

Lothlorien Community Limited

The Cherries

Inspection report

30 Julian Road
Folkestone
Kent
CT19 5HW

Date of inspection visit:
27 January 2022

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05 April 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Cherries is a residential care home providing personal care to six people at the time of the inspection. The service can support up to six people.

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

Right Support

Staff supported people to take part in activities and to pursue their interests. Though people learnt new skills further improvement was required to develop goals and plans for staff to follow consistently. People were able to personalise their room. Staff supported people with their medicines in a way that achieved the best possible health outcome.

Staff enabled people to access specialist health and social care support.

Staff did everything they could to avoid using physical intervention. The service recorded when staff had used physical intervention, and staff learned from these incidents and how they might be avoided and reduced.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of

support provided to people, involving the person, their families and other professionals as possible. Staff valued and acted on people's and their relative's views.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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

Rating

This service was registered with us on 23 July 2019 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 8 August 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The service had not been inspected since registration with the Care Quality Commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Cherries on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service 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 ●

The Cherries

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection.

Service and service type

The Cherries 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

This inspection was unannounced. We visited the service on 27 January 2022. We continued to review evidence and speak to staff and relatives until 7 February 2022.

What we did before inspection

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. We reviewed the information we had received about the service since registration. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with one relative about their experience of the care provided. People used their body language to communicate they did not want to engage with the inspectors during the inspection.

We spoke with eight members of staff including the operations director, registered manager, deputy manager, team leader and four support workers.

We spent as much time observing people as they allowed us to.

We reviewed a range of records. This included three people's medication records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and four people's support plans. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. When people's medicines were reduced, they were prescribed 'when required' medicines. However, the guidance for staff about when to give these medicines was unclear and inaccurate. Guidance had the wrong dosage and instructions. It did not give staff instructions about when to give the medicines and what action to take if they were not effective. Following the inspection, the provider confirmed the correct protocol had been put in place.
- Records of medicines prescribed were not accurate. One person had four 'when required' medicines recorded on the medicines administration record (MAR) chart. There were no protocols for these medicines. The registered manager confirmed these were no longer prescribed. The MAR charts were not an accurate record of the medicines prescribed.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed safety well. When people displayed behaviours that may be a risk to themselves or others, equipment had been used to keep them safe but also reduce the risk to others. Some people were at risk when they experienced seizures at night. Equipment was used to support the person to remain safe while they were asleep.
- People's freedom was restricted only where they were risk a to themselves or others, as a last resort and for the shortest time possible.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Staff managed the safety of the living environment and equipment through checks and actions to minimise risk. Staff completed regular checks on the fire safety equipment, people had personal emergency evacuation plans to provide guidance on the support they would need in an emergency.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people to the service safely.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped to keep people safe. Staff reported one person often removed their anti-suffocation pillow while sleeping on their front. It was agreed the person would have an anti-suffocation mattress to make sure they remained safe.
- The service monitored and reported any use of physical intervention. Each time a physical intervention was used the incident would be reviewed to understand if anything could be done differently.

Staffing and recruitment

- The service had enough staff, including one-to-one support for people to take part in activities and visits, how and when they wanted.
- Staff recruitment and induction training processes promoted safety, including those for agency staff. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- The operations director told us about the challenges of recruiting staff. The provider was looking at their career pathway and remuneration package to encourage applications for posts. The idea was not to use agency staff as the service did at present.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

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.

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated Good. 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

- The registered manager and deputy manager completed a comprehensive assessment of each person's physical and mental health before people were admitted to the service. They had spent time with people in their surroundings and observed the support given by staff. A complete assessment was completed and used as the basis for people's support plans.
- Support plans set out current needs. There were pathways within the support plans showing how people had been supported to achieve goals and skills. Staff had supported people to learn new skills such as cooking and making their bed.

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

- People received support to eat and drink enough to maintain a balanced diet. However, when people had additional dietary needs it was not recorded clearly what they could eat.
- People's meals were planned with staff using picture options and what people like. Staff told us, "A lot of food planning is done by observations. Most people like jacket potatoes. We push the boat out every now and again and try something new."
- People could have a drink or snack at any time. People were able to freely access the kitchen and choose the food they wanted to eat. Staff encouraged people to drink plenty of fluids throughout the day.

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

- Some parts of the service needed updating. For example, one person's bedroom needed re-decoration, work on this had started.
- People had access to outside space and spent increased time outside due to the pandemic. Staff identified that a trampoline people liked to use would be safer if it was lowered into the ground. The trampoline was lowered, and people enjoyed using it. Some people enjoyed using the swing, so this was amended so two people could use the swing at once.
- People's bedrooms were personalised to meet their individual likes. Each person's bedroom showed their personality and communal areas had pictures of people and their families.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence based practice. This included training in health conditions people experienced and all restrictive interventions. Only one person had a plan including restrictive interventions. Though not all staff had received training in

restrictive interventions at the time of the inspection, the person's team of staff were all trained and competent. Training days had been arranged for the rest of the staff to complete the training in the coming months.

- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practices. If staff had to use restrictive practice, teams held debriefing meetings and reflected on the incidents and the events surrounding it. Staff told us, "When something happens, we de-brief as a team. We discuss what we could have done better and what we can do better in the future."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The service checked staff competency to ensure they understood and applied training and good practice. Staff confirmed they received regular supervision and thought they were well supported.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend health checks, screening and primary care services. Staff had worked with people to develop management strategies to enable them to have blood tests.
- People were referred to health care professionals to support their wellbeing and to live healthy lives.
- Staff from different disciplines worked together to benefit people. People were supported to attend scans, to help with diagnosis. The scan unit worked with staff to make sure the environment was as comfortable and supportive to the person as possible. The scan was completed successfully and with the person remaining calm.

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.

- For the people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. Staff knew about people's capacity to make decisions through verbal and non-verbal means. Staff told us, "We all have a good understanding about mental capacity. We always ask even if they do not respond. When they make a choice, we respect that."
- Staff ensured that an Independent Mental Capacity Advocate was available to help people if they lacked capacity and they had nobody else to represent their interests. Staff involved people's family in the development of their support and any decision making.

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.

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question has been rated Good. 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

- Staff created a warm and inclusive atmosphere. People were treated with kindness and compassion. People and staff laughed together, and staff showed fondness towards the people they were supporting. We observed staff talking and singing with people, making them smile.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. Staff understood how to meet people's emotional needs. When people needed time to themselves staff gave them space and checked on them periodically. When people were anxious staff recognised this and were able to support the person to do what they wanted, for example go for a drive.
- Staff members showed warmth and respect when interacting with people. Staff were affectionate towards people and understood the sensory support they sought. For example, one person wanted staff to tap on their chest as they sung together. Another person sought affection from staff, holding their hand.

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

- Staff took the time to understand people's individual communication styles and develop a rapport with them. Some people used several methods to communicate. One person used Makaton, so staff were supported to complete training in this to support their communication with the person.
- Staff respected people's choices and wherever possible, accommodated their wishes. People made decisions about what they wanted to do, and where they wanted to spend their time. One person indicated they wanted to spend time in the garden and staff supported them to go outside to use the swing. One relative told us, "They still ask what he wants, if he wants a drink for example, but they know him so well they know what he wants." A healthcare professional told us that on a visit, "[The person] indicated to staff that she needed the toilet, she pats her thigh so she was encouraged to go upstairs to the bathroom."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. Some people had adaptations made to their rooms to support this. For example, one person had blinds built into the windows to ensure their dignity could be maintained at all time.
- Staff knew when people needed their space and privacy and respected this. People's support plans identified how people communicated when they needed personal time and how staff should support this. One relative told us, "Sometimes he wants space and staff give him space. There's never any danger as there is always staff around."
- People were encouraged to be independent, one staff member told us, [name] we encourage to take the

laundry upstairs. They help with cooking, they really enjoy helping."

- Staff understood the ways people would inform them if they needed to use the toilet. For example, one person would direct staff to the toilet, so staff knew they needed support. Another person had a self-flushing toilet which enabled them to be independent.
- When people had been supported to reduce their medicines under STOMP. This had helped to increase their ability to be independent as they were more alert and responsive.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question is rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support to minimise behaviours that can be challenging. One person liked to grab staff and try to rip their clothes, to gain a reaction from staff. Staff were given t-shirts to wear, so it did not matter if they got ripped. They gradually stopped this behaviour and staff are now wearing their own clothes.
- Preferences (ie gender of staff) were identified and appropriate staff were available to support people. Each person had their own core support staff. For some people this had been identified as helping to reduce the instances of behaviour that may challenge. When new members of staff joined a staff team, they were introduced gradually.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs. Staff knew people well. Some people had lived at the service for a long time and had been supported by the same staff. Staff told us, "We all have the guys interests at heart. We have worked together so long."
- When a decision had been made for a person to move to another service, the registered manager made sure details of the persons support were provided. The registered and deputy manager spent time at the new service with staff to assist with the transition.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff told us, "You know when he is happy. The rocking and the smiling and vocalisations, you can tell how he is from the tone of them. His facial expression tells you if he is happy."
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff utilised a 'now and next file' with one person to assist with managing their behaviour. Another person had started to use an electronic tablet to help express

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. One person had been supported to go to stables and spend time with horses who were their favourite animal.
- People were supported by staff to try new things and to develop their skills. Staff told us, "We found out over lockdown that (person's name) loves baking so he baked his Mum a cake for her birthday."
- People were able to stay in regular contact with family via video calls and were supported to enjoy visits in outside spaces. One person was used to home visits, when this was not allowed because of pandemic restrictions, they were supported to spend time with their family in the park. People had been supported to use video calls to keep in touch with their families.

Improving care quality in response to complaints or concerns

- People and those important to them, could raise concerns and complaints easily and staff supported them to do so. People were shown how to make complaints, staff showed them pictorial aids.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team. There were templates for the registered manager to use for all sections of the process and a checklist process. When complaints had been made, these had been investigated following the provider's policy.

End of life care and support

- There was no one receiving end of life care at the time of the inspection.

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.

This is the first inspection for this newly registered service; the provider of the service has remained the same, however, the legal entity of the company has changed. This is the first inspection of the service under its new legal entity. This key question is rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes had not been effective in identifying shortfalls found during this inspection. A medication quality walk round by staff in January 2022 did not find the shortfalls found at the inspection. The operations director and quality monitoring team completed walk rounds, but these did not include medications. The quality checks did not identify the other areas for improvement including the structuring of goals.
- Following the inspection, the operations director and registered manager had held meetings with staff to raise the medication shortfall that had been identified. Additional checks would be added to the quality checks completed by the quality team.
- Records were not always accurate. Staff knew people well and supported them in the way they preferred. However, people's support plans did not always contain specific information about people's needs. For example, one person's nutrition support plan did not contain the current advice from their consultant. The support plan contained dietary information which was generic and did not relate to their needs.

Systems had not been consistently effective in monitoring the quality of the service. The provider had failed to maintain accurate records. This was a breach of regulation 17(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had been supported to learn new skills. However, there were no structured plans for staff to support people consistently to achieve their goals and evaluate if the support had been effective. This is an area for improvement.
- Management were visible at the service, approachable and took a genuine interest in what people, staff,

family, advocates and other professionals had to say. Staff told us about the registered manager, "She takes everything on board. If you need her, she is there, she is always ready to listen."

- Staff felt respected, supported and valued by senior staff. Staff felt able to raise concerns with managers without fear of what might happen as a result. Managers set a culture that valued reflection and welcomed fresh perspectives. Staff told us, "When we see something not quite right, we sit with the team to brainstorm how to make things better." Staff suggestions had been recorded in support plans and credited to them.

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

- The service apologised to people, and those important to them, when things went wrong. One relative told us, "If I raise anything the manager takes it on board, addresses it straight away and apologises and does everything they can to make it right."
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. People had been asked quality assurance questions and their answers were recorded by pictures and their non-verbal response. Action plans had been put in place to address any concerns.
- Relatives had been asked to complete a satisfaction survey. The feedback from relatives had been positive. One relative told us, "Twice a week I speak with the manager and ask how is doing."
- Feedback from healthcare professionals had been positive. Comments following reviews of people's care had included praise for the details of reporting incidents.

Continuous learning and improving care; Working in partnership with others

- The service worked well in partnership with other health and social care organisations, which helped people using the service improve their wellbeing.
- The registered manager engaged in the registered manager network, attending meetings and webinars to keep up to date with changes.
- Staff were supported to improve their skills completing the provider's career pathway. The deputy manager had been supported to complete their management qualification.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Systems had not been effective in monitoring the quality of the service. The provider had failed to maintain accurate records.</p> <p>Regulation 17 (1)(2)</p>