Mr & Mrs Y Jeetoo

Cherry Lodge

Inspection report

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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

Cherry Lodge is a residential care home that provides personal care and support for up to nine people with learning disabilities within a care home setting. There were nine people using the service at the time of our inspection.

The bedrooms are based on three floors and each floor has shared bathroom facilities. There is a lounge and well equipped kitchen on the ground floor and access to a large garden. The home is close to local amenities including shops, cafes, a library, and churches and had good transport links to the local towns and London.

At the last Care Quality Commission (CQC) inspection in March 2016, the overall rating for this service was Good. At that inspection we rated safe as Requires Improvement because window restrictors were not adequate to prevent a person falling from the window. The provider immediately changed the window restrictors and we found these were of a type that would help to prevent an accident.

At this inspection we found the service remained Good and we changed the rating of safe from Requires Improvement to Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People remained safe at the home. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with the premises and equipment well. There were enough staff at the home to meet people's needs. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People continued to be supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. People had access to a range of healthcare professionals.

The staff were caring. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. Throughout the inspection we saw that people had the privacy they needed and were treated with dignity and respect by staff.

People's needs were assessed before they stayed at the home and support was planned and delivered in response to their needs. People could choose the activities they liked to do. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We observed during our visit that management were approachable and responsive to staff and people's

needs. Systems were in place to monitor and improve the quality of the service. Audits of the premises helped ensure the premises and people were kept safe.

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 provider had changed the window restrictors to a type that would help to prevent a person falling from a window We have changed the rating of safe from Requires Improvement to Good.	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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 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 was a comprehensive inspection. The inspection took place on 6 March 2018 and was unannounced. The inspection was carried out by a single inspector.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection we emailed a questionnaire to the local authorities who commission places at the home. We asked them for their opinion of their clients care. We did not receive any replies.

During the inspection we spoke with all the people who used the service. We also spoke with the registered manager, the deputy manager and one care staff. We looked at a range of records including three staff files, three people's care plans and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People continued to be safe at the home. People at the home were happy to speak with us. People commented "I'm happy here" and "I feel safe in my house." One person told us it was the best house they had ever lived in, because the staff and the owner were good.

The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff demonstrated how they would keep people safe. We also saw that people used appropriate safety checks when visitors came to their home, asking who was at the door before opening it, asking visitors to sign in and getting the appropriate staff member to meet the visitor. These measures helped to ensure they kept themselves and the other people in the home safe at all times.

People had appropriate risk assessments in place. Staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified management plans were in place. This included risk assessments for people to access the community independently and support people's independence.

The provider had processes in place to ensure people's finances were kept safe. Staff helped people to understand their budget and how to make their budget last for the week, although how people spent their money was their personal choice. The provider conducted financial audits of people's money and this helped to ensure their finances were kept safe from possible abuse.

Where a person would need assistance to evacuate the building in an emergency we saw they had a current personal emergency evacuation plan [PEEP] in place, which explained the help they would need to safely leave the building. People who did not require assistance currently did not have a PEEP. We spoke with the manager about the need for everyone to have a PEEP and they said this would be put in place immediately. A fire drill was held monthly with a full evacuation of all people. The times taken and any incidents while evacuating were noted and actions taken if needed.

Contingency plans were in place should the home become unusable. Staff told us when a planned repair of the roof was needed last year, people in the home decided to go on holiday together for a week, while the work was carried out.

The provider and staff continued to manage the risks associated with the premises and equipment well. A range of checks were in place including those relating to fire and gas safety and electrical installations. We found food was labelled and stored correctly and overall the kitchen area was clean. The registered manager said that keeping the kitchen clean at all times was an on-going challenge, as people had access to the kitchen to prepare their own meals. Although people helped to keep the home clean including their own rooms and communal areas the home also had a cleaner to help maintain a clean and safe environment. Repairs were carried out promptly when necessary to ensure the premises were maintained and remained safe.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. There were nine people living at Cherry Lodge on the day of our visit and all but one person could go out independently. Staff were available to accompany this person and did so when the person requested to go out. We observed that people were independently mobile and could choose where they wanted to be in the home.

Recruitment practices remained safe. The home had a consistent and stable staff team, several who had worked at the home for many years. We looked at the files of the last three people to be recruited and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were kept. The MAR's we looked at were up to date and accurate. Medicines were stored securely. Staff received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

The provider kept records of any incidents and accidents that occurred, including details on any incidents that related to the safeguarding of vulnerable adults. Staff were aware of how to report any accidents or incidents that may occur. The actions taken showed staff had learnt from the incidents which helped to prevent future occurrences.

Good

Is the service effective?

Our findings

People were cared for by staff who continued to receive appropriate training and support. People spoke positively about the staff and we observed good interaction between people and staff. We saw that staff spent time listening and speaking with people in a friendly and non-judgmental way.

Staff continued to have the skills, experience and a good understanding of how to meet people's needs. The provider had identified a range of training courses, some on-line, some class room learning that were refreshed every three years or more often if required. Specialist training was also available to staff to meet a person specific need.

The provider had a team of six full time staff and additional bank staff to cover staff sickness or leave. Although the provider had a similar home close by staff only worked at Cherry Lodge. The deputy manager said this helped people and staff to get to know one another and gave a consistency of regular staff. We saw records that confirmed one to one supervision took place every eight weeks and staff had a yearly appraisal. Staff told us people had an input into staffs annual appraisal process through a survey, where people could comment on staffs good points and if needed areas for improvement.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. We saw that people could access all areas of the home when they wanted to. We saw people going back and forth to their bedrooms, the lounge kitchen and garden. There was a smoking shelter in the garden for those people who wanted to smoke. This meant that people could have the independence and freedom to choose what they did and where they went, in safety with as little restriction to their liberty as possible.

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). The provider had arrangements in place to assess people's capacity in regards to making specific decisions. We saw that people's capacity to consent to their care had been assessed and the provider had made a relevant application to the local authority for authorisation to deprive one person of their liberty.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. Meals were planned according to people's wishes and changed on a daily basis if people changed their mind about what they would like to eat. People were encouraged to help with the preparation and cooking of meals and we saw people made their own drinks when they wanted to. People could also choose to eat out at a restaurant, café or the pub.

Staff continued to take appropriate action to ensure people received the care and support they needed from healthcare professionals. Detailed records of the care and support people received were kept. Each person had an annual or bi-annual healthcare check with their GP. A person could be accompanied by staff if required. Staff told us the GP surgery was excellent at giving people time and in understanding their

individual needs.

Good

Is the service caring?

Our findings

The service continued to be caring. People commented "I'm happy here," "I can do what I want to do" and "Staff are very friendly."

People's support records continued to be well written and informative, giving details of people's background, their skills and their challenges. People had a key worker who completed a monthly report with the person, where aspects of the support they were receiving could be discussed and adjusted if required. Staff commented in the 2017 survey "People had one to one meeting where they can talk openly and freely with their keyworker."

The majority of staff had worked at the home for many years and the provider continued not to use agency staff but covered any gaps in the rota with permanent or bank staff. They continued to adhere to this principal which meant people and staff knew one another very well, this was evident in the conversations we heard. Also in the confidence people showed in being able to speak with staff about any matter or concern they had.

People at Cherry Lodge had a variety of support needs and abilities, with some people being more independent than others. All the people were able to communicate verbally and were able to make themselves understood to staff and visitors. Staff took their time and gave people encouragement in their independence whilst supporting them. The atmosphere in the home was calm, friendly and relaxed.

Staff and people together made decisions about where they were going on holiday. We heard about their holiday on the Isle of Wight, they chose the hotel and what they would do each day. Staff told us "The holiday gave people confidence and made them feel good about themselves and what they could achieve."

People's privacy and dignity was maintained by staff asking people how they would like to be treated, including when giving or prompting people in their personal care. We saw that people had a key to their bedroom door and could lock the door from inside if they wanted to. The bathroom and toilet doors could all be locked to help maintain a person's dignity and privacy.

Good

Is the service responsive?

Our findings

The service continued to be responsive to people's needs. Staff assessed people's support needs before they came to live at Cherry Lodge. This information was used to plan the care and support they received. A new person to the home was able to visit and live at the home for a trail period to ensure everyone got on well together.

People had signed a consent form for the sharing of information and an assessment for decision making had been completed. We looked at the care plans of three people who live at the home, these were comprehensive and informative and gave staff the information they needed to support people effectively.

Care plans were written in the first person, however not in an easy read format. We asked the registered manager about this and they explained everyone at the home currently had a good educational background and was able to understanding the written word with some assistance and the care plans in picture or easy read format would not be helpful to them. The registered manager said if this changed in the future they would adjust the care plans accordingly.

The care plans described who the person was, their background, knowledge and wishes of how they would like to be supported. Care plans were tailored to a person's individual needs; they were up to date and reviewed twice a year or earlier if a person's circumstances changed. We saw people were able to sign their care plan and the reviews.

Each care plan had a photo of the person and a front cover with important information on next of kin contacts, allergies and their GP. There was a section on a person's background, where they were born, brought up, education and employment. This was very informative and gave staff good information about a person, including their likes and dislikes.

People continued to choose the activities or events they would like to attend and staff helped them if required. On the day of our visit everyone was having a home day and were not going to work or to a day centre. Some people were cleaning their rooms and hoovering or doing their laundry. Other people went to the gym, shopping or out for lunch. People could choose to go alone or with another resident. One person was playing a game of draughts with a staff member, another watching the television and another going into the garden to smoke. People were happy to sit with us and chat, find out what we were doing and tell us about their holidays last year and the planning for this year's holiday.

There was a monthly residents meeting to discuss plans for the house, staffing, behaviour, meals, holidays, repairs and outings. We saw the notes for the last three meetings, which were informative and gave individual people the chance to have their say.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. The complaints file showed people's concerns had been addressed in a timely manner and to the satisfaction of the complainant. Staff in the 2017 survey commented "Not all people have an awareness

of the complaints procedure but with the support of staff and that we discuss the complaints system at residents meetings, we encourage people that they are free to talk of anything that they are not happy with."

Good

Is the service well-led?

Our findings

The registered manager for Cherry Lodge is also the registered manager for a locally based sister home of a similar size. 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.

Cherry Lodge had a deputy manager who was able to give us all the information we needed before the registered manager arrived. The deputy manager was supported by senior care staff.

We observed and heard people talking freely with all the staff, including the deputy and registered manager. It was clear that staff and people knew one another very well, people could chat openly and staff knew trigger points that may upset people and had distraction methods ready to use. We saw these used which helped to avoid a small comment escalating.

All the people we spoke with were positive about the staff and management. People could speak in private to staff when they needed to. We also saw people in the kitchen chatting to staff while preparing food. The deputy manager told us that because they were a small team they communicated really well and they also had a comprehensive communications book, so important dates, appointments and maintenance issues could be recorded. Team meetings were held regularly and we saw the notes from the last two meetings which were very detailed.

The provider conducted surveys for staff and people. Staff or an advocate could help people complete the survey and actions were taken on people's concerns or ideas. The staff survey was conducted on line anonymously and an action plan developed to address any ideas or concerns.

From our discussions with the registered and deputy manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the environment, people's rooms and equipment. Audits were also conducted of peoples risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken and were signed off once completed.