

Pinnacle Care Ltd

Cherry Trees

Inspection report

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Date of inspection visit:
22 March 2017

Date of publication:
27 April 2017

Ratings

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

Summary of findings

Overall summary

Cherry Trees is a residential care home, which provides accommodation and personal care for up to 14 older people, who might live with dementia. Eight people were living at the home at the time of our inspection visit. At the last inspection, the service was rated good. At this inspection we found the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their responsibilities to protect people from the risk of abuse. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough staff to support people safely. Medicines were stored, administered and managed safely.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks, while promoting people's independence. People and their families were included in planning how they were cared for and supported. The registered manager regularly checked that the premises and equipment were safe for people to use.

People were cared for and supported by staff who had the skills and training to meet their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain a balanced diet that met their preferences and were referred to healthcare services when their health needs changed.

The manager and staff understood people's individual needs and preferences for care and support. People were encouraged to maintain their interests and the relationships that were important to them and to take part in social activities. Staff knew people well and respected their privacy and dignity.

People and relatives knew the manager well and were confident any concerns or issues they raised had been dealt with promptly. The manager checked the quality of the service by working with staff and encouraging staff to support and engage with people as individuals.

People and their relatives were encouraged to share their opinions about the quality of the service. Staff were inspired by the registered manager's leadership, skills and experience to provide a quality service. The service people received was in accordance with the fundamental standards of care.

Further information is in the detailed findings below.

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 remains safe.

Good ●

Is the service effective?

The service remains effective.

Good ●

Is the service caring?

The service remains caring.

Good ●

Is the service responsive?

The service remains responsive.

Good ●

Is the service well-led?

The service remains well-led.

Good ●

Cherry Trees

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 March 2017 and was conducted by one inspector. It was a comprehensive, unannounced inspection. Before the inspection visit, 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 reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection we spoke with three people who lived at the home and a relative. We spoke with the manager, deputy manager, two care staff, the cook and the provider's training manager.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We reviewed two people's care plans and daily records to see how their care and treatment was planned and delivered. We reviewed a staff file to check staff were recruited safely and trained to deliver care and

support appropriate to each person's needs. We reviewed management records of the checks the manager and area manager made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us they felt safe because they trusted staff and a relative told us they were able to relax because they 'knew' their relation was safe. One person said, "I'm on first names with all the girls now. They are regulars." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager. Staff told us, "I have no concerns about staff's practice or attitude" and "I would challenge any poor practice." The registered manager sought advice from the local safeguarding authority to make sure referrals were made when needed in line with their responsibilities.

People's plans included risk assessments related to their individual and diverse needs and abilities. People were encouraged to maintain as much independence as possible, so care plans were only needed when individual risks were identified. The care plans explained the equipment, number of staff and the actions staff should take to minimise the identified risks. The manager used the risk assessments, care plans and their knowledge of people's dependencies, to make sure there were enough skilled and experienced staff on duty to support people safely. People told us there were enough staff because they received support when they needed it. Staff told us there were enough staff to support people safely because they worked as a team.

The provider's policy for managing risk included regular risk assessments, testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us, "We have a fire drill every Monday, and go to the collection point. The team leader or manager takes charge." The registered manager had agreed emergency plans for untoward incidents. They had identified the support that individual people would need to exit the premises promptly in the event of an emergency and had prepared information about people's dependencies to share with the fire service.

Medicines were managed and administered safely. People told us they had their medicines when they needed them. A relative told us they were confident their relation received their pain relief medicine when they needed it, because they knew how their relative's mood would be impacted if they were in pain. Medicines were stored in locked cabinets in people's own rooms. The decision to keep medicines in people's rooms resulted from a recent pharmacist's inspection report which had identified the previously used medicines' cupboard was at risk of being warmer than recommended.

Only trained and competent staff administered medicines. Records showed that the deputy manager

regularly checked medicines were administered in accordance with people's prescriptions and care plans. They checked the amount of medicines recorded as 'administered' and the amount remaining matched the amount in stock at the beginning of the month.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be good.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Staff and the registered manager told us they had regular opportunities to discuss and reflect on their practice to improve the quality of the care people received.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff and manager understood their responsibilities under the Act.

The registered manager completed risk assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe. The manager involved people's representatives and healthcare professionals in making best interest decisions on their behalf.

People told us they made their own decisions about their day-to-day care and support and staff respected their right to decide. Staff checked whether people wanted to be supported before taking action. Staff told us, "The MCA training explained what to do and what not to do, how to work around things" and "If a person is unable to decide, we support them, with their family, about their food choices and clothes."

People told us the food was very good and they always had a choice. One person told us, "The food is more than just edible. They do well, and they know what you like once you get into it." A relative told us, "The food looks lovely and there is always second helpings at lunch time." People's care plans included a list of their needs and allergies and any cultural or religious preferences for food. Throughout the day, we saw staff encouraged and assisted people to enjoy their food and drinks. At lunch time all the staff sat down and ate with people, which made lunch time a social occasion. Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. Staff told us, "We weigh people weekly or monthly, dependent on the person's risk factors."

Staff were knowledgeable about people's individual medical conditions and were observant to changes in people's moods and behaviours. Staff made sure people saw their GPs to check whether the changes were a symptom of changes in their health. Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals.

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be good.

People told us, "Staff are lovely" and "They do well." A relative told us, "Staff are so lovely. They can't do enough for you." Staff told us they liked working at the home because everyone worked as a team and they felt like extra family to the people who lived there. Staff said, "It's hard not to be attached to people" and "Families seem to feel at home and will go and make themselves drinks." The manager operated a 'best friends' policy, which ensured everyone had a named member of staff as a friend to represent them, to get to know them well and make sure their needs were met. Staff told us, "We understand how dementia impacts people" and, "It is about living with dementia. We talk about what people can do (rather than what they can't do)."

We saw staff understood people and supported them with kindness and compassion. Staff offered physical assurance by touching people's arms or hands when talking to them, which promoted their wellbeing. Staff crouched down when talking to people and maintained eye contact with them. Staff understood that some people were unable to communicate verbally, but they understood people through their body language and facial expression. Staff explained, "Sometimes [Name] can tell you their needs and sometimes we have to think ahead for them." We saw people trusted staff's judgement and matched staff's mood. People laughed when staff laughed, sang when staff sang and ate when staff ate.

People's care plans recorded how people and their representatives had been asked about how they would like to be cared for and supported. Care plans included a section entitled, "All about me", which included the person's religion, culture, occupation, family and significant events. Staff told us they were confident they could support people to maintain their individual cultural or religious traditions, because they had training in equality, diversity and human rights. Staff told us, "I treat people as individuals and don't judge them." Staff understood that some people might need particular support to make them feel equally confident to express themselves and to enjoy the same opportunities to maintain their previous lifestyles. A member of staff told us, "It's all about the way you approach people, you find a level (of trust) that they will confide in you if they want to speak about their (sexual) preferences. I give them openers. I ask them how it was in their time, in a different era."

We saw staff respected people's privacy and promoted their dignity. One person told us they could stay in their bedroom with the door closed all day, because they wanted to. Care plans included information about people's preferences and needs for support with personal care, with clear guidance for staff about the things people could do themselves. We saw one person wearing jewellery and make-up, as described in their care plan, which supported them to maintain their self-esteem.

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People and a relative told us staff understood them and knew their individual likes, dislikes and preferences, because they were involved in planning how they were supported. The relative said, "We planned [Name's] care together. [Name] likes a lie in, they always say, can I have another half an hour?" Staff told us, "We have time to sit with people and learn about them and get to know them." Staff told us people's care plans and their training helped them to respond to people's changing needs for emotional support. We saw staff understood the importance of involving people in everyday tasks, such as washing and drying up, which enabled them to feel in control of their lives.

Staff encouraged people to maintain their interests and socialise with others. During the morning we saw two people dancing with staff to music that was popular during their younger lives. Another person was tapping in time to the music and another person told us they liked the music, but did not want to dance. During the afternoon, two people played a table top game while others watched a black and white movie. Staff spent all their time in the lounge and dining room with people drawing them into conversations and reminiscing about the far and recent past. One person looked at the photos of their recent birthday party with staff and they sang happy birthday together in memory of the day.

A relative told us, "There's always something going on. They have music, church visitors, pass the balloon, exercise, card making, museum exhibits. They have animal visits. It's calming stoking animals. They go out to [Name of supermarket] and [Name of garden centre]." Staff told us they knew how people liked to spend their time because their care plans included information about their lives and they got to know people well. People's care plans included a snapshot of their previous occupation, favourite things, hobbies and interests. A member of staff told us, "My favourite part of the dementia specialist training was a case study for one person, creating a life-story book and memory box for the person."

Records showed people's care was regularly reviewed. Staff told us, "We update care plans as and when people's needs change and review them monthly. We advise (the manager) on identified risks." They told us one person took a particular interest when staff were writing in their care records, so, "We talk about what I am writing."

People told us they had no complaints, but were confident any complaints would be taken seriously and resolved promptly. Staff told us, "We don't have complaints, or they are so small they are dealt with straight away" and "There is a comments and complaints book, or people can speak with me or the manager or the provider." The registered manager recorded verbal concerns as complaints, which enabled them to analyse any trends, and how to minimise future concerns. Three verbal complaints related to a period when the lift had unexpectedly broken down and was awaiting repair. Relatives had sought re-assurance that their relations would continue to receive the same quality of service while the lift was out of order.

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection. The rating continues to be good.

People and relatives were happy with the quality of the service. People told us, "I am still happy here" and "My family recommended me to come here. I was happy to." There was a 'charter of rights' in each person's bedroom that reflected the fundamental standards of care, so people and their relatives knew what they could expect of the service. The registered manager asked people, relatives and healthcare professionals for their views of the service through regular surveys. The survey conducted in 2016, showed that people were happy with the staff, the food and the premises, and felt involved and well cared for.

The registered manager and staff shared the provider's values to put people at the centre of the service. Staff told us, "It is nice here. People have a quality of life" and "Families and visitors make themselves at home. I get on with them and they seem to feel at home and go and make themselves drinks." A relative told us they had been invited to lunch for Mother's Day and was looking forward to celebrating the day with their relation.

The manager had been in post at our previous inspection visit and had been registered with us for one year. They understood their legal responsibilities and sent us statutory notifications about important events at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were complete, regularly reviewed and up to date and checked that medicines were administered safely. They monitored and analysed accidents, incidents, falls and complaints and where issues were identified, actions were agreed and taken. The registered manager attended regular provider meetings for all the managers across the provider's group of homes to identify any learning points. They told us, "I can always go to the provider or area manager for advice."

The service was well-led, because the registered manager and staff were approachable. A relative told us, "The manager goes out of her way to explain thing to you." Staff told us they liked working at the home and felt well supported by the manager and provider, because they had regular opportunities to talk about their practice and personal development. Staff told us, for example, when a person had died, "The training officer came to support me to grieve and cope. It doesn't get easier at all, but it helps you work out 'how to be' afterwards." Another staff member told us, "The manager has really helped and supported me to work my way up." Staff were encouraged to obtain nationally recognised qualifications in health and social care.

Staff told us they were happy to use their experience and qualifications to take on more responsibilities and understood the importance of leadership. Staff had a handover meeting between each shift, so they knew

about any changes in people's needs and healthcare appointments, but they liked to check for themselves. A care team leader told us, "I walk around each room when I come on shift, so I can see for myself how people are, rather than rely on just notes or conversations."

The provider made continuous improvements to the quality of the service. They had signed up to a local initiative known as the Equality Register, which started with a review of the organisation's policies and practices, to make sure they were in line with the National Equality Framework (NEF) standards. They told us, for example, their equal opportunities forms at recruitment did not offer any insight into people's sexual identities, so there were no specific policies in place to support staff. They told us, "We plan to start with staff, who will then role-model an appropriate attitude of openness and acceptance." They anticipated staff's open minded attitude would empower people who lived at the home to trust staff would be non-judgemental if they chose to speak about their sexual identities.