Craegmoor Homes Limited

# The Cherries

## Inspection report

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Date of inspection visit:
21 July 2016

Date of publication:
08 September 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 21 July 2016 and was unannounced. The previous inspection was carried out in November 2013 and no concerns were identified.

The Cherries is registered to provide accommodation and personal care for up to six people who have a learning disability and other complex needs. The Cherries is situated in a residential area of Folkestone with access to the town centre, leisure centre and public transport. Six people were living at the service at the time of inspection and each had their own personalised bedroom, two of which were ensuite. People had access to a lounge and dining area, a sitting room, a sensory room, a kitchen, two bathrooms, toilets and a large garden.

The service had a registered manager, who was also registered manager for the service located next door and who was present throughout the 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 and associated Regulations about how the service is run.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

The care and support needs of each person were complex, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way.

Staff encouraged people to be involved and feel included in their environment. People were offered activities and participated in social activities when they chose to do so. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Records were not always easy to navigate as they often contained old information that was no longer required or current. In care files this could be confusing for staff and could place people at risk of receiving care and support that did not meet their current needs. We have recommended improvements are made.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager and senior management at any time and they would be listened to. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

Staff were supported and had one to one meetings and appraisals to support them in their learning and development.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Good

The service was caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

Staff knew people well and knew how they preferred to be supported.

People's privacy and dignity was maintained and respected.

Staff supported people to maintain contact with their family.

## Is the service responsive?

Good

The service was responsive.

People's care and support was planned in line with their individual care and support needs.

Staff had a good understanding of people's needs and preferences. People were supported to take part in activities that they chose.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

## Is the service well-led?

Good

The service was well-led.

Records were not always accurate or up to date. They were stored securely.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the manager and deputy manager.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

# The Cherries

**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 21 July 2016 and was unannounced. The inspection was carried out by 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 also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We reviewed a variety of documents. These included two care files, staffing rotas, two staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with the registered manager, the area manager and two members of staff. After the inspection we spoke with two relatives and received feedback from two social care professionals who had had recent contact with the service.

Good

# Is the service safe?

## Our findings

Relatives told us they felt that their loved ones were safe living at The Cherries, one relative commented, "The staff are very, very good." People had communication plans that explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. In the office there was a list of contact details for relevant agencies for staff to refer to. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. During the inspection it was noted that the warm weather had caused temperatures inside the medicine cabinets to rise, in response fans were put in the room and the temperature more frequently monitored to make sure that the temperature stayed within safe levels.

Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was written criteria for each person who needed 'when required' medicines. Topical medicines, such as creams and ointments, were stored in line with best practice guidance.

Regular medicine audits were carried out by the manager or team leader and we saw clear records of the checks that had taken place. The registered manager completed competency checks every 6 months for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There were enough staff on duty to meet people's needs and keep them safe. During the inspection there was a team leader and five support workers on duty along with the registered manager. Each person was allocated a member of staff to support them on a one to one basis. Overnight there were two staff to support people, one would be on a sleep night and on call should they be required to provide support. The manager explained that they were seeking additional funding for additional staffing at night due to the changing needs of people. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review.

The staff rota showed that there were consistent numbers of staff available throughout the day and night to make sure people received the care and support that they needed. There were plans in place to cover any unexpected shortfalls like sickness. On the day of the inspection the staffing levels matched the number of staff on the duty rota and there were enough staff available to meet people's individual needs and keep them safe. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. One member of staff told us, "The manager always makes sure there is enough staff on, so we can support people." An on call rota was on display in the office, this ensured there was always a senior member of staff available for the service to contact.

Some people displayed behaviours that damaged property, through observations we saw that the manager ensured that any damage was repaired as quickly as possible and disruption kept to a minimum. The registered manager explained that they were recruiting a domestic assistant, as it had been identified that this would enable staff to fully concentrate on supporting people. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab file' was also in place. This folder contained brief but essential information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.

Good

# Is the service effective?

## Our findings

People's relatives told us that they received good care. They said that the staff knew their relatives well and gave them the care and support that they needed. One person's relative said "We're very happy with the care; they're doing a great job. Things have got much better."

Staff had an induction into the service, this involved spending time reading people's care records, e learning, policies and procedures and getting to know the service. They would also attend some classroom based training; spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training, on-line training and qualifications. A training schedule was maintained by the registered manager on the organisations computer systems. It showed when training had been undertaken and when it was due to be renewed. Staff told us that they regularly completed training and that this included specialist training relevant to their roles and the needs of the people they supported, such as, courses about positive behaviour support, proactive interventions, Epilepsy, Autism and Aspergers, and person centred care.

Staff had individual supervision meetings and annual appraisals with the registered manager or team leader. Staff told us this time gave them the opportunity to discuss any issues or concerns they may have, and gave them the support that they needed to do their jobs effectively. Staff told us that they felt very well supported in their roles. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were either authorised or being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

Records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the recent changes to the legislation. Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain

time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty.

The staff team knew people well and understood how they liked to receive their care and support. The staff had knowledge about how people liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear, personalised communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean. They also described different triggers that may upset people and how they may react.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Each person had a health needs checklist and action plan, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People also had a hospital passport, which contained important details about how to support them should they need to go to hospital. People who had specific medical conditions, such as epilepsy, had detailed personal guidance for staff to follow.

When they chose to, people were involved in the planning of menus, in the kitchen there was a small menu planner on the wall. Staff explained that this format best suited people's needs. A folder of laminated pictures of food/meals and drinks was available for staff to use to communicate with people and support people to make choices. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. Staff explained to us that the close links with people's relatives were important to be able to gather information about people's likes and dislikes. Some people liked to eat in restaurants and local cafés. During the inspection one person had gone out for a meal with their family. If people were not eating enough they were seen by the dietician or their doctor and were given supplementary drinks and meals. Their weight was monitored regularly to make sure they remained as healthy as possible.

Good

# Is the service caring?

## Our findings

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices.

People were given personalised care. People had specific needs and routines that were accommodated well by the staff. When a person needed more time to continue with their routine staff supported them to do this. The routines at the service were organised around people's needs and were flexible. During the inspection one person was quite distressed; staff supported this person in line with the guidelines in their support plan. It was evident that the registered manager and staff knew people well.

There was a strong and visible person centred culture at the service. Care was planned around the individual and centred on the person. Staff knew about people's background, their preferences, likes and dislikes and their hopes and goals. Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. One member of staff told us, "We get to know people by working with them and creating strong relationships with people and their families. It's important that we work well with families, they are crucial in providing us with information about people so that we can support them well."

Staff were attentive. They observed and listened to what people were expressing. Pictures and photos were used to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff talked about and treated people in a respectful manner.

When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. During the inspection it was evident that families continued to play a large part in people's lives at The Cherries. We were told about an upcoming family BBQ being held the week after the inspection.

Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs.

People's privacy was respected. People were moving freely around the home, moving between their own

private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care. We saw that privacy screens had been installed in bedrooms where people could not tolerate curtains or blinds, in order to respect their privacy and dignity.

Some people expressed their anxieties and frustrations in behaviour that could challenge others or pose a risk to them. Staff had received PROACT SCIP training which followed a positive behaviour support model and focussed on proactive methods to avoid triggers that may lead to a person to present behavioural challenges. The aims were to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions could be used to prevent a crisis from occurring.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and staff were aware of the need for confidentiality.

Good

# Is the service responsive?

## Our findings

When a person moved into the service an assessment was completed. When people needed support to communicate their needs other people advocated on their behalf, for example, members of their family or someone who knew them well. People were enabled to contribute as much for themselves as possible. Information was gathered about people's interests and about what was important to them.

Staff were able to demonstrate a good understanding of the people they supported. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Staff told us, "People decide what they do or don't want to do, we support them." Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's individuality which was presented in a person-centred way. For example; documents entitled: 'What people like and admire about me' and 'What's important to me'. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Challenging behaviour care plans detailed what people may do, why they do it, warning signs and triggers and how best to support them. Health action plans were also in place detailing people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff.

People who were important to people like members of their family and friends, as well as staff they had a good relationship with, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service.

People were supported to participate in activities of their choice, within the service and the community. During the inspection one person was out for lunch with their family. Other people had chosen to go out with their allocated staff member or were being supported at the service. There was a sensory room available for people and a large, secure garden with trampolines for people to use. People were also supported to go out in the services' vehicle.

Some people had specific behavioural needs and these were well documented in their care plan. Staff showed that they were very clear about these needs and how to support them. Some people were able to say what they wanted, and staff were responsive to people if they became unsettled or unhappy about something.

'Your Voice' meetings' gave people an opportunity to raise any issues or concerns in a group and individual keyworker meetings an opportunity to discuss anything they wanted to with their keyworker. Staff told us

that these can be challenging because of people's complex needs and communication difficulties. Staff explained that they supported people with these meetings by knowing people very well and also by having discussions with people's relatives. Laminated cards were used to help people communicate, such as 'Stop, I don't understand' and 'Slow down, you're talking too fast.' Minutes mostly reflected on activities people had participated in, what activities could take place in the future and what events, such as BBQ's, the service could hold for people and their families. The registered manager showed us newly designed keyworker meetings records, which were more focused on involving and engaging people into discussions.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection. There was a number of compliments recorded, for example,'both (registered manager and area manager) have done more than their call of duty' and 'very pleased with the changes'.

Good

# Is the service well-led?

## Our findings

The service had a registered manager who was supported by team leaders and support workers. They had recently been registered by the Commission but had worked at the service for some time in a different role. The registered manager explained that they split their time equally between the two services that they managed, although if one service needed more input at a particular time they would spend more time there. At the time of the inspection a deputy manager was being recruited, the registered manager explained that this would help them further improve the management of the service. Staff felt that they were well supported and spoke highly of the registered manager. One staff member commented, "The service has completely turned around with our manager and the area manager." One relative said, "The manager is doing a superb job, they handle any problems that crop up efficiently and there have been improvements in the environment."

Records were not always maintained in an adequately. Some files, both care files and other documents, contained paperwork that was no longer relevant, and although the risk to people not receiving the appropriate support was minimal, should a new staff member begin employment following some records could prove difficult and time consuming, this could mean that staff do not follow the most up to date guidance. For example: one file contained old medicines guidance, stored at the back, and although current guidance was also available this could cause confusion. We discussed this with the registered manager, who was aware that they needed to introduce an archiving system, in order to ensure that only current guidance was stored in active files. We recommend that the provider ensures a suitable process is introduced to ensure that records contain only current, relevant information.

The registered manager demonstrated a good knowledge of people's needs and spoke with passion when talking to us about supporting people. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff had delegated responsibility for health and safety, doing daily allocated jobs and attending training courses. They were clear about their role and responsibilities and were confident throughout the inspection.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager had good oversight and direction of the service; they said they felt well supported by the senior management team. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them. Systems were in place for quality monitoring checks, which were completed by the area manager. A detailed report was produced after each visit with an

action plan for the registered manager; this was reviewed at the next visit. Recent quality assurance surveys from relatives gave positive feedback.

The visions and values of the organisation were putting people first, being a family, acting with integrity, being positive and striving for excellence, the registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.