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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 |  |

Overall summary

We inspected on 15 January 2015. Cherry Lodge provides accommodation and personal care for up to 19 older people who require 24 hour support and care. Some people were living with dementia. There were 18 people using the service when we visited.

There was a registered manager in post at the time of inspection. 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.

There were enough suitably qualified, trained and supported staff available to meet people's needs. There were arrangements in place to protect people from avoidable harm and abuse. People's medications were stored and administered safely.

Summary of findings

Staff received sufficient training and support to carry out their role. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to eat and drink sufficient amounts.

Interactions between staff and people were caring, and staff knew them well. People were treated with dignity and respect. People or their advocates were given the opportunity to participate in care planning and feedback on the service.

Care plans for people contained individualised information about their needs. Observations identified that staff responded to people's needs in a timely manner and people were supported to enjoy activities throughout the inspection.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

The management had in place a robust quality assurance process that identified issues in service provision. The management of the service promoted a positive and open culture with care staff and was visible at all levels.

Summary of findings

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.

There were enough staff to meet people's needs.

Medications were administered and stored safely.

Appropriate arrangements were in place to minimise the risk of people coming to harm.

Good



Is the service effective?

The service was effective.

The service adhered to the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff had the knowledge, skills and support to carry out their role.

People were supported to eat and drink sufficient amounts.

Good



Is the service caring?

The service was caring.

The relationships between staff and people were caring and appropriate. People and their representatives were involved in making decisions about their care.

Good



Is the service responsive?

The service was caring.

The relationships between staff and people were caring and appropriate. People and their representatives were involved in making decisions about their care.

Good



Is the service well-led?

The service was well-led.

The management of the service had a clear vision for the future of the service, and promoted an open, transparent and fair culture.

Quality assurance processes were robust enough to identify shortfalls in service provision, and these shortfalls were acted on.

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 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 15 January 2015 and was unannounced. The inspection team consisted of one Inspector.

Before the inspection, the provider 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 spoke with 12 people who were able to verbally express their views and five relatives of people using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two health professionals who shared their views of working with the service.

We looked at the care records for seven people. We spoke with two members of care staff, and the two owners of the service. We looked at the management of the service, staff recruitment and training records, and the systems in place for monitoring the quality of the service.

Is the service safe?

Our findings

All the people we spoke with said there were enough staff available to support them, one said “The staff are always on hand.” Another person commented “They’re never far away. This supported our observations that there were enough suitably qualified and trained staff available to meet people’s individual needs. Two members of care staff told us that they felt the staffing level was appropriate and that they did not struggle to support people. They said that although they were short-staffed during our inspection due to extenuating circumstances, they could still meet people’s needs. The owners were able to quickly arrange for agency carers to come and support the staff team. One person told us, “[Staff] work hard to make us all happy and spend time with us individually.” The owners of the service told us that the staffing level was regularly reviewed where the needs of people changed, and that it’s effectiveness was measured through regular observations. Five relatives told us there were enough staff when they visited, one said “There’s always plenty of staff around.”

The service had in place robust recruitment procedures to ensure that people were cared for by staff who had the appropriate background, skills and knowledge for the role. A relative commented “The care staff are excellent, they couldn’t be better if they tried.” Staff understood the risks to individual people and how they could minimise these risks. Staff were aware of the contents of people’s risk assessments and were aware of their responsibilities for maintaining the safety of people. A person’s relative commented, “I’ve no concerns about [relatives] safety. Every time I come everyone is well cared for by staff.” We observed staff practice which demonstrated they had an awareness of the risks to people, and they were proactive in reducing these risks. For example, we saw a staff member move chairs out of the way so one person with a walking frame could move without obstruction, and this reduced the risk of them falling.

All the people we spoke with told us they felt safe living in the service, one person said “Safe? Without a doubt, always.” Another person commented, “I’ve never not felt safe here.” Staff were clear on their responsibilities with regard to protecting people from abuse and knew who to report safeguarding concerns to. Thorough investigations were carried out where concerns were raised, and plans were put into place to minimise the risk to people.

Care staff told us about how they would recognise the signs of abuse and who they would report safeguarding concerns to. Staff knew when and how to report incidents and accidents, and these were monitored and analysed by the management to identify any patterns such as risk areas or times of the day when incidents occurred. Where incidents occurred, plans were in place to reduce the risk of them happening again.

The owner of the service showed us investigations they had carried out into safeguarding concerns, and these concerns had been investigated thoroughly. We were shown action plans put into place after the concerns were raised and told how people were monitored to ensure they were safe from harm or abuse.

There were contingency plans in place for unexpected events such as fire or power cuts. Staff were aware of these plans and told us about how they would ensure everyone was kept safe in case of emergency.

We observed that the service ensured the safety of equipment such as the lift, hoists and wheelchairs because these were serviced regularly. Staff told us they were aware of what signs to look out for that may indicate a piece of equipment was defective or not safe for use.

People were protected from potential harm because the environment of the service was kept safe through regular maintenance checks. These checks identified issues such as trip hazards which could be resolved quickly to protect people from harm. A relative told us “The home is always well maintained.”

All the people we spoke with told us that they received their medicines when they needed them, one said “I get them on time, they never forget.” Another said “Every day without fail, no problems there.”

People were kept safe because their medicines were stored safely and were administered by staff competent in medicines administration. We observed that staff administering medications to people explained what their medicines were for and gained their consent to take them before giving them the medicine. Staff told us that they had regular training in administering medicines and that they felt confident that they could administer people’s medicines safely. Medicines administration records were audited regularly by the manager of the service and the owners, and this identified any discrepancies so these could be resolved.

Is the service effective?

Our findings

People we spoke with told us that the staff had the right skills and training to do their job. One said “Well trained, no doubt.” Another commented “They know their stuff.” Staff told us that they felt the training they received was good. They said they had opportunities to complete extra training courses, and could suggest training they would benefit from. This demonstrated that the management of the service was promoting best practice, development and learning. The owners told us that staff training was regularly assessed by the manager and that the manager conducted regular observations of staff practice to ensure staff competency. Staff practice we observed supported that they were suitably trained to carry out their role. A relative told us “The staff know everything there is to know, I think the owners are sticklers for training.”

Staff told us that they felt supported by the manager of the service, and the two owners. They said that they felt free to raise concerns at any time, and make their views known. Staff had one to one supervision with their manager regularly. Staff told us that supervisions were used to identify training and development needs, and to talk through any issues the staff had experienced. Staff said they also attended regular group meetings with their manager, where they discussed individuals care, changes to best practice and ways of working. They said these were also used as an opportunity to voice their views and make suggestions. Both staff confirmed that they found these useful.

Staff had training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and were able to tell us how this effected the people they cared for. Observations confirmed that the staff were acting in accordance with the principles of MCA, for example, asking for people’s consent before supporting them with tasks or decisions.

The management of the service was aware of recent changes to legislation with regard to DoLS and had made the appropriate referrals for people where risks were identified. People’s capacity was assessed and best interests decisions were made in line with legislation.

People told us the food and drink they received was good and that they were able to make choices about what they ate. One person told us “The food is amazing. The great thing is that I can request whatever I like and they will get it. I love kippers and they always have some in the fridge for me.”

We observed the lunch time meal and saw that people were supported to eat and drink sufficient amounts. One person commented “When I was at home I used to live on cereal because I couldn’t cook anymore. Now I have these wonderful meals and couldn’t be more grateful. What a lucky [person] I am.” People who required assistance to eat were supported by staff at their own pace, and other people were provided with the equipment and support needed to eat independently. The meal time experience and atmosphere was good, and people clearly enjoyed it, laughing and joking with each other and staff. A relative told us “Everyone seems to really like the food here. I’ve eaten here too and I have to say, it is restaurant quality food. They serve only the best here.”

People’s nutritional needs were assessed by the service, and this fed into care plans for people. Care plans clearly identified any specific support needs or dietary requirements, and documented people’s likes and dislikes. People’s weight was monitored for changes and referrals were made to nutritional specialists where appropriate.

People had access to food and drinks outside of meal times. We observed that snacks were offered to people regularly by staff to boost their nutritional intake. One person told us “It’s the best! I eat so much good food here. There’s always lovely cakes and biscuits available, and always food about.” People told us they could access, where necessary, support from other health professionals. One commented “I see the doctor all the time. They call him out to check me over.” Another said “They get the dentist in, the chiropractor, the doctor. We’re all well looked after.” A relative said “The manager is good at keeping me informed of when [relative] is unwell and needs to see the doctor or go to hospital. They call me straight away and keep me updated.”

Is the service caring?

Our findings

People and relatives we spoke with said that the staff were caring, one said “They’re just lovely. So gentle and loving.” We observed caring interactions from staff, such as staff stroking a person’s arm to make them feel better, or a staff member sharing in someone’s happiness by giving a person a hug when they won their round of bingo. One person commented “They are so kind.” The staff we spoke with told us they thought of the people using the service as their family, and that they cared for them very much. It was clear that the staff cared for the people they supported, and this was reflected in how happy and contented people told us they were. A relative said “I see how much the staff genuinely love and care for these people, they treat them with such genuine affection.”

People told us that staff respected their right to privacy and dignity. One said “Most of the time I like to be with everyone else, but when I don’t, staff respect that.” We observed staff respecting people’s wishes and privacy, and promoting their dignity throughout our inspection. For example, we saw that people’s personal care was carried out in private, and when staff asked people if they wanted support, this was done discreetly. A relative said “My [relative] is treated with respect by the staff, [relative] always looks smart when I come in and the staff respect the private time I like with my [relative].” We observed a staff member ask one person if they wanted to go to the dining room to eat. The person declined and the staff member respected their wishes and ensured they could eat their

meal comfortably in the living area. One person told us “I mostly stay in my room, I prefer to be on my own. The staff come up to see me and try to encourage me to socialise but they do respect my wishes.”

People said they could be as independent as they wanted. One said “I go out for walks on my own, I can be independent.” We observed during the course of the inspection that people came and went as they pleased, and that staff supported people to go out with their relatives. One person commented “I was worried when I moved here that I would lose my independence, but actually I have the best of both worlds. I can leave whenever I want, go out and do what I want, but I know I can come back here and be looked after.” A relative told us “[Relative] was really anxious about giving up [their] independence coming here, but [they] haven’t had to give anything up. [They] still go and see their friends, go to [their] clubs and can do what they want.”

People told us that they felt their views mattered. One person said “I would just say what I thought straight away. I know the staff would respect what I said.” People and their relatives also said they were involved in the planning of their care. One person commented “I tell them what I want help with and what I don’t. We all come together, my relatives, the staff, and make a plan.” Records we reviewed documented the input that people and their relatives had in care planning, and who people wanted involved in making decisions about their care. Where people were unable to make decisions about their care independently, the input of their relatives and other health professionals was documented. A relative told us “My [relative] can’t always speak for [themselves], but the staff always ask me for my views and what I would like for my [relative].”

Is the service responsive?

Our findings

People and relatives felt they had control over the care they received and that their views and wishes were taken into account. One person said “What I say goes. I only need help with certain things and the rest is up to me, staff know not to get involved.” Each person had a set of individualised care plans, which set out what their needs were and how they would like to be supported by staff. These care plans took into account what people could and wanted to do independently, and this reduced the risk of staff over supporting people or inadvertently taking control of their lives. A relative told us “My [relative] has been very clear about what [they] do and do not want in terms of help from staff. The staff always seem to respect this and [relative] definitely feels independent still.” Staff we spoke with demonstrated that they knew the people they cared for very well. They told us that there was ample information about people in their care records which they could refer to if they weren’t sure. One person told us “The staff do know me quite well, they know what I like, what I don’t like. They joke with me about the soaps, they know I like them.”

People’s care planning included detailed information about the person, such as their medical history, information about their past life and their hobbies and interests. For people living with dementia, we saw that there was detailed information about the person so staff could support them to live their life in the way they had done in the past. One relative told us “My [relative] doesn’t remember much, but the staff do a lot to try and help [them] to remember. Whenever I visit [their] favourite music is always playing. Its nice they make an effort even though [relative] doesn’t remember much.”

We observed that people were engaged in meaningful and purposeful activity throughout the day. There was a member of staff getting people involved in a group activity, and later on we observed people doing several different activities such as reading, doing puzzles, knitting, listening to music and drawing. One person said “We’re always kept busy here.” Another commented “I love to knit, staff get me the wool. I make loads.” A relative said “They’re always busy

when I come round, [relative] has a better social life than I do.” Another person told us “I love gardening, I do all the gardens here at the front, I used to be a gardener. They get me all the plants, seeds and tools and I make it look nice for them.”

People were encouraged to maintain relationships with the people important to them, which reduced the risk of them becoming socially isolated. A relative told us “We can visit any time, they help my [relative] telephone me once a week too.” Each persons care record included details about the people important to them, and how they needed support to keep in touch. Another relative said “We can walk in any time and we are welcomed with open arms. There’s no restrictions here and I love coming.”

People and their relatives were supported and encouraged to feed back their views through regular resident’s meetings, and through an annual survey of their views. One person said “Things have definitely changed, they asked us what we wanted a lot and everything we said they did.” People thought the service they were provided with had improved over the past year. One person said “Everything is better now, it’s a nicer place. It was good before, but now its great.” A relative told us “There was a time when the home was not so great, but they really took it upon themselves to make it the best they can. They got everyone involved in making it better and they really took our views and ran with them.”

People and their relatives knew how to make complaints, one person commented “I know how to but I don’t need to.” People said they knew what would happen if they made complaints, and were confident in how they would be handled by the manager. A relative said “They’re very receptive if I’m not happy about something, and I know it’s sorted quickly.” We looked at the records of two complaints and found that these were investigated in line with the policy and to the satisfaction of the complainant. The service took clear action as a result of the feedback it received from people or their relatives. One person said “If I didn’t like something I’d just go and tell the manager. She’d sort it.”

Is the service well-led?

Our findings

All the people and relatives we spoke with told us they thought the management of the service were good, and that they had confidence in them. One person told us “I’m very confident in the management here. The owners are always about to check every thing is running smoothly. They’re all really nice.” A relative said “I cannot fault the management here. Things have improved no end in the last year and it’s all down to them.”

During our inspection, the manager was unavailable as they were on leave. However, we observed that both owners of the service were visible and spent a lot of time speaking to people, directing staff and overseeing the running of the service. One person told us “The owners are diamonds, and the manager. We all know who they are, they’re here every week.” Their interactions with people were caring, and it was clear that people knew them well and had a positive relationship with them. People told us they felt that they mattered to the owners and manager, one said “They really care about me.” Another commented “They know me well, they care about what I have to say.” This helped to develop a positive culture where people felt valued.

People and their relatives said that the management involved them in making decisions about the service such as planned improvements and changes to décor. One person said “They involve us in everything, discussing changes to the menu, how we want the place decorated.” A relative said “When there were problems in the home before, they were all really honest about it and got everyone involved in working out how to make it better. We weren’t worried as we have faith in them.”

Staff members told us that the manager and owners were supportive, and that they cared about their views and feelings. They said they felt confident in raising concerns

and voicing their views internally. Staff meetings were held regularly, and gave staff an opportunity to feed back and reflect on the previous month. Staff told us that changes to people’s needs were discussed at the meetings, as well as any issues that had arisen and what action had been taken. They said that if mistakes in practice had been identified, these were discussed as group learning. This promoted shared learning and accountability within the staff team.

The owners of the service had clear visions and goals for the future of the service. They told us about the plans they had in place to make further improvements to the care people received, and the environment of the service. Care staff we spoke with were aware of what plans were in place for the future. They said that the owners consulted them and people using the service when thinking about future plans and goals. The owners were keen to improve the service people received and demonstrated an interest in aiming for a rating of ‘outstanding’ in future. One person commented “They really care about how it is for us, they come in often to speak to us about how they could make it better.” They said that they were considering building relationships with other care homes in the area to share ideas and best practice.

The management of the service told us about the system they had in place for monitoring the quality of the service. The owners showed us records of checks which were carried out to ensure the safety of the environment and the safety and quality of the care received by people. We saw that these checks were robust enough to identify issues. Action plans were put in place where issues were identified to ensure the continual improvement of the care delivered to people. In addition, we looked at the system in place for analysing complaints, safeguarding concerns and incidents. These systems identified trends which allowed the service to put in place plans to minimise the risks to people in the future.