

Home from Home Care Limited

Cherry Tree Lodge

Inspection report

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Ratings

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|---------------------------------|---|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Outstanding  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Outstanding  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

About the service

Cherry Tree Lodge cares for people who have a learning disability and/or autism. It provides accommodation for up to nine people who require personal care. On the day of our inspection there were nine people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to nine people and nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by individual rotas of core staff. The building fitted into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

There was a strong and empowering approach to managing people's safety which focused on openness, transparency and learning when things went wrong. The provider embedded technology in service delivery which support staff to provide people with truly person-centred care. There was a strong ethos based around people as individuals and recognising the value of their expertise in how their own care should be delivered. We received overwhelmingly positive feedback about the leadership of the service. The running of the service centred around the experience of people.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who used the service lived as full a life as possible. Support focused on people having as many opportunities as possible to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism.

Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

Rating at last inspection

The last rating for this service was good (published 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below

Outstanding 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Cherry Tree Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. We announced the second day of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the independent consumer champion for health and social care services in England called Healthwatch. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke

with 12 members of staff including the provider, locality managers, registered manager, assistant managers, PBS (Positive behaviour support) manager, senior care worker, three care workers and HR assistant. We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at data collected by the provider which showed the outcomes people had achieved. We spoke with four relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- People were involved in making decisions about their safety and empowered to take maximum control over their lives. For example, staff gave one person the information and support they needed to independently manage a specific physical need, which they had previously relied on staff for support with. Staff collected, and analysed data which measured aspects of the persons behaviour and presented them with it to enable them to plan their day, to stay safe and remain in control.
- The provider employed Positive Behaviour Support (PBS) staff with specialisms in supporting people with complex needs and behaviour that puts either themselves or others at risk of harm. Relatives described the impact for people as "massive". For example, staff worked with one person who had previously put themselves and others in danger, to improve their road safety awareness so that they could live a normal, active life. Their relative told us, "[Name] has been bowling, swimming and horse-riding. The impact is massively positive - because they have the staff, the people and training. [Name] has seen a lot more than we would have ever dared take them."
- The provider embedded technology in the running of the service which underpinned a robust safety management system. Staff routinely collected and measured data, specific to each person to support them in making decisions about people's safety. A relative told us, "[Name] has not had a seizure in two to three years now which is wonderful."
- The provider included people who used the service in assessing and minimising risks to the environment and equipment. One person routinely assisted staff in completing weekly fire safety checks after having asked if they could help.

Systems and processes to safeguard people from the risk of abuse

- There was an extremely supportive management team. They fostered positive and trusting relationships between people, staff and relatives that helped to keep people safe. Staff told us, "We are here to protect [people] and keep them safe" and "If you have a supportive management team you won't hesitate to report concerns."
- People knew what to expect from staff in keeping them safe. The provider educated people on the issue of safeguarding and information was provided in a format people could easily read or understand. A relative told us, "If things weren't given or done how they were supposed to be, [Name] would be on it."

Learning lessons when things go wrong

- The provider was open, honest and forward thinking in their approach to learning lessons when things went wrong. Managers worked collaboratively with people, relatives and staff to continuously improve

safety for people. A relative told us, "[There is] always an open line of communication, they are very open and honest."

- The provider utilised an electronic reporting system which instantly alerted managers to serious incidents and safeguarding concerns. Staff were skilled in knowing what information to report for a thorough investigation. A staff member told us, "It's important that we have all the information we need to investigate."

Staffing and recruitment

- The provider involved people in the recruitment of staff; people who used the service developed a set of qualities and attributes which the provider looked for in prospective staff. This included qualities such as 'humility' and 'passion'; the staff we spoke with championed these qualities.
- People were actively involved in making decisions about the staff who supported them. People were able to choose which member(s) of the team they wanted to receive care from. A staff member told us, "Staff are trained to work with all nine individuals, so at any time people have a choice about who they would like to work with them."
- A bespoke team of 'core staff' cared for each person. A staff member told us, "I believe we are giving people the best care - which they deserve. We have a very strong team." Throughout the inspection people appeared happy and comfortable in the company of staff and staff knew people very well.

Using medicines safely

- Staff strived to promote people's independence and involved them in the management and administration of their medicines. Where people lacked capacity to make decisions about medicines, staff included people as much as capable. For example, one person communicated to staff when their medicines were due to be administered and helped to tidy up afterwards.
- The provider had signed up to an initiative called Stop Over Medicating People (STOMP). This is an NHS England national project to reduce the use of psychotropic medicines in people with learning disabilities. Staff kept robust records of care which were analysed to find other ways of helping people, so they needed less medicine, or none at all. For example, staff collected, and analysed data which they presented to one person's GP, achieving a reduction in the amount of medicine the person was taking to prevent seizures.

Preventing and controlling infection

- Staff supported people to follow good infection control practises when cooking, cleaning and laundering their own clothes. People had access to smart, Wi-Fi enabled washing machines which allowed them to launder their clothes independently.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff routinely sought people's views and used this information to set goals for care and to promote a high quality of life.
- There was an integrated approach to assessing, planning and delivering care and support. A relative told us, "The review process works very well. The person is involved in reviewing their care...they have clearly spent time talking with [Name]."
- Staff kept robust care records which they analysed and used to continually develop their understanding of people's needs. For one person this meant they no longer required medication to manage their epilepsy.

Staff support: induction, training, skills and experience

- People received care and support from exceptionally well-trained and well-supported staff.
- Staff received bespoke training and ongoing support to understand the specific needs of everyone who used the service. A relative told us, "We were so impressed with how thorough they were - working with NHS staff in making sure the training was in place. This made a massive difference in understanding [Name] needs."
- The registered manager provided staff with a high-level of support and appraisal. They fostered the continuous development of staff skills, competence and knowledge.

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

- Staff were aware of people's individual needs and preferences and received specialist guidance to support people to eat and drink well. Staff found creative ways to encourage people who had trouble in eating and drinking.
- People were fully involved in planning and preparing their meals. A staff member told us, "All the food that comes into the building is what people have chosen themselves." A relative told us, "They prepare their own meals. The quality of the food is very good."

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

- There was a thorough approach to planning and coordinating people's move to the service. The transition process was tailored to the needs of the individual. A relative told us, "They sent staff to Birmingham to spend time with [Name]. The transition was very well carried out."
- There were clear systems in place to maintain continuity of care and to refer people to other healthcare professionals where necessary. People received an annual health check which is best practice for people with a learning disability and or autism. Relatives told us, "They are really on the ball, they are very, very

professional in the way its run".

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

- The service was designed around people's individual needs and wishes. The provider maintained the property to a high-standard. A relative told us, "It's important the house isn't seen to be too clinical - it's their home, they are very good at this. There is no smell - it feels nice, clean, safe, homely."
- People's bedrooms were distinctively individual and decorated to their preferred taste and adapted to meet their needs. For example, one person's en-suite bathroom included a specialist hairdresser-style sink so they could wash their hair in comfort.
- People had access to designated areas to take part in their preferred activities. This included a cinema room, arts and crafts room, sensory room and a large garden with a trampoline.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had a thorough understanding of MCA and DoLS and were confident about using the Act. They were highly skilled in assessing people's capacity and best interest decisions were always made in accordance with legislation and people's wishes. They communicated with people in a way they understood and gave people time to process information.
- Restrictions were regularly reviewed and only imposed as an absolute last resort.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Every staff member we spoke with was exceptionally compassionate and caring. One staff member had swapped their day off, so they could take someone to a theme park. They told us "[Name] had the best time." Relatives told us, "They (Staff) are lovely. It is such a caring environment... We are delighted, they are brilliant" and "It is the ethos of the home for us. It is about [People] feeling a part of a family and not an institution."
- There was a clear person-centred culture. Staff knew people well and were creative in the way they included people in activities they enjoyed. One staff member took the opportunity to take a group of people on a road trip because they knew people enjoyed singing along to music in the car.
- Staff were motivated to achieve the very best outcomes for people. A staff member told us, "Every day is different. You don't know what's going to happen and that spontaneity is just amazing. People are getting a varied life and getting to experience things they might not be able to experience otherwise."
- Staff took the time to build bonds with people and their families. A relative told us, "When we first dropped them off it was very emotional. They kept in touch. They manager emails to keep in touch – we're very happy."

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

- Staff were extremely well-skilled in helping people to express their views and preferences and make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and nonverbal ways of communicating. A relative told us, "They do involve them in the discussions. They do ask their opinion. They do ask them questions. I think that has helped grow their understanding."
- Staff did not rush people to complete tasks or make decisions. They had ample time to spend with people to meet their individual needs. A relative told us, "They have taken the patience with them and done things at their pace. Rather than insisting that they do things when they're not ready."

Respecting and promoting people's privacy, dignity and independence

- People were supported to have choice and control in their lives. Staff were led by the decisions people made and respected their individual choices. Relatives told us, "The level of independence [Name] has far exceeded what we thought they would be able to obtain" and "You want someone to have a sense of independence. I think that is what they are trying to build – physically and mentally."
- Staff anticipated people's needs and recognised distress and discomfort at the earliest stage. They tailored their response to provide the right support for the person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked in partnership with people in creating their care and support plans. They listened to and valued the input of people and their families. Care and support plans were routinely reviewed by staff and changed as people's needs changed. A relative told us, "They know we are ultimately the experts and want to tap into our knowledge."
- Staff supported one person to hold a BBQ and invite friends for their birthday.
- The provider had embedded the use of technology in the service which staff used to monitor, measure and achieve person-centred outcomes for people. Care records were uniquely tailored to each person and the data generated allowed staff to refine care and support plans to remove barriers for people. For example, staff supported one person to go swimming, an activity they asked to do, after pinpointing and addressing specific aspects of the activity the person had previously found distressing.
- The provider listened to the experiences of people and worked in partnership with the local authority to improve access to healthcare services for people. People consulted told the provider they had experienced 'difficult receptionists' and long waiting times. With this feedback, the provider developed training for healthcare providers in how to better support people diagnosed with autism.
- Staff had an excellent understanding of people's needs; they used this expertise to support people to achieve their goals and realise their wishes. This included accessing cultural and social activities, areas of interest, holidays, theme parks, sports and education. Relatives told us, "They don't take [Name] to anything they don't want to do, something they will thoroughly enjoy and get a lot of benefit out of" and "Last year (staff) organised for [Name] to go to London to see a show. (They) absolutely loved it. [Name] loves those visual shows and (they) loved being on a train."
- Staff went the extra mile to support people to keep relationships with family and friends. A relative told us, "[Name] comes home every other weekend; because of the distance, agreed with the manager they would bring [Name] half way - which works out very well, we haven't encountered any problems."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

- Information was routinely provided to people in a way they could read or understand. A relative told us, "They have updated [Name] picture exchange communication folder to reflect choices available to [Name]" and "Communication is very good."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. The provider displayed information in a format people could read and/or understand about how to do this. Relatives told us they were happy to raise concerns and were confident that action would be taken, "Whenever we have had a concern or issues, or not very happy with something, we will either call or drop an email. They always respond very quickly. No problem with that at all" and "They are continually trying to improve. They want to strive for the best that they can be."
- Investigations into complaints were thorough and improvements had been made as a result of learning from reviews. The provider shared learning with staff to ensure improvements were sustained.

End of life care and support

- The registered manager told us they would liaise closely with other health professionals and relatives to support people who were nearing the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear vision and strategy to provide people with the very best care and support. The ethos of the service was centred around people and this ran throughout the organisation. Relatives told us, "The ethos is centred on the individual. [They are] very keen that goes right the way through the organisation" and "We couldn't speak highly enough of them."
- There was a strong governance framework in place, with clear lines of accountability and processes to drive quality. Managers gave open and honest feedback to staff and this led to improvements in care.
- Staff teams worked effectively together and were built around meeting the needs of people. A staff member told us, "The manager has the time to focus on individuals and make sure things are running well within the home."
- Staff were highly satisfied in their roles. The registered manager fostered staff development and promoted team work. A staff member told us, "I felt quite intimidated by the role itself, but as soon as I sat down in the room I knew I was supposed to be there. I felt really comfortable. It felt like home and I was welcomed."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider took every opportunity to improve care, including when things went wrong. A relative told us, "We do have that trust in them even when things go wrong we will put them right. They are not at all defensive. If a mistake has been made they will put it right."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider routinely engaged with people, families and staff and valued their expertise in the continuous development of the service.
- People who used the service formed a focus group and shared their experiences of care and put forward ideas for improvement. Improvements included training for healthcare professionals in supporting people diagnosed with autism. A staff member told us, "The people who use our service tell us what they want and how they want it and we do it."
- The provider held a parent's forum, invited relatives to complete annual satisfaction surveys and kept in regular contact with them.
- Staff worked as a team and pooled their knowledge and ideas to achieve the best outcomes for people. A

staff member told us they had found singing to be therapeutic for one person and this had been written into the person's care plan. They told us, "We make suggestions all the time".

- The registered manager held an ambassadors role for safeguarding, within the local authority. The actively championed safeguarding prevention within the service and local area.
- Staff worked in partnership with a national charity, advocating for peoples human rights. They used their connections to develop training to better support people to be able to communicate their needs.