

Enable Care & Home Support Limited

Cherry Tree House

Inspection report

Cedar Close
Eckington
Nr Sheffield
Derbyshire
S21 4BA
Tel: 01246436478
Website: www.enable-care.org.uk

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Ratings

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

Overall summary

This inspection was unannounced and took place on the 18 and 28 September 2015.

Cherry Tree House provides accommodation and personal care for up to six adults with learning disabilities. There was a registered manager at this service. 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 our last inspection in November 2014 people who use the service, staff and visitors were not necessarily protected against the risks of unsafe or unsuitable premises in respect of the home's garden. Following our inspection, the provider told us about the action they had taken to address this.

Summary of findings

At this inspection people were happy living at the service and they were protected from the risk of harm or abuse. People received care from a consistent staff team, who were properly recruited and deployed. People's medicines were safely managed and staff supported people safely without imposing unnecessary restrictions on their freedom and choices. This was done in a way which met with recognised practice guidance and helped to mitigate any risks to people from their health conditions or their environment.

The home was clean, safe and well maintained. Arrangements for the servicing and maintenance of equipment, emergency contingency planning and fire safety arrangements at the premises helped to keep people safe.

People were supported to maintain and improve their health and nutritional status. Staff understood people's health conditions and their learning disability related care and treatment needs. Staff promoted a holistic approach to people's care and they worked in partnership with people to support their choices and wishes for their care.

People were supported to access external health professionals when they needed to and staff followed their instructions for people's care when required. Staff consulted external health and social care professionals on people's behalf when necessary. People's health related care plans were produced and reviewed in collaboration with external health professionals. Staff consulted with people and helped them to understand their health needs and related care requirements in a way that was meaningful to them.

Staff received the training, support they needed. This included bespoke training for staff to support people with

complex health needs when required. Staff development needs were regularly reviewed with them in relation to the service aims and objectives and people's care requirements.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to seek people's consent or appropriate authorisation before they received care. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People received care from a kind, caring staff team who treated them with respect and promoted their rights. Staff had strong, caring and supportive relationships with people and their relatives. Staff worked in an inclusive manner and people and their families felt they belonged and mattered.

Staff understood, communicated with and supported people in ways that were helpful to them. People's views were important to staff and used to influence management decisions and the running of the service. Staff were motivated and supported to regularly review their practice and seek new and innovative ways of improving people's care and support.

The home was consistently well managed and records to account for this were accurately maintained and safely stored. Clearly defined governance and communication systems helped to inform and improve the quality and safety of people's care when required.

Staff understood their roles and responsibilities for people's care and safety. They were proud to work at the home and promoted a positive and inclusive culture there.

Timely partnership working with relevant external health and social care professionals helped to ensure that people received the right care at the right time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People lived in a safe, clean and well maintained environment.

People were protected from harm and abuse and their medicines were safely managed.

Staff supported people safely without unnecessary restrictions to their freedom and choices. Risk management strategies helped to mitigate any risks to people from their health conditions or their environment.

Staff recruitment and deployment arrangements and emergency contingency planning helped to keep people safe.

Good



Is the service effective?

The service was effective.

People's health and nutritional needs were being met. They were supported to access external healthcare professionals and staff consulted with and followed their advice for people's care when required.

Staff received the training they needed and understood people's health conditions, disabilities and related care needs.

Staff understood and followed the Mental Capacity Act 2005 (MCA) to seek people's consent or appropriate authorisation for their care.

Good



Is the service caring?

The service was caring.

People's rights were respected and promoted and they had strong, supportive relationships with staff, who were kind and caring. Staff worked in an inclusive manner and people and their families felt they belonged and mattered.

Staff understood, communicated with and supported people in ways that were helpful to them. People's views were important to staff and used to influence management decisions and the running of the service. Staff regularly reviewed their practice and sought new and innovative ways of improving people's care and support.

Good



Is the service responsive?

The service was responsive.

People received personalised care in a way that promoted their independence, choice and inclusion.

Staff supported people to live a full and meaningful life and people's care was flexibly planned and tailored. This helped people to ascertain and achieve their personal life goals and aspirations.

Innovative communication methods helped staff to understand, review and improve people's care experience with them.

Good



Summary of findings

Is the service well-led?

The service was well led.

The home was consistently managed through strong visible leadership. Governance and communication systems informed the quality and safety of people's care and its continuous improvement.

Staff promoted a positive and inclusive culture and fully understood their roles and responsibilities for people's care. Timely partnership working with external health and social care professionals helped to influence, inform and agree the right care for people.

Good



Cherry Tree House

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.

We visited the home on 18 and 28 September 2015. Our visit was unannounced and the inspection team consisted of one inspector.

Before our inspection we looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During our inspection we spoke with four people who lived at the home and one person's relative. We were also provided with written comments about the service from six people's relatives. We spoke with the registered manager and four care staff and one of the provider's company directors. We observed how staff provided people's care and support in communal areas and we looked at three people's care records and other records relating to how the home was managed. For example, medicines records, meeting minutes and checks of quality and safety.

People at Cherry Tree House were living with a range of learning disabilities. We used staff and information in people's care plans to help us communicate with and understand the experiences of people who could not talk with us.

Is the service safe?

Our findings

People were happy living at the service. People's relatives were all confident that people received safe care in a safe environment from staff who knew what they were doing. One person's relative said, "Staff know her well' she's safe and happy here." Another person's relative commented of staff, "They understand their roles to safeguard and protect people they care for."

Staff were safely recruited and deployed and they understood how to keep people safe. This included the provider's procedures for recognising and reporting the witnessed or suspected abuse of any person receiving care at the service. Records showed that recognised staff recruitment procedures were followed. This was to check whether staff were fit to work at the service and provide care to the vulnerable people who lived there. Records also showed suitable arrangements for staff deployment. This helped to make sure that people were safe and protected from harm and abuse.

Risks to people's safety associated with their health conditions or the environment were assessed before they received care. Identified risks were used to inform people's care, which was planned in a way that promoted their safety. One person's relative commented, "This year has seen him struggle with a number of health issues but staffs' constant assessment of his needs have ensured that at no time has he been at risk."

Staff, were able to show how they supported people safely when they provided care without imposing unnecessary restrictions to people's freedom and choices. For example, supporting people with behaviours that may challenge

others. Staff explained how they were trained to do this in a way that met with recognised practice. This was done by using the least restrictive care intervention possible to ensure the safety of the person and others receiving care when required. This helped to mitigate any risks to people from their health conditions or their environment.

People's medicines were being safely managed and given to people in a way that met with recognised practice. Recognised policy guidance, medicines information and training were provided for staff. This helped them to understand how to manage people's medicine safely. Medicines were safely stored, accurately recorded and safely accounted for. Staff gave people their medicines safely. They gave people time to understand what they needed to do when they offered people their medicines and supported them patiently and discreetly.

The home was clean, safe and well maintained. The registered manager regularly checked the cleanliness and safety of the environment and any accidents and incidents that occurred there. Records of this showed that action was taken to address risks to people's safety when required. Records also showed the regular servicing and maintenance of equipment in the home. For example, gas fire safety and emergency lighting equipment.

Contingency plans were in place for staff to follow in the event of any emergency in the home. For example in the event of a fire alarm. Routine fire safety checks and fire drills were being regularly undertaken and recorded. A recent report from Derbyshire Fire and Rescue showed there were satisfactory arrangements for fire safety at the service. This helped to keep people safe.

Is the service effective?

Our findings

People were supported to maintain and improve their health. People had access to relevant external health professionals and staff sought and followed their instructions for people's care when required. This included routine health screening, such as eyesight or dental checks and specialist advice. For example, relating to people's learning disability, nutritional or behavioural needs.

People's relatives and visiting professionals told us that people received the care they needed and that staff understood their health needs. They spoke highly of staffs' in depth knowledge and understanding of peoples' health care and treatment needs.

One person's relative had recently written an open letter, in which they thanked the care team for their "Exceptional care and support provided," in relation to the person's wellbeing and their complex needs associated with their health condition. Information provided, showed there had been considerable difficulties in securing external professional support for the person's health needs to continue to be met at the service. The person's relative commended the registered manager and staff at the home for, "working tirelessly to ensure the person's wellbeing and choice to continue to live at the service."

Staff worked in partnership with the person and external health professionals to support the person's wishes to remain at the service and establish that their health needs could be met there. Staff, were successful in securing care arrangements to support the person's needs and wishes from multi-professional and local care commissioners agreement. The person's health care plans were co-produced, agreed in their best interests with relevant external health and social care professionals and regularly reviewed with all parties. The arrangements included bespoke staff training. This showed that staff, were proactive to enable the person to maintain the best of health in a way, which met with their choices and promoted their wellbeing.

Staff, were able to describe people's health conditions and disabilities and how they affected them. People's care plans gave detailed information about this and their related care and treatment needs and were regularly reviewed. Care plans also showed how staff consulted with

people about their health care needs and their understanding and known choices and preferences in relation to this. For example, their nutritional needs. This helped staff to understand and meet people's care needs.

People's nutritional needs were being met and they received a balanced diet. One staff member was an appointed lead for people's nutrition and healthy eating in the home. They regularly discussed, agreed and planned food menus with people. Picture menus were provided for people to assist with this, which showed variety, choice and healthy eating options.

At our first inspection visit, people were all out for lunch at a range of community settings. At our second inspection visit we were present when some people's tea time meals were prepared and served. This was provided at times to suit people in the home and others on their return from engagement in activities outside the home. Staff offered people a choice of food and drinks and gave them the assistance and support they needed.

There established links with dietetic health professionals. Staff fully understood people's dietary needs and preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. This included providing the correct type and consistency of food, where risks were identified to people's safety from their health condition

Staff received a comprehensive introduction to their role and they were provided with the training and support they needed to provide peoples' nursing and personal care. All staff said they received all of the training and support they needed to perform their role and responsibilities, which related records showed. This included bespoke or tailored training and information relating to people's changing needs and health conditions. Staff told us this helped them to understand and provide people with the best possible care. Staff received regular one to one supervision and an annual appraisal from the registered manager, who in turn received the same from the provider's external management arrangements. This helped to identify staffs' ongoing personal support, development and training needs in relation to the service aims and objectives and people's care needs.

People's consent was sought before they received care. Where people lacked capacity to consent to their care appropriate authorisation was sought. Staff had received

Is the service effective?

training and they were aware of the key principles of the Mental Capacity Act 2005 (MCA) and followed this. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves to their care, or make specific decisions about this. Most people were not always able to consent to their care because of their conditions. People's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests.

Most people's freedom was being restricted in a way that was necessary to keep them safe, known as a Deprivation of Liberty Safeguard (DoLS). For example, they were not able to independently choose whether or not to live at the home. Records showed that DoLS were formally authorised when required by the relevant local authority, which the provider notified us about.

Is the service caring?

Our findings

People received care from helpful, kind and caring staff who, treated them with respect and promoted their rights and their dignity and privacy.

Support from staff and information in people's care plans helped us to communicate with the people living at Cherry Tree House, who were very happy there. One person said, "Happy at Cherry Tree, don't want to move." When we asked one person if staff were kind, they said, "Yes, nice staff; Tell staff anything, they help me." "People's relatives spoke highly of staff and said they were kind and caring. They often described staff as, 'Exceptional' and 'Amazing.' One person's relative commented, "I'm really pleased with the way staff look after her; she is settled, well looked after and very, happy here."

We found a relaxed, friendly and welcoming atmosphere at the home. People were confident and felt they belonged and knew it was their home. Staff supported people to 'be themselves' and they respected their choices, privacy and wishes. For example, when we arrived for our first inspection visit, people were getting ready to go out with staff and wanted us to know this. Staff, explained this and asked us to return at a later time. This showed that staff helped people to express their views and also reassured people and show them they mattered.

The registered manager provided feedback about the service obtained from people and their friends and relatives. This showed that people's friends and relatives regularly visited and were made welcome at the home and that staff also supported people to regularly meet and visit them outside the home. The feedback showed that people had good relationships with staff who, treated them with respect and promoted their rights. One relative's written comment stated that, staffs' caring and inclusive approach had helped to significantly improve the person's self-esteem and confidence, since they came to live at the service. Another relative's comment said, "Staff should be praised for their commitment and care, such as lovely home."

One person's relative was particularly impressed with the care and support provided by staff at the home during the person's recent hospital admission. Staff explained that because of their mental health condition, the person became very unsettled and anxious in unfamiliar

surroundings. Staff chose to set up an agreed rota to provide the person with their regular support at the hospital during the day, aside from their usual working hours and often in their own time. The person's relative was involved in the rota, which helped the person to feel calmer and less anxious during their hospital admission. This showed that staff had a strong, caring and supportive relationship with the person and their relative. It also showed that staff viewed the person's emotional wellbeing as paramount.

There was a consistent, caring and established staff team at the service who clearly knew people well and had good relationships with them. Throughout our inspection we observed that interactions between people, visitors and care staff were warm, respectful and positive with appropriate fun and laughter. Staff, were patient, kind and caring. They spent time with people and routinely involved and supported them to make choices about their care and daily living arrangements. People were confident to communicate their needs, such as how to spend their time and what and when to eat and drink.

People were involved in the running of the service. For example, one staff member had been successfully recruited with the involvement of people living and working. Before the staff member was offered employment there, arrangements were made for them to visit the service on four occasions to meet with people and also staff. The registered manager then consulted with people, to see if they were happy for the person to work there. They said this was important and that people's views were a key influence in the decision to offer staff employment at the service.

People's care plans helped to inform staff how to understand and support people in ways that were known to be helpful to them. For example, when they were feeling sad, unwell, angry or unhappy. Staff understood how to support and communicate with people and promoted their rights and known choices for their care and daily living routines. They also understood people's known wishes and goals for the future and helped them to set achievable goals in relation to these. All of this information was recorded in people's care plan records. This was done following consultation with them and others who knew them well, such as their relatives and regularly reviewed with them.

Is the service caring?

Staff told us they regularly reviewed their practice and sought new ways to improve people's care and support. For example, a range of interactive methods were used to engage people in planning and reviewing their care. This included the use of simple words, sentences and language and through pictures and objects of reference that were important to people. Recent improvements to this included

the use of interactive stories and care plan diaries. Some people particularly enjoyed making their own care plan diaries, which included the use of materials such as sticker words and pictures and drawings. This helped them to express their views and choices about their care and these were regularly reviewed with them.

Is the service responsive?

Our findings

People received personalised care that met their needs in a way that promoted their choices and social inclusion and helped them to be as independent as possible.

Staff ensured that people were fully involved in planning and agreeing their care and support associated with their daily living arrangements. Approaches to this were flexible and tailored to suit people's individual needs and preferences and also their personal life goals and aspirations. Staff told us about one person who could easily become anxious and overwhelmed in unfamiliar surroundings or with people they didn't know. Staff explained they had taken time to get to know the person following their arrival at the service. They stressed how important this was, to develop the person's care and support plans with them over time, at a pace to suit the person's needs and wishes.

The person's care records showed that as a result of staff support, the person had become more confident to engage with people. This helped them to participate in hobbies and interests they enjoyed and to access the local community to meet and spend time with others outside the home, who had similar interests. This included golf, drama, walking and railways. The person's relative had written an open letter, praising the staff team for their 'active participation and approach.' The relative also went on to say that this "supported and empowered" the person and "enabled them to make choices about their life."

Throughout our inspection we saw that staff promoted people's inclusion and engagement in home life. Staff interacted well with people and they were at a natural ease with each other. Staff, were observant of and understood people's communication needs and their social skills and limitations, when they needed help, which were identified in their written care plans. Staff knew how and when to engage with the people in a way that was meaningful and helpful to them. For example, by using simple words and sentences or items of reference and gestures.

Staff held regular group and one to one meetings with people. This helped to seek people's views about their care and daily living arrangements and agree any improvements. For example, records showed that one person had suggested that staff didn't distract them by talking with them when they used stairs. Because the

person was sometimes unsteady on their feet, they said this helped them to concentrate and to use the stairs safely. Records of the meetings were put together by staff and people using the service in easy read and picture formats using materials such as pictures, drawings and stickers and simple words and sentences. One person showed us their recent meeting record, which they had enjoyed putting together with staff. This showed how they planned to spend their time, both in and outside the home over the coming week with staff support. This helped to promote people's independence and inclusion.

Staff enabled and supported people to live a full and meaningful life, which met with their needs and preferences. All of the staff we spoke with were passionate about supporting people at the service to live a full and independent life as possible, which reflected some of the provider's aims and values for people's care. Peoples' care plan records detailed their known daily living routines, lifestyle preferences and family and friends support networks. People's related care and support needs were also identified and agreed with people, which staff understood and followed.

People regularly engaged in a range of social, recreational, and routine daily living activities both within and outside the home. They were also supported to meet with, engage and maintain their personal friendships and family relationships within and outside the home. This included meeting people with similar interests at a range of day centres and clubs outside the service. On the morning of our inspection, three people went out to local day centres. Staff also supported three people to go out food shopping and for lunch. We saw that picture menus were used to inform the food shopping, which was planned to account for people choices, known preferences and needs.

When people returned to the home from the local community, we saw that staff supported them to engage in activities of their choice or to take time out for rest and relaxation, either in their own rooms or communal areas. One person spent time with their relative who visited and another helped to set the table for tea.

During our inspection visit, two people showed us photographs of their recent group holiday to Spain, which showed their enjoyment and engagement in their holiday activities. Staff recognised that this type of experience was important to people and enhanced their wellbeing and quality of life. Staff regularly supported people to enjoy

Is the service responsive?

trips out to places of interest in the extended community and to take holidays abroad. Staff and people also planned and engaged together in fund raising events to support people's holidays and trips. For example, this had recently included running a bric-a-brac stall at an annual medieval market event in the local town. One person told us about a recent fund raising event they had helped to organise, which was an Elvis tribute themed party at the home, with entry and raffle tickets sold to families and friends. A large number of people's friends and family members attended and many left written compliments, which showed they had very much enjoyed the event.

The service routinely sought, listened and responded to people's experiences and their concerns or complaints made about the service. People were not always able to

communicate directly with staff to express any concerns or how they felt because of their health conditions. People's care plans showed how they communicated. They also provided detailed information for staff, to help them to recognise, understand and respond when people showed if they were happy, angry, sad or upset, which staff understood and followed. Supporting care records and feedback from people and their relatives demonstrated that people were empowered and their views and opinions were valued.

Information about how to make a complaint was also provided in an easy read format for people using the service and a standard format for visitors there. The provider's records showed that no complaints were received about the service during the previous 12 months

Is the service well-led?

Our findings

People were not able to tell us in depth about their views of the registered manager because of their health conditions. However, we saw they were confident and fully supported by staff to tell us how they felt about the service, which showed the provider's aims and values.

People smiled and used positive words to describe their feelings about this, which included 'good,' 'nice,' 'happy' and 'like.' Relatives and staff were highly confident in the management and running of the home. They consistently referred to the registered manager as 'Excellent' and 'Always striving to improve,' or 'Continually looking to find what we can do better.' One person's relative said, "The service and support is excellent." Another wrote, "The team is remarkable and fully supported by an excellent manager with a hands-on approach; an exceptional home."

The registered manager carried out regular checks of the quality and safety of people's care. For example, checks relating to people's health status, medicines and safety needs. This also included checks of the environment, equipment and the arrangements for the prevention and control of infection and cleanliness in the home. Checks of accidents, incidents and complaints were monitored and analysed to help to identify any trends or patterns and used to inform any changes that may be needed to improve people's care. For example, recent incident checks helped to determine a change in one person's health condition and their subsequent medical referral and treatment.

Since our last inspection some improvements had been made to the quality and safety of people's care. This included improvements to the environment and the provider's fire safety arrangements.

The registered manager had also used their research to develop care practice at the service, which helped to improve people's involvement and inclusion in their care planning. This included the introduction of care, meeting and action plans that were produced together by staff and people using the service. This innovative approach empowered people's voice about their care and promoted their inclusion. The approach was also being introduced across all of the provider's services to help to improve people's experience of their care.

The registered manager ensured that the service worked closely and in partnership with other organisations when required to make sure they were following and developed best practice. For example, they were pivotal in securing multi-professional agreement for one person's tailored health care arrangements, following changes in their health needs. This included securing bespoke specialist training and ongoing support for staff through partnership working. This helped to support the person's choice to continue living at the home and for their health needs to be safely and effectively met.

Staff said they were regularly asked for their views about people's care in staff group and one to one meetings, which related records showed. They also showed that staffs' views were valued, listened to and taken seriously and acted on when required. Staff understood their roles and responsibilities and consistently followed the provider's aims and values for people's care, which focused on people's safety needs, rights and also their independence and inclusion. All of the staff we spoke with described a positive and inclusive culture at home. They were proud to work there and spoke about the importance of striving to make a difference to the quality of people's care and their daily living arrangements.

Staff understood how to raise concerns or communicate any changes in people's needs. For example, reporting accidents, incidents and safeguarding concerns. The provider's procedures, which included a whistle blowing procedure, helped them to do this. Whistle blowing is formally known as making a disclosure in the public interest. This supported and informed staff about their rights and how to raise serious concerns about people's care if they needed to.

The provider had achieved Investors in People (IIP) Silver Award accredited to the organisation until 2017. The provider told us they were working toward the IIP Gold Award. IIP is a government initiative to provide a best practice workforce management standard, offering accreditation to organisations that adhere to the IIP framework. A third of the United Kingdom's workforce uses IIP in 2015. The Silver standard has been awarded to fewer than 600 organisations, which is 2.2% of organisations, awarded a standard. Only 3% of companies awarded IIP status achieve Gold standard.

Is the service well-led?

Records relating to the management and running of the service and people's care were accurately maintained and securely stored. The provider had sent us written notifications telling us about important events that had occurred in the service when required.