Cherre Residential Care Limited

Cherre Residential Care

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?	Requires Improvement

Summary of findings

Overall summary

About the service:
• The service is in a residential area of Leicester.
• The service provides accommodation and personal care to people with learning disabilities and autism. The care home can accommodate 14 people in one building. At the time of our inspection there were 11 people using the service.

People's experience of using this service:
• The service was safe. There was an issue with infection control. This was followed up by the registered manager.
• There was not a fully homely atmosphere for people as parts of the premises were cold.
• Questionnaires had been supplied to people and their representatives for their views of the service. These were generally positive about people's satisfaction with the service. However, action plans were not in place to show how any issues raised had been dealt with.
• Audit processes were in place but they had not comprehensively ensured quality care as they had not identified issues of concern.
• People and relatives told us that people liked living at the service.
• People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's individual safety risks and acting to prevent harm coming to them.
• Staff members knew people well and people appeared to enjoy the attention from staff.
• People were assisted to have choice and control of their lives.
• People and their representatives had a say in how the service was operated and managed.
• People's care was personalised to meet their individual needs.
• A registered manager was in place to ensure governance of the service.
• The service met the characteristics for a rating of "good" in caring and responsive but not safe, effective and well led where the rating was Requires Improvement.
• More information is in the full report.

Rating at last inspection:
• At our last inspection, the service was rated "good". Our last report was published for the inspection of 3 August 2016.

Why we inspected:
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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 not always safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well Led findings below.	**Requires Improvement**

Cherre Residential Care

Detailed findings

Background to this inspection

The inspection:
• We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:
• Our inspection was completed by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with learning disabilities and autism.

Service and service type:
• Cherre Residential Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.
• CQC regulates both the premises and the care provided, and both were looked at during this inspection.
• Cherre Residential Care has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living with learning disabilities and autism using the service can live as ordinary a life as any citizen.
• The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.

Notice of inspection:
• Our inspection was unannounced.
• The inspection site visit occurred on 28 January 2019.

What we did:

• Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.

• We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

• During our inspection visit, we spoke with six people living in the service, three relatives, the provider, the acting manager and two staff members. Due to communication difficulties, we were not able to speak with other people living in the service. Instead, we observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.

• We reviewed two people's care records, two staff personnel files, seven medicines administration records and other records relating to the management of the service.

• We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm:

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:
- People told us they felt safe with staff. One person told us, "I am safe because I've got staff here. I would tell the seniors (staff) if I wasn't safe. "A relative said, "Yes, he is safe because the staff are always on top of things." Another relative said, "Yes, my son is safe. He seems happy and cheerful."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction.

Assessing risk, safety monitoring and management
- Some radiators in the premises were hot, which appeared a potential scalding risk. A risk assessment was submitted which outlined that action had been taken as needed to ensure this was not a risk to people.
- Relatives thought that staff knew how to keep people safe. A relative said, "Staff know how to distract him now so he will shower without it being an issue."
- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks. This meant staff had been provided with full information of how to support people.
- Staff knew how to de-escalate situations when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.

Staffing levels
- People and relatives told us there were enough staff. A relative said, "He doesn't have to wait for staff. There is enough staff during the day and at night as far as I know. " Another relative said, "There are enough staff."
- We observed staffing levels were high enough for staff to keep people safe and provide individual support when required. A staff member told us, "There is enough staff. People are safe with the number of staff on duty."
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely
- People and relatives told us they received the medicines they needed.
A person said, "I take meds if I don't feel right or not well." A relative said, "There haven't been any mistakes with his medication."

- Medicines systems were organised and people received their medicines when they should. The provider was following good practice procedures for the receipt, storage, administration and disposal of medicines. Medicines were securely kept .
- Staff members told us that they could not give people their medicines until they had received training and were assessed as competent.
- Two staff members administered medication to ensure it was properly given to people.
- Medicine was audited to ensure medicine had been given to people as prescribed.

Preventing and controlling infection
- The service was clean in most areas but not in all. A bathroom had ingrained staining around the toilet. There were small bits of tissue on some communal floors and dust found to some surfaces. One person told us, "To make it better (living here) I would make it warner and cleaner." The provider agreed that the service was not completely clean and after the inspection confirmed they had followed this up with staff.
- There were colour-coded mops so that only mops for specific tasks were used to prevent the spread of infection.
- Staff had equipment that helped to prevent the spread of infection.
- Some people and relatives said they thought the premises were kept clean. A person said, "It's clean here." A relative said, "[Family member's] room is clean and tidy."

Learning lessons when things go wrong
- When incidents occurred, staff could tell us how they learnt from the situation. This was supported by records we saw.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations
- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.

Staff skills, knowledge and experience
- A person told us, "I trained the staff here [in] person centred planning. They do listen to my training." This showed the provider used people's experiences to develop staff skills and understanding. A relative said, "The staff know what they are doing."
- People told us that staff knew how to support them.
- People were supported by staff who had ongoing training. New staff had induction programmes, which ensured they received training in areas relevant to their roles. However, further information for staff was not always available about people's specific health conditions. After the inspection, the provider sent us evidence stating staff would be made aware of information the service had on these issues.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet
- A person said, "The food is different every day and I get a menu everyday [to choose from]. A relative told us, "[Family member] seems to like the food and there is enough." Another relative told us, "There is enough to eat and drink. My son has never complained about the food."
- We observed people having lunch. Staff knew people's dietary requirements and encouraged people to eat a balanced diet.
- People were supplied with food from their cultural backgrounds.
- People's food preferences were respected, and if they did not like the food on the menu, they could request an alternative. Food choices were discussed at monthly residents meetings.
- Staff asked people what they wanted to have for lunch and supplied food that people had chosen.

Adapting service, design, decoration to meet people's needs
- Several people told us that the home was not warm enough. One person said, "It's not warm really. I tell [named staff member] it's.. freezing." We found areas of the home to be cold including the front lounge, the office and some people's bedrooms. The provider agreed this was the case and said there had been a problem with pressure in the boilers. They contacted a plumber to rectify this. After the inspection visit the registered manager stated that there were on only a small number of occasions over the past 18 months

where the heating was not available, mainly due to boiler replacement.
- Some of people's bedrooms were personalised. They had belongings that reflected their interests. Some bedrooms did not have many possessions on display. This was because people had behaviour that challenged and this resulted in damage to their possessions. This was supported by information in people's care plans.
- People could move from one area to another when they wanted to.

Supporting people to live healthier lives, access healthcare services and support
- People and relatives said that healthcare services were referred to when needed. A person said, "The staff take me to the hospital or to see the doctor." A relative said, "They [staff] would ring and tell us.. if it was more than just a cold or flu." Another relative told us, "They [staff] let us know if [family member] is poorly."
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, dieticians, chiropodists, dentists and opticians.
- People had hospital grab sheets so that hospital staff would be aware of their health needs if they needed medical attention.

Ensuring consent to care and treatment in line with law and guidance:
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in MCA and DoLS, though they were not fully aware of the conditions of DoLS. The provider said this information was available to staff and staff would be reminded to read this so that they were aware of their responsibilities. The registered manager confirmed after the inspection visit that this had been carried out.
- Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect:

Good:□People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported
- People said they were mostly happy with the friendliness and caring attitudes of staff members. A person said, "The staff are friendly." However, two people told us that staff on specific shifts ordered them to do things, such as when to go to bed, in an unfriendly way. The provider said that, if this situation was true, this was unacceptable staff behaviour. The issue was investigated by the registered manager and the results sent to us after the inspection which showed that staff had not been unfriendly or demanding. The registered manager said they would continue to monitor the situation to ensure staff were always friendly and respectful and encouraged people to make their own choices.
- Relatives told us that they thought staff were friendly. One relative said, "The staff are kind." Another relative told us, "The staff are open and honest and very positive."
- We observed people being treated with friendliness and respect by staff members.

Supporting people to express their views and be involved in making decisions about their care
- People had the opportunity to be involved in planning for their care.
- People were helped to choose what they ate and what they wanted to do. For example, choosing their lunch from the weekly menu supported by staff. People chose what favourite music they wanted to listen to.
- Relatives said they were consulted about decisions about their family members' care. One relative said, "I have been to meetings about [family member's] care plan."
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Residents meetings were regularly held to find out people's views of their care.

Respecting and promoting people's privacy, dignity and independence
- People said their independence was promoted by staff. One person said, "I go out on my own." Another person said they could be independent and told us, "I clean my own bedroom."
- People were involved in choosing what activities they wanted to do such as going shopping and going to the pub.
- Relatives told us they could visit when they wanted and they were always welcomed by staff. One relative said, "I can visit when I want to."
- People told us their privacy and dignity was respected. A person said staff knocked before going into their room.
- There was information in care plans about whether people had any specific cultural and religious needs. People said they could go to their place of worship if they wanted. We saw a display of a person's religious observance in a bedroom. This showed respect for the person's religious needs.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs:

Good:□People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service provider had taken steps to meet the AIS requirements.
- Care plans recorded that the service identified and recorded how people wanted to communicate .
- Care plans contained information which explained what communication methods were needed to understand people.
- We saw that staff members knew how people preferred to communicate.
- Some documents were accessible to people such as the complaints procedure, which used pictures and easy read symbols. However, large print was not always available. The provider said this would be addressed and provided. A relative wanted information in their first language. The provider stated this would be put in place.
- Staff members knew people's likes and dislikes and how important routines were to them. This tallied with information in people's care plans.
- We saw staff responding when people needed support. For example, a person needed reassurance when they were upset.
- Activities were provided and people and they had weekly activities programmes.
- We saw a number of activities take place such as staff playing games with people and helping them on the computer. People chose what music they wanted on. Some people listened to music of their own choice. We saw people going out to activities in the community.

Improving care quality in response to complaints or concerns
- People said that they had no complaints about the service. They knew how to complain. A person told us, "I did make a complaint to staff and the manager, but I can't remember [what it was about]. They sorted it out."
Another person said, "I have no complaints. I would talk to the manager [if I had a complaint]."
- Relatives told us they knew how to complain. A relative said, "I did make a complaint. It was dealt with. They made a plan for it [not to happen again]. I was given an apology."
- There was a complaint policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The provider amended the procedure and sent it to us after the inspection visit.

End of life care and support
- Not all of people's care plans had a system to record their wishes and preferences for how they wished to

be cared for in the future. For example, instructions for their funeral wishes. After the inspection visit, the provider said this information would be followed up.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture:

Requires Improvement: Service management and leadership was inconsistent. The service did not always support the delivery of high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;
- There was a registered manager at the service, which is a condition of registration.
- People told us they feel felt able to speak to management and staff openly.
- Relatives told us that the service was well-run and well-managed. A relative said, "Cherre is well led and managed. I would recommend Cherre." Another relative told us, "They are open and honest and I would recommend Cherre."

Continuous learning and improving care; engaging and involving people using the service, the public and staff
- The provider carried out audits. These included checks on medication and health and safety systems. However, audits had not identified issues such as whether all areas of the premises were clean and maintained at a comfortable temperature throughout.
- There were residents' meetings every month where people could put forward their views, such as if they were happy with the care from staff, what activities they wanted to do and how to complain .
- Feedback was obtained from relatives through questionnaires. This showed that all relatives were satisfied with the quality of care provided to their family members. However, action plans had not been in place to drive forward and show how people's suggestions had been acted on, such as wanting to go out more and having a different food menu.
- Staff thought the service was always well run. This was because there was an effective staff team who always put people's needs first, and the provider advocated to ensure people had a life that promoted their needs. One staff member said, "I think it's well run. Everything is done in the interests of people here."
- Regular staff meetings were held. Staff said they felt comfortable about raising any issues and felt they had been listened to by management staff.
- The ratings from the last inspection report were displayed as legally required.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong
- The provider promoted person centred care and support. They understood the duty of candour responsibility if things went wrong. A policy was in place for staff to follow if any such incidents occurred.

Working in partnership with others
- The provider told us that the service worked well in partnership with the local GP, pharmacy and community services, including the local healthcare practice. Records showed that these agencies were

involved in people's care for the benefit of people's wellbeing, such as mental health professionals.