Mr & Mrs Y Jeetoo

Cherry Lodge

Inspection report

14 Lynton Road
New Malden
Surrey
KT3 5EE

Tel: 02082969188

Date of inspection visit:
05 March 2016

Date of publication:
21 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 6 March 2016 and was unannounced. At the previous inspection on 14 October 2013 we found the service to be meeting all the regulations we inspected.

The service provides personal care and support for up to nine people with mental health issues within a care home setting. There were eight people using the service at the time 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.

The premises were not always safe because the provider had not assessed and mitigated the risk of falling from height through unsecured windows. However, the provider acted promptly to mitigate this risk when we raised our concerns with them. Other areas concerning health and safety in the home, however, were well managed to keep people safe.

Medicines management was safe. Processes for checking people received their medicines as prescribed were robust. There were sufficient medicines in stock for people and medicines were stored safely. Procedures for receiving and returning medicines to the Pharmacy were in line with best practice.

Staff understood how to recognise abuse and how to report any concerns they had relating to this. The registered manager raised safeguarding allegations with the local authority safeguarding team and took action to keep people safe when allegations of abuse had been made. People had appropriate risk assessments in place with risk management plans to manage the risks and these were reviewed regularly.

The manager followed a robust recruitment process so that only suitable staff worked with people at the service and there were enough staff deployed to meet people's needs.

The manager and most of the staff understood their requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and they had been provided training in these areas. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager had considered whether people required DoLS as part of keeping them safe and none did at the time of our inspection.

People received the necessary support to receive appropriate food and drink and people's preferences, cultural and religious needs relating to food and drink were met. Staff supported people with their health needs and people had access to the health services they needed.

Staff received the right support to understand and meet people's needs and the responsibilities of their role

through a programme of training, support, supervision and appraisal.

Staff were caring and understood people's needs and backgrounds well. Information about people's backgrounds, as well as their preferences for their care, was recorded in care plans for staff to refer to. Staff supported people to be as independent as they wanted to be and to take part in activities they were interested in. People were involved in their care plans. Care plans contained accurate information about people and were regularly reviewed so they were reliable for staff to refer to in supporting people. People, their relatives and staff were involved in the running of the care home and were consulted on in various ways.

There was a suitable complaints system in place and details about complaints made, as well as action taken regarding them, was clearly recorded for auditing purposes. People had confidence the manager would resolve issues they raised with them.

The provider was meeting the requirements of their registration with CQC in submitting statutory notifications of incidents such as allegations of abuse.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risks to people of falling from height through unrestricted windows had not always been assessed and managed safely. However, other systems relating to the safety of the premises were safe.

Staff knew how to identify abuse or neglect and how to respond to keep people safe. Medicines management was safe. Recruitment procedures were robust and there were enough staff deployed by the service to meet people's needs.

Is the service effective?

Good

The service was effective. Staff received the right support to meet people's needs through a programme of induction, ongoing training, support and supervision and appraisal.

The provider was meeting their responsibilities in relation to consent and the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People liked the food they were provided and they received choice. Staff supported people in meeting their mental and physical health needs including support in relation to food and nutrition.

Is the service caring?

Good

The service was caring. Staff knew the people they were supporting well and had built up good relationships with them. Staff treated people with dignity and respect and kept information about people confidential. Staff supported people to be as independent as they wanted to be.

Is the service responsive?

Good

The service was responsive. People were involved in planning and making decisions relating to their own care. People's care was regularly reviewed to check it remained suitable for them. People had individual activity programmes in place and had enough to do that they were interested in to keep them

occupied. People's religious, cultural and spiritual needs were met. There was a suitable complaints system in place.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who was aware of their role and responsibilities, as were staff. The manager encouraged open communication with people using the service and staff, consulting with them in various ways on the running of the service. The provider was meeting their regulatory responsibilities to submit statutory notifications of events such as allegations of abuse to CQC.

Cherry Lodge

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 5 March 2016 and was unannounced. It was carried out by a single inspector.

Before our inspection, we reviewed the information we held about the service such as statutory notifications relating to allegations of abuse.

During our inspection we spoke with five people who used the service and spent time observing how care and support was provided to them. We also spoke with a senior care worker and a care worker. We looked at records, which included five people's care plans and risk assessments, medicines records and records relating to the management of the service.

After the inspection we spoke with the registered manager who also provided us with additional documentation we requested to inform our inspection further. We also received feedback via e-mail from a social worker.

Requires Improvement

Is the service safe?

Our findings

People were not always safe because we found several windows did not have any restrictors in place and some had restrictors but which could easily be overridden. This meant the windows could be opened wide enough so that people could be at risk of falling from height. This meant that risks to people had not been assessed and monitored effectively so action could be taken to mitigate identified risks. After the inspection the registered manager contacted us to confirm suitable window restrictors would be installed within the week after our inspection to keep people safe. During the inspection the senior told us once installed the window restrictors would be checked during the regular health and safety checks of the service.

Other aspects of the premises and equipment were safe as they were maintained and checked properly. These systems included the central heating and gas safety, electrical wiring and water temperatures to reduce the risk of people being scalded, fire systems and fire safety and portable electrical appliances.

People told us they felt safe, one person said, "The staff are excellent, I feel very, very safe." Staff received training in safeguarding people at risk and our discussions showed they understood signs people may be being abused and how to report this to the local authority and to CQC. The registered manager had reported allegations of abuse to the local authority and police where necessary, and had made statutory notifications to CQC as required by law. The registered manager had also taken prompt action to protect people from abuse in relation to allegations which had been made. A social worker told us they had no concerns from an unannounced visit they recently carried out at the service.

Records showed people had reliable risk assessments in place in relation to specific risks to them with risk management plans to guide staff in supporting people with these risks. These risks included risks relating to their mental health, physical health conditions such as epilepsy as well as risks relating to fire safely. These risk assessments and risk management plans were kept up to date with accurate information about people and were reviewed regularly by senior staff and management.

Medicines management was safe. When we asked a person if they knew what their medicines were for and if staff administered them at the right time they told us, "Yes, for my seizures, I don't have to wait for them." There were sufficient medicines in stock for people. Staff carried out audits of each medicine held in its original packaging each time they administered it to check the quantities remaining matched those expected and recorded these. When we carried out our own audits of medicines we found quantities in stock matched those expected which indicated this system was effective in checking people received their medicines as prescribed. Records were made of medicines received by the home and of those returned to the pharmacy. Staff received training in administering medicines before they were permitted to administer to people, and this training included shadowing existing staff with checks of their competence.

People using the service and staff told us there were enough staff deployed to meet people's needs. Rotas showed the number of staff the provider had identified as being required were always on duty, with additional staff booked for people's activities and appointments outside the service. Our observations also showed the number of staff on shift were sufficient. We observed staff were able to support people in an

unrushed manner, spending time chatting with them about their day and helping them to make plans for the coming week. When people had a disagreement staff were readily available to monitor this and intervene where necessary to prevent it escalating.

Records showed staff were recruited through a process of robust checks of their suitability. These included checks of their employment history with references from former employers, checks of people's health conditions in relation to the role, criminal records, training and qualifications and the right to work in the UK.

Good

Is the service effective?

Our findings

Staff received a range of training to help them understand people's needs and their own role and responsibilities. Regular training included topics such as mental health awareness, care planning, risk assessing, person-centred care, first aid, infection control and food hygiene. Staff were encouraged to complete more comprehensive training in topics such as the Diploma in Health and Social Care and distance learning courses in medicines management and team leading where relevant to their role. New staff were supported to complete the Care Certificate during their induction period. The Care Certificate is a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles. Staff told us they felt well supported by management and they received supervision and appraisal. After the inspection the registered manager sent us records to confirm regular supervision and appraisal took place. We saw staff were given an opportunity to ask for additional support, to express any concerns and to review their personal development and training needs.

The provider was meeting their obligations in relation to the Mental Capacity Act 2005 (MCA). The 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. Our discussions with staff showed most understood the principles of the MCA such as the need to assume capacity and the need to make decisions in people's best interests where they lacked capacity in relation to particular decisions. One staff member was unsure about the MCA and how it related to their role. We fed this back to the senior who told us they would review staff knowledge overall and provide additional support for those who required this.

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 service was meeting the requirements in relation to DoLS and had considered whether people required any DoLS authorisations in place as part of keeping them safe. At the time of the inspection people using the service did not require DoLS authorisations.

People spoke to us about the food positively. One person told us about their meal, "We have the best food here, better than a hotel. It's lamb tomorrow, we choose [our meals]." We observed a meal time and saw people received choice of food and drink with people eating different meals according to their preference. There was a rolling menu in place and minutes of 'house meetings' showed people were encouraged to review and give their feedback on the menu regularly. People told us the quantities of food they were provided were sufficient and they were full at the end of their meal. The provider monitored people's nutritional status by checking their weights each month. The senior explained how they were concerned about some people's weight gain. Because of this they supported them to see a dietitian as well as to meet with their mental health team to review their medicines which may also have been contributing to their weight gain. In addition these people were encouraged to exercise and were now in a routine of visiting the gym regularly together, and no longer required staff support to do this.

People received the right support in relation to their mental and physical health needs. When we asked a person if they could see a doctor, dentist and optician whenever they needed to they told us they could. Staff understood people's mental and physical health needs and these were clearly documented in their care plans. People had close contact from the local community mental health team (CMHT) with most receiving visits at home from their care co-ordinator. All people were on a care programme approach (CPA). The CPA is a way that services are assessed, planned, co-ordinated and reviewed for people with mental health problems or a range of related complex needs. However, the service did not always hold copies of these documents prepared by the Community Mental Health Team (CMHT) to refer to and check they were providing care in line with people's agreed mental health care plans. However, staff were involved in CPA review meetings for people living at the service and so were aware of the key points in caring for people in relation to their mental health. The senior told us they would contact the CMHT to obtain copies of the CPA documents to check they were meeting their responsibilities in line with this. Records showed people accessed a range of other health professionals including the GP, optician and dentist to help maintain their health.

Good

Is the service caring?

Our findings

People we spoke with were all complimentary about how caring staff were. One person told us, "Staff are nice, they are kind." Our observations were in line with these comments. We saw staff spent much time interacting with people in a personable way. When a person became anxious and repetitive staff responded by engaging them in conversation and they became more at ease. Staff took time to answer queries people had in a respectful manner, making sure people felt they mattered.

Staff knew the people they supported well and had built up good relationships with them. When we asked one person if staff knew about them they said, "Yes, I think so." Many staff, including the registered manager, had worked at the service for many years and had gotten to know people well in this time. Our discussions with staff showed they knew people's care needs, their backgrounds and the people and things that were important to them including their likes and dislikes.

Staff treated people with dignity and respect and gave them the privacy they required. Staff received training in maintaining confidentiality in care and our discussions with them showed they understood the importance of this. Staff told us how they ensured they locked doors when supporting people with personal care. We observed staff took care not to talk about people's personal issues where they could be overheard. In addition we observed confidential information about people was kept locked away.

People were encouraged by staff to be as independent as they wanted to be. One person told us, "I do cooking at [a day centre], I empty my bin here." We observed people helping to clear the dining tables and vacuum the floor after the evening meal. People independently went to retrieve and take back the vacuum cleaner from the storage area. In addition people told us they participated in cleaning their rooms. Some people prepared their own snacks and meals. In addition many people went out independently each day for various activities. Some people participated in skill-building activities at education and employment centres outside the home. One person told us how they enjoyed stripping down and repairing bikes as well as making poppies which would be later sold for charity, they said, "It's interesting." Another person said, "I do gardening most days."

Good

Is the service responsive?

Our findings

People told us they had enough to keep them occupied with a range of activities they were interested in and most people were out of the home during week days at various activities. One person said, "I do gardening [three days a week] and I go to do gym, sometimes with [another person using the service]." Another person said, "I do cooking at [a local day centre]." People had individual activity programmes based on what they liked to do. Besides people's individual activities staff also arranged group activities for people to join in if they wished. People were often supported to visit the cinema and the pub. For example the evening before our inspection people had all decided to go to the pub for dinner and so staff facilitated this. The service arranged holidays for people each year and house meeting minutes showed discussions about this were already taking place with people. One person told us they had visited France with staff two years ago and were saving up to visit New York.

Staff also supported people to meet their religious and spiritual needs as on Sunday staff escorted three people to attend church. Cultural celebrations such as Easter and Christmas were celebrated each year. In addition people's birthdays were celebrated where they were interested in this. People were encouraged to choose the food they would like to eat and staff arranged a party at the service or locally if preferred.

People were involved in planning their own care and they received care according to their preferences and choices. People's care plans contained detailed information about their personal histories as well as their mental and physical health needs, hobbies, likes and dislikes which staff had obtained by asking people. Staff had also asked people what was important to them in terms of their care and care plans documented their aims in different areas of their lives such as their health, communication skills and mobility. Staff reviewed how people were progressing in relation to these aims with the people themselves. People's preferences for their personal care had also been recorded, and people had been encouraged to sign to give consent to this. However, staff were aware people could withdraw consent at any time they wished.

People's care was reviewed regularly to check it remained suitable for them. A keyworker system was in place. A keyworker is a member of staff who works closely with a person to check their care is meeting their needs and their care is being carried out according to their care plan. One person told us, "[The name of a staff member] is my keyworker, he buys my clothes with me and my DVDs." People met with their keyworker regularly and they discussed any issues of concern the person had, any areas they would like more assistance with and any changes they would like to make to their care. These meetings were all documented for staff and the person to refer to check the person was making the progress they expected to. Records showed care plans were regularly reviewed and updated by the manager and staff. In addition people and others who were important to them were invited to reviews of their care led by social services and by the local mental health team to check their care at Cherry Lodge continued to meet their needs.

A suitable complaints procedure was in place which had been made accessible to people. People we spoke with knew how to complain and had confidence in how staff or the registered manager would respond should they raise any issues. One person told us, "I've never had to complain but if I did I'd go to staff and they'd sort it out." Records showed details of complaints made were recorded as well as the action the

registered manager had taken to resolve them.

Good

Is the service well-led?

Our findings

The registered manager had been in post for many years. They shared their time between Cherry Lodge and Acorn Lodge, a similar service under the same provider. People using the service and staff spoke positively about the registered manager. One person told us, "The manager is nice." The registered manager was supported by a recently recruited deputy manager and a senior care worker. Our findings were that the registered manager and the staff team were aware of their responsibilities and generally carrying them out well. In addition shifts were organised well with shifts plans in place so that staff were aware of what was expected of them during their working hours.

The provider had a range of audits in place to assess, monitor and improve the quality of the service. These included monthly registered managers reports sent to senior management which summarised key issues in all areas of running the home. In addition an external consultant visited each month to audit various aspects of the service, focusing on a different area each month. Records showed recent visits reviewed medicines management and people's finances. As a result of these audits specific actions for the registered manager were recommended and action taken in respect of these was reviewed at the next monthly audit. The registered manager identified staff training requirements and enrolled staff on the various training courses they needed to do. A schedule for reviewing care plans and risk assessments was in place and staff recorded when these reviews had been carried out to aid auditing. The registered manager signed care plans and risk assessments after checking through them to verify the content was accurate and appropriate. Audits of various aspects of the environment including health and safety were carried out each month and these included most of the expected safety checks. However, these had not identified that the service did not have suitable window restrictors in place to mitigate the risk of people falling from height.

The provider involved people using the service and staff in the running of the home. Regular 'house meetings' involving people using the service were held where people's feedback was gathered on various aspects of the service. One person told us, "I go to house meetings, we talk about holidays, food, what I like to eat, if I need anything for my bedroom." In addition regular staff meetings were also held. Recent minutes showed discussions included staff levels, the menu, changes in people's needs amongst other topics. Staff told us they were able to add items to the agenda in order to contribute what was important to them, and that they felt listened to. We observed that good records of these meetings were kept for auditing purposes. The provider also carried out annual consultations with people and staff via questionnaires. Recent reports of these consultations showed feedback was overall positive. People were positive about the appearance of the home and garden, felt safe, liked the food and drink and staff, feeling staff listened to them and treated them as equals.

The provider was aware of their regulatory responsibilities. This included submitting notifications to CQC, as required by law, of incidents such as allegations of abuse without delay.