

Craegmoor Homes Limited

The Cherries

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

The Cherries is a residential care home providing personal care for up to six people who may have learning disability, autistic spectrum disorder, behavioural and other complex needs. At the time of our inspection there were six people living there.

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

People's experience of using this service:

The provider and staff were exceptionally effective at supporting people, often over long periods of time, to build confidence and respond to positive behaviour strategies. This had enabled some people to achieve personal milestone goals that profoundly improved health, lifestyle and social skills.

Some people told us the organisation went the extra mile to respond to their needs and the needs of their loved ones.

The achievements of the staff to meet some people's needs were recognised by relatives and the provider who nominated The Cherries for a national pride award.

People received an individualised service that responded to the needs of people and their loved ones.

People and their relatives gave positive feedback about the service. People told us they decided how they spent their time and the activities they took part in.

Staff worked with people and their families, they used information from people's histories and background to develop and review meaningful activities.

Staff monitored people's symptoms and supported them to receive specialised medical help to ensure correct diagnoses were made and appropriate medication was available.

Staff used technology to enhance people's care, by supporting them to use a tablet computer, access the internet and use smart TVs to view films and access music.

People were supported to take positive risks to bond and interact with family members, access the community regularly and be involved in food shopping and meal preparation. Risks were assessed and there was clear guidance and support strategies for staff to follow.

People and staff told us there were enough staff to keep people safe, support them to follow their interests and take part in activities.

People were supported to maintain a balanced diet; one person's planned weight loss enabled them to take up new activities.

Some people had healthcare conditions that effected their eating or drinking, they were supported to manage these safely.

People, their relatives and staff were positive about the culture of the service. They felt it was transparent and well-led.

The staff were led by a management team that showed a commitment to continuous improvement and development of the service people received.

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 received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Rating at last inspection:

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

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

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

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 exceptionally effective

Details are in our Effective findings below. □

Outstanding ☆

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 ●

The Cherries

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

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

Notice of inspection:

This inspection was announced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider, including the previous inspection report. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection:

We met each person and spoke with some of them who were happy and able to speak to us.

We spoke with a relative and a healthcare professional as well as spending time observing staff with people in communal areas during the inspection.

We spoke with the registered manager, deputy manager, and two staff.

We also reviewed the following documents:

Two people's care and medicine records.

Recruitment, supervision and training records for staff.

Records relating to incidents and accidents together with checks about the quality and management of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines continued to be managed and stored safely.
- People's medicines were reviewed annually, or when their needs changed to ensure they were still required and appropriate. Reviews of prescribed medicines ensured their use and dose remained appropriate to avoid any risk of overmedication.
- We reviewed a sample of medicine administration records (MAR), they were fully completed without any gaps. This indicated that people received the right medicines at the right time.
- Where people received medicines 'as and when required' (PRN) there were clear guidelines in place for staff to follow about how and when these should be given.

Assessing risk, safety monitoring and management

- Staff continued to have a good understanding of risks to people and how to best manage these. People had risk assessments in their care plans. There were clear directions for staff on how to keep them safe. These included strategies to deescalate behaviours that could be self-injurious or challenging for other people and staff as well as day to day risks, such as supporting people to bath and shower, road safety, being in the community or with specific health conditions, for example, epilepsy.
- Staff told us they supported people to take positive risks. For example, one member of staff told us, "We have been supporting (person's name) to lose some weight and improve their health by swimming. It was something he wanted to do, we risk assessed it and support him in the water. It has been hugely successful and he loves it". Other examples included people food shopping and helping to prepare meals.
- Risks to the environment had been assessed and reviewed. People had individual personal emergency evacuation plans (PEEPs). These ensured staff had guidance to know how people needed to be supported to leave the service safely in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had a good understanding of safeguarding and knew how to recognise concerns. One member of staff told us, "We have received very good training about safeguarding. For example, I know we need to be aware of sexual and financial abuse and making sure people living here don't hurt each other or are hurt or intimidated by staff. I'd look out for visible signs like scratches and bruises or changes in behaviours". Another member of staff commented if a person relied upon them for support and they did not receive the support, this was neglectful which meant it would be a safeguarding matter.
- Staff were clear on how to escalate concerns about people, both internally and externally and told us they were confident to whistle blow should they think concerns would not be taken seriously.
- The registered manager understood their responsibilities about safeguarding and had developed a positive relationship with the local authority safeguarding team.

Learning lessons when things go wrong

- Staff documented accidents and incidents, managers reviewed these to ensure action had been taken to try to reduce the likelihood of any re-occurrence. For example, following a potential choking episode, specialist guidance was sought from speech and language therapists. Risk assessments were updated, staff reminded the person to eat slowly and swallow what was in their mouth before eating more food and staff vigilance increased when the person ate. This enabled the person to continue eating food they enjoyed.
- Our review of incidents and accidents, including the positive management of behaviour that can challenge, showed continuous reduction. This demonstrated effective learning from incidents, effective measures to reduce their reoccurrence and a person centred approach.

Staffing and recruitment

- There continued to be enough staff to meet people's needs and keep them safe. Staff numbers directly linked to people's one to one support hours but were flexible to be increased to cover specific activities or unexpected changes in people's needs.
- Staff had a group messaging system, if needed, this allowed shifts to be covered at short notice.
- There was a display in the hallway showing the names and photographs of which staff were on shift. This was to support people who could feel anxious about knowing which staff was on shift.
- Staff recruitment continued to follow safe practice, including ensuring each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection

- The service was clean throughout and staff encouraged people, where possible, to take part in laundry and household cleaning tasks.
- Staff had access to personal protective equipment, such as gloves and aprons. Staff used these when needed.

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

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Staff continuously assessed people's needs and choices, including their social needs.
- For example, due to complex needs, one person had been unable to go on holiday since 2003. Working with the person and their parents, staff developed an action plan to anticipate needs and anxieties the person may experience while on holiday; they worked with the person over a period of months to develop strategies to help them cope. This enabled the person to enjoy their first holiday as an adult.
- Another person needed to see a medical specialist, however, their anxiety, personality and behavioural changes had made them feel it was not something they could do. Staff, with support of the family, developed a strategy to enable the person to feel comfortable with this intervention. For the first time in seven years, they attended their appointment and saw the specialist. While there, they allowed a blood sample to be taken, this was the first time they had allowed this in five years. Attending the appointment allowed their condition to be reviewed and reassessed. Staff commented that the person seemed proud of this achievement and their confidence was boosted.
- Another person wanted to spend time with their sibling who lived at another service owned by the same provider, however, when together, behaviours could be injurious toward one sibling. With the support of their family, risk assessment and behavioural strategies were developed. The siblings, with support of respective staff, enjoyed an incident free holiday. This enabled them to form a bond which had not previously existed. The siblings now meet monthly, going out for lunch together.
- Parents of one person were so delighted with their son's improvement that they made a video to the service provider nominating the service for a recognition award.
- All assessments were comprehensive; people's protected characteristics were considered and upheld in line with the Equalities Act 2010. For example, staff showed an awareness of cultural differences and discussed with people if they wanted to pursue relationships.
- There was a range of documentation available to staff to remind them of best practice and current guidance. For example, information about the Mental Capacity Act, advocacy services and the Equalities Act.

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

- During our inspection we observed people choosing and eating what they wanted to eat.
- Food presented choking risks to some people, professional advice was sought, risk assessments were put in place taking account of the advice received. People were able to continue eating food they enjoyed, prepared in different ways, under close supervision of staff.
- People were involved in planning menus for the week and purchasing food. Some people helped to prepare food and drinks.

- One person's weight had impacted on their mental wellbeing and their ability and motivation to engage in social activities. Staff supported the person to eat smaller, healthy meals. They reached their target weight and now regularly enjoy activities and outings they would have otherwise not done.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to visit healthcare professionals regularly and when their needs changed. People had healthcare appointments with GPs, psychologists, specialists relevant to particular conditions, district nurses and community mental health nurses.
- One person exhibited symptoms which were previously thought to be behaviour related. Staff noted the person appeared exhausted after these episodes, they kept detailed records enabling them to present evidence and question the cause with the GP. Staff gained the agreement of the GP for specialist tests to determine a diagnosis. They were diagnosed with a new condition and now receive medication to treat it. Their symptoms reduced in frequency and intensity. Their everyday quality of life has improved.
- Another person received blood pressure medication and was a registered cardiology patient. The person and their family agreed with staff their condition may improve with the introduction of exercise and new eating habits. Over the course of a year, staff supported and encouraged the person. Such was their success; the person no longer required the medication and has been discharged from cardiology. They have more energy and engaged in activities they previously wouldn't try.

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

- The registered manager showed us a bathroom which had been converted into a wet room to more easily support people's choices and meet their needs.
- Some people's bedrooms were modified to remove or protect projecting corners of furniture or fittings on which people could injure themselves; specialised wall padding had been ordered for another room.
- People's bedrooms were personalised with photographs and items of importance to people; other bedrooms were minimalistic where people may be sensitive to overstimulation.
- Maintenance and decoration arrangements were efficient and kept up with the rate of wear; general repairs were completed quickly with full consideration to reduce any impact on people and staff as much as possible. For example, water damage to the kitchen ceiling was being repaired, maintenance contractors had constructed a polythene barrier around their work area to prevent dust and debris transferring to the kitchen. This enabled people and staff to access and use the kitchen without interruption to people's routine or expectation.

Staff support: induction, training, skills and experience

- The registered manager and deputy manager ensured staff received regular supervision. Staff told us they felt well supported. One staff member told us, "Supervisions are planned and regular, that helps me prepare anything I want to discuss."
- A recent staff engagement survey showed staff all gave positive responses about working at The Cherries. This was also reflected in the service's exceptional staff retention rate and zero staff turnover.
- Staff received a combination of eLearning and face to face training. When people's needs changed, additional training was provided. For example, following a person's diagnosis of epilepsy.
- Staff were encouraged and supported to engage in professional development, for example, a member of staff was studying toward a positive behaviour management degree.
- Staff told us training was of a good standard, it gave them the confidence and skills to support people as they needed. For example, staff used Makaton to communicate and understand some people's choices and decisions.

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 and found they were.
- When people lacked the capacity to make complex decisions, staff organised best interest meetings with advocates so support people's decision making. An advocate is someone who supports people to express their views and wishes and stands up for their rights.
- One person requested weekly meetings with their advocate, this was arranged and accommodated.
- DoLS applications had been made for each person, some authorisations had been granted and others awaited a decision. The registered manager monitored the outstanding applications and kept in contact with the authorising authorities to monitor progress.
- Where DoLS safeguards were authorised, staff ensured they met with any specific conditions of the authorisation and made sure people received the support of Relevant Person Representatives (RPR). An RPR represents the relevant person and provides support that is independent of the commissioners and providers of the services they are receiving.
- Staff showed a good understanding of the MCA and how to apply it to the people they supported.

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

Good: 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

- People and staff had time to engage with each other, often sharing jokes and humour.
- Staff discussed people's plans for the activities they wanted to do; they helped people plan their day and managed some people's expectations.
- Staff communicated in ways which people recognised and understood, for example, by using now and next boards. These contained pictorial reference cards and timeframes to remind people what was happening and when.
- Staff knew people's backgrounds and what was important to them. They used this information to start conversations with people and encourage them to take up interests and plan goals. For example, visiting places of interest and playing a musical instrument. Staff were aware of people's day to day emotional needs and when and how people may need additional support at sensitive times.
- When people became anxious or upset staff recognised this and intervened. Staff told us about one person who could become anxious. They told us about the things that could make them anxious, such as changes in routine, and how this may result in self-injurious behaviour. We heard staff talking with the person, calming them and we observed the person's response; after a short time, they had settled and re-joined other people in the lounge.
- Staff were motivated and committed to their roles, they had worked with some people over a long period of time, building open and honest relationships with them and their families. This had enabled people and their families to develop trust and confidence in staff.

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

- Some people had communication passports in place to support staff on how to best communicate with them. In some cases, this included the use of picture cards and computer tablets to prompt discussion, understanding and engagement. The introduction of a computer tablet had been so successful for one person that their family bought a second tablet to maintain consistency when they visited home.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- We observed information throughout the service that had been adapted for people's understanding. For example, there was an easy read complaints process, picture displays for meal choices and activities. Most people's care plans contained pictorial information so people could relate to the information held.
- Although staffing considered compatibility with people, people decided which staff they wanted to support them. We saw people supported by staff of their choice, they chose to spend time with staff and sought the support of staff to meet their needs. For example, if they wanted a drink or to get something to

eat from the kitchen, staff guided them to where they wanted to go. This promoted independent decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity. When people needed personal support, this happened privately and discreetly.
- One member of staff told us, "Respect of people is very important, not only does it build trust and confidence, it makes people feel valued".
- Staff were familiar with people's abilities and encouraged them to be independent. Care plans showed what people could do for themselves.
- Staff encouraged people during our inspection to make independent choices about meals and activities, prompting and supporting them when needed.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had an individual care plan. These were presented in formats people could best understand, for example pictorial formats.
- Care plans included guidance for staff to follow about people's preferences and how to meet their needs in their preferred way.
- Staff told us they had worked hard with people to increase the activities they took part in. This often involved drawing up action plans setting out how people would work toward a new activity. Some people had been on holiday, travelled on public transport and taken up sport; all of which they had never done before
- People met with staff and were able to plan and talk about activities for the coming week. Activity planners reminded some people what they had talked about and when activities would happen. These were re-visited daily and alternatives offered if people wanted to do something else.
- Staff used technology to increase people's interest in activities. For example, instead of asking people what they wanted to see at the cinema, staff would show people trailers for films to help spark interest and excitement.
- One person used a computer tablet with a talking app of their favourite film character, this helped them express what they wanted to say. Another person used a computer to make video calls to their family.
- People's goals were documented in their care plans, photographs and a narrative proudly recorded when they had been achieved.
- Goals were individual and often milestone events for people and their families. Successes included things people and relatives thought not possible, for example overcoming anxieties of medical assessments, visiting amusement arcades, trips to London on the train and the forming of friendships that have endured.

Improving care quality in response to complaints or concerns

- There had been no complaints since our last inspection. Families and others involved in people's care had praised the service and staff for their work and dedication.
- People and their relatives told us they knew how to raise concerns and complaints.
- There was an easy read complaints process clearly displayed within the service.

End of life care and support

- At the time of our inspection, no one was in receipt of end of life care, however, staff had received training about end of life care.
- People had end of life care plans. These were created in easy read format and discussed with people's families. The plans detailed people's wishes, including any music they wanted played at their funeral and what kind of service they wanted, religious or otherwise.

- Some people had pre-paid funeral plans arranged.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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, deputy manager and staff told us they were proud of people's achievements and the team effort shown to support people to complete them.
- Staff were positive about the registered manager and their commitment toward the service, people and staff. Staff described the service as energised and vibrant.
- Communication was clear and staff knew what was expected of them. Regular staff meetings ensured staff were updated of any changes and handovers took place every change of shift. A group chat network meant messages could be sent to staff quickly, for example in relation to shift patterns and team working.
- Each staff member, including the registered manager, had prepared a single page profile about themselves. This set out amongst other information how they could be best supported and their strengths. This gave insight into each other and helped them develop as a team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered and deputy managers carried out regular checks of the quality of service provided.
- An internal quality development manager visited the service regularly to audit the effectiveness of the service and the checks carried out by staff. Any actions required were recorded in a service development plan and signed off by delegated staff when complete.
- The registered manager had notified the Care Quality Commission of important events as required.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website.

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

- People, their loved ones and healthcare professionals continued to be sent quality assurance questionnaires as a way of improving the service.
- Staff were involved in frequent meetings where they were given the opportunity to share best practice and ideas for improvement.
- An equality and diversity ethos was embedded into the service. Each person had a profile giving clear

guidance to staff about the person, which was reflected in the everyday care and support people received.

Continuous learning and improving care; Working in partnership with others

- The provider sent regular updates in relation to any incidents, learning from events and best practice within social care.
- The registered manager took part in local provider forums to learn and share good practice.
- Staff worked closely with healthcare professionals to support people with their changing needs, including the district nurse, community mental health nurse, dietician and GP.