 was safe.

People were protected from the risk of harm. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed needs.

People's medication was managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had an understanding and knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) so that people's rights were protected.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care and support as far as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were informative. They provided staff with enough information to meet people's diverse needs.

There was a complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

There was good management and leadership in the service.

The quality of the service was monitored and people were happy with the service provided.

Cherrycroft

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 March 2016, was unannounced and carried out by one Inspector.

We reviewed information that we held about the service including notifications. A notification is information about important events which the service is required to send us.

We spoke with and interacted with eight of the people living at Cherrycroft. Where people were not able to communicate with us verbally, they did so using facial expressions and body language. We spent time in communal areas to get an understanding of people's experience, and observe their interactions with staff. We spoke with the registered manager of the service, two senior support workers and three support workers. We spoke with three relatives during the inspection visit and a further three over the telephone following the visit. We spoke with a visiting therapist to the service and contacted a social worker, epilepsy specialist nurse and a speech and language therapist for their feedback.

We reviewed a range of different care records relating to three people living at the service. We also looked at three staff members' records and a sample of the service's policies, audits, training records and staff rotas.

Is the service safe?

Our findings

People told us that they felt safe living at Cherrycroft. One person said, "I feel comfortable here." Where people were not able to talk to us we saw that they were comfortable and relaxed in staff's company and responded positively to staff interactions. Relatives told us that the care and support provided at Cherrycroft was excellent and that they had no concerns about people's safety. One told us, "I am here a lot and have never seen any member of staff be less than kind, calm and patient with all the residents."

Staff demonstrated an understanding of safeguarding procedures and when to apply them. We saw that the service had made referrals to the safeguarding team when needed, and had an open approach to events. There was a policy and procedure available for staff to refer to when needed. Staff had been trained and had received updates in safeguarding people. Information was available to people using the service about what to do if they had any concerns or worries.

Risks to people's health and safety were well managed. People were supported to take every day risks such as accessing the community. Risks had been identified and assessed. Management plans on how the risks were to be managed were in place.

People using the service were encouraged to understand the risks that they might face and ways of managing these. For example, people understood and were accepting of staff support when undertaking daily living tasks such as doing their washing and preparing food. A relative told us, "They very much encourage independence, and provide support in as safe and unobtrusive way as possible."

Care files contained risk assessments relating to people's behaviours, daily care needs and specific healthcare needs. Risks had been identified and assessed. Action plans on how the risks were to be managed were in place.

Staff had a good knowledge of each person's identified risks. We saw that they understood people's needs and worked in ways that ensured that people were cared for safely. For example, people with epilepsy needs were continuously monitored, people with behavioural needs had clear information and protocols in place which we saw were adhered to by staff in practice.

The registered manager had ensured that other risks, such as the safety of the premises were managed. Equipment and systems had been regularly checked, assessed and outcomes recorded. People understood the fire procedures so that they would know what to do in the event of a fire. Personal evacuation plans were in place for people using the service to ensure that their needs would be met in the event of an emergency. There were on call arrangements to ensure that staff always knew who to contact out of hours.

There were sufficient staff to meet people's assessed needs. The registered manager explained how staffing was managed, that was flexible to meet people's needs and gave us examples of this. Relatives told us that staffing was good. Two relatives told us how much they had appreciated the fact that staff support had been provided during hospital admissions. One said, "I could not have managed without their help and support,

they kept me sane."

We saw that staff were not rushed and were able to spend time with people supporting them and encouraging independence. Staff were present and responsive to people's needs at all times. The staff duty rotas showed that established staffing levels had been maintained to ensure adequate support for people.

The service had an effective recruitment process in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Two newer members of staff confirmed that all checks had been undertaken before they started work at the service. A relative told us that they were always impressed with the quality of the staff recruited and felt that great care was taken over this aspect of management.

People's medicines were being managed safely and they received their medicines as prescribed. We saw that staff took their time with people when giving their medication and explained what was happening. People's medicines were managed safely. Staff had been trained and had received updates to refresh their knowledge and skills.

There were systems in place for ordering, receiving and storing medication. Protocols were available for the management of medicines to be used on an as and when prescribed basis. Temperatures were monitored to ensure that medicines were stored in optimum conditions. The medication system was audited on a monthly basis to ensure that good practices and systems were being maintained.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. People told us that staff understood their needs and that they felt well supported. One person told us, "I am happy here, the staff are all good." A relative told us, "All the staff here are incredibly approachable. Whoever I talk to, keyworker or any other member of staff, they are all really aware of, [name of persons,] needs and what is happening."

Staff told us that they received good training and support. They said that the registered manager and senior staff were always available for support and advice when needed. One staff member said, "I was well supported when I started and had a lot of training."

Training records confirmed that staff had received training which included subjects such as, Mental Capacity Act 2005, deprivation of Liberty safeguards, infection control, food safety and health and safety. Staff had also been trained in subjects that were more specific to people's individual needs such as autism, communication, mental health awareness and epilepsy. One family were very happy that the service had been proactive in finding and providing training for staff on a particular condition in order to understand and meet their relative's needs. A number of staff had also completed, or were working towards a Quality Care Framework, (QCF,) Diploma in care at level two and three. This showed us that the provider was committed to providing a well trained staff team to support people.

Staff had received a good induction to the service. One member of staff told us, "The induction I received here was excellent compared to other places I have worked and I was very well supported." Staff undertook core training, had an orientation into the service and had worked through Quality Care Framework based training to build up a good foundation of skills and knowledge. Staff and the registered manager told us that new staff worked initially on a supernumerary basis and shadowed experienced staff so that they could get to know people using the service, review their care plans and gain an understanding of their needs.

The service was small and support staff and management worked alongside each other on a day to day basis. Staff practice was therefore continually monitored. Staff records showed that staff had also received regular opportunities to meet with their manager on a one to one basis to discuss their views and personal development needs. An annual appraisal system was also in place to encourage ongoing development.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff knew how to support people in making decisions. Staff spoken with and training records confirmed that training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had been undertaken. We saw that relevant procedures and guidance was available to staff relation to MCA and DoLS. Staff had an understanding of the MCA and understood the requirements of DoLS. DoLS applications had been made as appropriate to ensure that people's rights were protected. We saw that approvals made were monitored and any further extending application made within the appropriate timescales.

Staff worked to support people in their best interests and in line with legislation. We saw that the staff offered people choices and sought their consent when working with them. People or their families had given their signed consent for issues such as photographs. During our inspection we heard staff asking people for their wishes and seeking their consent before carrying out any activities. People or their families told us that they had been involved in care planning and risk management, and were consulted with about all aspects of their care. One relative said, "I am fully involved in care planning, reviews and all aspects of, [name of person's] care. The home keep me fully informed."

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Menus were planned on a weekly basis with the involvement of people using the service. Staff used picture cards to help people to make choices. Where particular dietary needs or individual wishes were identified we saw that staff respected these and supported people appropriately. People's weight was monitored in order that any emerging issues with diet or nutritional needs would be quickly identified. We were given examples of where a dietician had been involved to support people's care. A relative told us that the food provided by the service was very good and healthy with lots of fresh fruit and vegetables. People were encouraged to be involved in meal preparation to increase their daily living and independence skills.

People's healthcare needs were met. Each person had a health file in place. These included health action plans, hospital passports and emergency sheets. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people's specific healthcare needs and how they are to be met. Hospital passports provide information for healthcare providers about people's needs and ways of communication should they need to attend hospital.

People had been supported to attend routine healthcare appointments to help keep them healthy. Where needed we saw that support was sought and received from relevant professionals such as neurologists, behaviour support teams and the epilepsy specialist nurse. An involved professional told us that staff were always keen to learn and understand people's conditions, work alongside other professionals and improve people's care. People attended other community services such as dentist and opticians as required. The outcomes of appointments were well recorded so that the person and staff were kept up to date with people's health issues.

Families were happy with how people's healthcare needs were managed and felt that the service kept them informed about people's changing needs. One person told us, "The information given and communication is excellent." Another person told us, "They always contact me and let me know what is going on, or give me feedback following any appointments. It is reassuring."

Is the service caring?

Our findings

People told us or showed through their body language and facial expressions that they liked and got on well with the staff at the service. One person told us, "The staff are all good support me well." Relatives told us that the staff were kind and caring. One told us, "The staff are wonderful, they have the patience of saints. It is a very happy place where you are always made welcome."

An involved professional told us that they found the staff to be very caring and always keen to better the lives of the people they supported.

People went about their own routines during our visit and there was good staff interaction. Staff displayed kind and caring qualities. Discussions with the registered manager and staff showed that they understood the needs of people using the service very well and supported them in ways that were encouraging and positive. Staff had received training in equality and diversity, they treated everyone respectfully and understood their diverse needs.

People had been involved as far as possible in planning their care. People's views and wishes had been sought so that the care provided would meet their individual needs. Care records provided information about people's needs, likes, dislikes and preferences in relation to all areas of their care. They showed how people's care and welfare was monitored. From discussions with staff and observations it was clear that they had a good understanding of people's individual needs and supported them accordingly.

Staff treated people respectfully and ensured that their privacy was maintained. People could choose when they wanted to be alone or when they wanted to mix with others and followed their own routines.

Everyone using the service had some level of family contact and support, and no one was currently using the services of an advocate. The registered manager was however aware of advocacy services and how to access them if needed. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Families told us that the service supported them in maintaining contact with their relative and that they were able to visit at any time. Relatives told us that they were always made welcome by friendly staff. One said, "We can visit whenever we like and are always made welcome."

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Before moving into the service people's needs were assessed to ensure that the placement would be appropriate for the person, and that they would be able to be supported safely by the service. There were informative personalised care plans in place developed from this process. Care plans were kept under regular review through regular key worker review meetings and formal reviews to ensure that they were responsive to people's changing needs. Relatives spoken with told us that they were always involved with any reviews relating to people's care or funding.

People were encouraged and supported to be as independent as possible and to have goals and aspirations. A relative told us that the registered manager was very proactive and, "Made things happen," in relation to arranging activities to promote self-confidence and independence.

People were encouraged to follow individual interests and told us about the things they enjoyed doing such as going to college and going dancing. For people who could not talk to us directly their care records showed us that they enjoyed activities such as swimming, going to clubs, weight training and gardening. Staff were aware of people's individual likes and preferences and used this knowledge to support people in a responsive way. People regularly accessed the local community in line with their individual preferences and assessed risks and needs. The service had its own vehicle to support community access.

The service had an effective complaints process in place. The complaints procedure was available to people so that they would know what to do if they had any concerns. No formal complaints about the service had been made since our last inspection. On a survey completed last year all relatives who responded said that they were aware of the complaints procedure. People felt that they could discuss anything with the registered manager or staff and that any issues would be addressed. One person told us, "The manager or any staff, will always listen to any concerns and act on them."

Is the service well-led?

Our findings

People told us that the service was well led and managed. Families and involved professionals praised the service telling us that it was well managed and communicated with them well and appropriately. One professional told us that the registered manager was very approachable and easy to work with. A relative told us, "The current manager is outstanding. She makes things happen and takes positive action to improve things." Another told us, "[Name] is an excellent manager. They are very hands on so always know what is going on."

People said that staff and management were approachable. Throughout the inspection we saw that the management and support staff had positive relationships with each other and with people living in the service and their families. Staff communicated well with each other to ensure people were effectively supported. Management, staff and people using the service all got on well, with people's individual needs and abilities respected and understood. Relatives told us that it was a 'happy home' with plenty of laughter and a family feel. A relative told us that as well as visiting when they wished, they were invited to different events throughout the year such as a barbeques and Christmas parties. They felt this also promoted good relationships with families and helped people to get to know one another.

Staff were positive about the management of the service. They said that the registered manager was approachable. Staff felt that they could raise any issues and feel listened to. Staff were motivated and told us that they enjoyed their work very much.

The service had a Statement of Purpose and Service Users Guide available which outlined the aims, objectives and philosophy of Cherrycroft. A 'Mission Statement' was also on display to tell people about the aims of the service. The registered manager was able to describe to us the aims of the service. They explained how this was introduced and maintained in the staff team from the point of recruitment and reinforced through induction, ongoing training, team meetings, daily interaction and monitoring. Staff were able to demonstrate the vision in their practice and promoted positive and respectful relationships with people.

Through discussions and feedback it was evident that there was good teamwork in the service and that staff and management worked together for the same ends. Staff provided good support to one another. Staff meetings occurred and handovers between shifts took place. This ensured that communication within the team was good and that staff were kept up to date with current information about the service and people's needs.

The registered manager was aware of the responsibilities of their role. They worked to ensure that a quality service that met the needs of people was provided. There were formal processes in place to support this. Regular audits had been undertaken in relation to health and safety, the premises and medication, with any matters arising being addressed. Cleaning schedules were maintained and monitored. Accidents and incidents were recorded and monitored by the organisation to ensure that any adverse events were learnt from. This ensured that appropriate standards were being maintained across the service.

In addition to internal audits the provider was proactive in their desire to maintain quality and to continue to develop the service. Twice yearly health and safety and twice yearly quality audits were undertaken by the service's head office. Any action points arising were identified and monitored as being addressed by a locality manager who also visited the service regularly to monitor the service and provide support.

Visits from other agencies such as environmental health and commissioners had found the service to be operating well and in line with their required standards.

People's views on the service were sought through daily interactions and regular review processes. Regular residents meetings were also held to offer people the opportunity to express their views. Formal surveys were also undertaken by the organisation on an annual basis. We saw that surveys had been undertaken in July 2015 with people using the service, staff and families. Responses were seen to be positive about the service. However, any matters arising from people's comments had been identified and an action plan produced and addressed.

Overall people and their families were very satisfied with the quality of the service and made comments such as, "I like it here," and, "The level of care is excellent."