

Modus Care Limited

The Cherry Tree

Inspection report

114 Sandy Lane
Cheam
Sutton
Surrey
SM2 7ES

Date of inspection visit:
25 May 2016

Date of publication:
24 June 2016

Ratings

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

Overall summary

This unannounced inspection took place on 25 May 2016. This was the first inspection of this location.

The Cherry Tree provides accommodation for up to three people who require care and support on a daily basis. The home specialises in looking after adults with a learning disability. At the time of our visit, there were three people using the service. The people have moved to The Cherry Tree from another care home that the provider has now deregistered.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff understood what constituted abuse and the action they would take to protect people if they had a concern.

Risks were managed so that people were protected and supported in a non-restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. Where risks were identified, risk management plans were in place. We saw that regular checks of maintenance and service records were conducted. This helped to keep people and the environment safe.

We observed there were sufficient numbers of qualified staff to support people and to meet their individual needs. We saw that the provider's recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS authorisations were in place to protect people where they did not have capacity to make decisions and where it was deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw that each person had been assessed through a mental capacity assessment and the provider had applied to the local authority to verify their findings. Each person had a time specific DoLS authorisation and this was clearly displayed in the person

care plan.

Detailed records of the support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and supported them. We saw that people had the privacy they needed and they were treated with dignity and respect at all times.

The provider had arrangements in place to respond appropriately to people's concerns and complaints.

We saw clear evidence of a person-centred, innovative and creative approach that was taken towards a person's individual needs. Records showed and we saw that people's complex needs and behaviours were managed through staff having a thorough knowledge and understanding of that person.

Staff were flexible about the activities people were involved in according to their preferences. . Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing.

From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The provider had policies and procedures in place and these were readily available for staff to refer to when necessary. There were systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home. The provider's quality assurance systems were effective in identifying areas where improvements were required so they could take the necessary action to address any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to support people and to meet their needs. The recruitment practices were safe and ensured staff were suitable for their roles.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their role.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good ●

The service was caring. We observed staff treated people with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, interests and preferences.

People were listened to and staff encouraged and supported people to make their own decisions.

Is the service responsive?

Good ●

The service was responsive to people's needs. Assessments were undertaken to identify people's needs and these were used to develop support plans for people.

Changes in people's health and support needs were acted upon to help protect people's wellbeing.

Relatives we spoke with told us they felt able to raise concerns and would complain if they needed to. □□

Is the service well-led?

Good ●

The service was well-led. An experienced registered manager was in place who promoted the highest standards of support for people to ensure their quality of life.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a relaxed and friendly atmosphere to the home.

The Cherry Tree

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.

This unannounced inspection took place on 25 May 2016.

This inspection was carried out by one inspector. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with three people living at The Cherry Tree, but they were not able to fully share their experiences of using the service because of their complex needs. We spoke with the registered manager and four staff.

We observed staff supporting people in the communal areas. We looked at three care records and four staff records and reviewed records related to the management of the service.

After the inspection we telephoned three relatives and spoke with two of them and we telephoned five members of staff and spoke with all of them.

Is the service safe?

Our findings

The three people living at The Cherry Tree smiled and indicated with gestures to affirm they liked living at their new home. Two relatives commented "We are flabbergasted by the standard of care, it is of a very high standard" and "We are very pleased, you couldn't get better care."

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff told us the home had a very open culture and they felt able to speak up at any time if they were unhappy about a person's care. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they indicated they were aware of their responsibility to refer any safeguarding concerns that arose to the local authority. They understood it had the statutory responsibility to investigate any safeguarding alerts. We saw the service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported in the least -restrictive way. We saw that risk assessments and support plans were appropriate to meet people's needs. This included assessments for when people were out in the community including walking and traveling safely, being safe when using the kitchen and other areas of the house and risk assessments for the activities that people took part in. Where risks were identified risk management plans were in place, which gave details of the risks and the preventative measures necessary to help prevent an incident occurring. We saw that risk assessments were well written and updated every six months or more regularly if needed.

Staff were aware of the fire emergency plans and these were kept up to date. Each person had a personal emergency evacuation plan (PEEP). The fire alarm was tested weekly and a full evacuation of all people living at The Cherry Tree was conducted monthly. Staff told us that people understood the need to leave the building when the alarm was sounded and did so with support from staff. Procedures were in place if a person refused to leave the building, that would help to keep staff and the person safe until the fire service arrived. We saw that the service had contracts in place for the maintenance of equipment used in the home, including fire extinguishers and emergency lighting.

Throughout the inspection we saw staff were available, visible and engaging with people. Some people received one to one care while in the home and this was increased to two to one care when in the community. Staff commented "We have enough staff to work individually with people. If one person wants to go out we can facilitate that, we don't all have to go together." Staff rotas confirmed what the registered manager was telling us and what we observed. Another home in the same group was situated nearby and additional staff from there were available to help if needed.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Contact details for staff and people were kept securely and arrangements had been made with

another local care home in the same group to help accommodate people should the premises become unusable. The majority of the information about people and the home was kept on line and accessed through password protected computers. Arrangements had been made to enable access to this information should the electricity or internet connection fail.

Staff personal files were kept on line and information updated from the providers head office. We saw an appropriate recruitment process was in place before staff were employed. This included completed application forms, references and criminal record checks. We saw that criminal record checks were updated every three years. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. Only staff trained in medicines administration could give medicines to people using the service. The medicines administration record [MAR] chart for each person included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR charts were up to date, accurate and no gaps in the administration of medicines were evident. Medicines were stored securely in a locked cabinet.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received appropriate training and support. People nodded their agreement when we asked if staff were good. One relative said about staff "They are good, very caring, it's a stable staff team and that helps." Two staff members commented "We work well as a team," and "We know we can speak to one another about anything and other staff will always help you."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in Autism and Asperger's, the Mental Capacity Act 2005, first aid and equality and diversity. On the day of our visit several staff members were attending training in Autism and nutrition. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Records showed that staff had received an induction when they started work at the service. New staff also completed the care certificate which is a set of national standards that social and health care workers should cover as part of their induction.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision every three months plus an annual appraisal. Records we looked at confirmed this. Records confirmed that staff meetings were held every two months and link or key worker meetings held every month. Staff told us they were also able to talk to the manager each day and any concerns or actions could be dealt with immediately.

Records showed the provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Staff had received training on MCA and DoLS and understood what it meant to the people in their care.

Although the three people at The Cherry Tree were fully mobile and could access all areas of their home and garden independently they were not able to go out into the community without staff support. This was because they did not have an understanding of the dangers of traffic and crossing roads and could be vulnerable to abuse in the community. Nevertheless we saw that staff encouraged people to make their own decisions about their day to day life. What time they got up and went to bed, the food they choose to eat, the activities they chose to participate in. Staff also ensured that people were encouraged to be as independent as possible in the community. Staff had considered the potential dangers when out and about and had put in place strategies to minimise those risks. The provider has also made applications for authorisations to deprive the three people of their liberty under DoLS and these had been granted by the

local authority. This helped to ensure that even though the three people at The Cherry Tree were subject to authorisations under DoLS, they were encouraged to be as independent as possible.

People were supported to eat and drink sufficient amounts to meet their needs. Although each person had a daily menu, we saw staff asked people what they would like to eat to ensure people had the choice of food they wanted. We saw staff encouraged people to have a varied diet and where appropriate to choose a healthy option. Staff told us about two people who liked certain unhealthier foods and given the opportunity would eat them all the time. So as not to restrict the person in their choice of food but to try to help them maintain a healthier diet staff had spoken with them, discussed options and come up with a 'Pig Out Day' when all the persons favourite foods could be eaten, if they wanted to. Staff told us this alternative option worked most of the time. We saw that people were offered hot and cold drinks and snacks, which they could choose themselves. During our visit one person with staff support was baking a cake and later brought us a piece to sample.

Staff understood that people preferred to eat on their own and not as one group together. In their previous home because of lack of space the three people had to eat together. But at The Cherry Tree the staff had organised separate dining areas and people could choose where to eat their meals. Staff told us this had greatly reduced any anxiety people had and had made meals times a calm and pleasant occasion.

On the day of our visit it was supermarket shopping day and we saw that staff helped people decide what items were needed. In the afternoon two members of staff and two people went off together to the supermarket. Staff told us that although one person liked to go they didn't always like the actual supermarket and so would go with staff to the pub or a café or sometimes just a drive and come back later to collect the shoppers. This gave them an opportunity to engage in something they enjoyed.

We saw that food was labelled and stored correctly. Fridge and freezer temperatures were taken daily and were within the correct ranges. Daily notes detailed what people had eaten each day. This information helped to ensure people were supported appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that people were registered with a local GP. Their health care needs were well documented in their care plans. Each person had a hospital passport. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Staff told us they had a good understanding with the GP surgery and would accompany people to appointments. This helped to ensure people stayed healthy.

Is the service caring?

Our findings

People were supported by caring staff. We could see that people were happy with the staff during our visit. People appeared to know the staff well and could share jokes with them and staff knew people well and understood their movements and gestures. One relative said "I am very pleased with the care my relative receives, you couldn't get better care." Another relative said "The care is fantastic; our relative has come on in leaps and bounds. They are now very confident, happy and contented." Another relative commented "Staff adore the people here; staff are called friends not staff."

One staff member said "Since we moved to this new house we have changed the way we do things. The care we give is much more person centred and individualised. We have less routines and can be flexible and relaxed about what people do and when." Another staff member said "We try to improve people's lives; all the staff have people's best interests at heart."

We saw evidence of this when we read people's daily notes, which were written comprehensively and personally. An example was in the detail given about one person's evening routine and how staff helped them to achieve their wishes to do with this. A relative also told us about an event they had taken their family member to and how proud they were in the way they coped with the event. They said this was all down to the staff supporting the person and wanting the best for them. We saw that staff showed people care, support and respect when engaging with them. This knowledge of people gave staff the opportunity to support people in the most effective way.

People were encouraged and supported by staff to maintain their home and each person had a flexible routine of chores to be achieved each day. When we arrived one person was independently hoovering their room and when asked was happy to show us around their room and en-suite bathroom. The other two people also invited us into their en-suite bedrooms. Each room was individually decorated and furnished. Staff told us that before they moved from the previous house they spoke with people about the move, took them to see the new house and discussed with them what they would like in their rooms. Through pictures and discussion people chose the paint colours and furnishings and staff ensured people's wishes were implemented in their new home.

One person had an additional area in their room that staff had thought they would like as their art corner, because the person was keen on art and crafts. Staff set the area up but the person didn't want to use it and so staff discussed with the person what they would like. The area has now been turned into a sensory area where the person can relax. Another area in the conservatory had been set up for arts and crafts and we saw the person enjoying their time there, painting and creating items.

Staff supported people with their spiritual needs. Care plans showed that people had been asked about their spiritual needs and when people wanted to they were supported to attend church services.

Residents meetings were not held. The registered manager explained that getting everyone together for a meeting could cause anxiety and it was better that a person's link worker spoke with them individually and

brought any ideas or concerns back to the staff team. But if people did want to sit together to plan an outing or event then staff were available to support them to do this.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. People's daily notes also detailed that any support given with personal care was kept to a minimum, so people's independence was promoted. An example of this was where a person was able to wash or bathe themselves but not fill the bath or regulate the shower temperature. Staff would do that with them and then leave the room and wait in the person's bedroom, so they were nearby but not intrusive. This helped to ensure the person's dignity was maintained.

Is the service responsive?

Our findings

Relatives commented "I would give it [The Cherry Tree] 10 out of 10 for everything," and "Staff understand my relative's needs and respond to them." People's needs had been assessed before they moved into the previous home [The Crescent] and at that time support was planned in response to their needs. When staff knew they were moving location they reassessed people's needs appropriately to living in the new house. This included relooking at the person's support requirements for facilitating the house move, the changes to their daily living needs, the emotional support they would need as well as their on-going support needs such as maintaining their general health, dietary needs, communication and sleep needs.

Staff told us that two people settled immediately and one person was anxious about leaving the previous location. Staff helped the person by taking them for a walk to see the old house and ensuring that they had the opportunity to furnish their new bedroom with items that made them feel comfortable. From what staff told us and the records we looked at we could see this planning and staff being responsive to people individual needs had been invaluable in making a smooth transition from one house to another.

People's support plans were organised and securely stored on line on the providers internal web site. Staff had their own log in password and could access the support plans at any time. The provider had responded to this by making a lap top computer available in the home. The registered manager told us because the support plans were on line, the plan was to make these available to the person's parents and social worker. This would be done with the agreement of the person and which areas of the support plan could be seen by who would be restricted. But it did mean that parents or relatives would be able to see what their son or daughter had done during the day and keep in touch with their day to day life. For social workers it would mean they had instant access to their client's welfare and could monitor their progression.

Each support plan included a picture of the person and a 'Quick Support Plan' this gave an instant picture of the person needs, likes and dislikes, communication needs and words not to say in order not to cause the person any anxiety. There was then more detailed information on how a person liked to start and end their day, the food they liked and disliked, and the activities they liked to do. Details were also available about the help a person needed and how it should be given, what a person liked to do for themselves and how to help them if they become anxious or upset. Support plans were updated every six months or more often if required. One relative said "We are invited to two reviews a year and kept up to date on what is happening." The support plans were very comprehensive, easy to read and gave staff a good understanding of who a person was and how they wanted to be supported.

Records showed and we saw that people's complex needs and behaviours were managed through staff having a thorough knowledge and understanding of that person. Records showed that people's behaviours that challenged were not managed by an increase or change in medicines. We could see this by the minimal amounts of medicines that people took and in one case no medicines taken at all. Behaviours that challenged were managed by staff thinking and planning ahead to help minimise any risk to the person or others. An example of this was one person who liked to go out in the community but could be vulnerable in crowds. Two staff had devised a way to walk with the person that was the least restrictive but protected the

person and others from an outburst of challenging behaviour.

Each person had a daily schedule of activities and tasks but these were only used as a guideline. Staff told us that each day they had a discussion with the individual person to see how they were feeling and what activity they would like to do. They discussed with the person through pictures the type of activities they may like to try and staff would then source the activity and take the person to it. Staff said it could be a bit of 'trial and error' as to whether the reality of the activity was what the person really wanted to do but they were happy to let the person decide. Two relatives commented "They [family member] go out for long walks and picnics" and "They [family member] are always out and about, always busy doing something." Records showed activities were risk assessed to ensure the person and others were safe. This helped to ensure the person enjoyed a good experience of the activity of their choosing.

People took part in stimulating activities according to their preferences. Support plans and daily notes showed that people took part in trampolining, hydrotherapy, cycling, horse riding, cooking, going for walks and picnics. One person liked shopping and would plan with staff a day out to the shops. Other people liked to do recycling and staff would go with them to the local recycling centre where they could help with the sorting of recycling materials. Staff said the staff at the recycling centre had been very understanding and helpful towards them. We saw another person liked to tidy the staff office and was free to go in and out of the office, clearing papers and organising the post. We also saw staff explaining to one person rather than telling them to stop doing something why they shouldn't move certain items. We saw the person accepted what was said to them.

We watched as another person was discussing with staff what they wanted to buy at the shops and how much money they would need. Staff showed the person the money and the person with support chose what money they wanted to take out. Staff were responsive to the person communication needs and gave the person time and support to come to their own decision about their shopping trip. One member of staff said "What makes it good here is that people have the right to decide, to say what they want to do." They went on to explain the new home because of its size and spaciousness had given them more opportunities to work individually with people and for people to be able to choose activities and daily living for themselves.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. All telephone calls, compliments or complaints were logged on a computer system and we saw that these had been actioned where necessary. Relatives said they felt happy to speak to staff or the registered manager when necessary. They had confidence that the registered manager would deal with any concerns promptly. The registered manager told us they dealt with any incident as it arose so as to ensure a resolution was found quickly and to the satisfaction of the complainant.

Is the service well-led?

Our findings

We could see that people who lived at The Cherry Tree knew who the registered manager and staff were by name and could engage with them at any time. The three people we spoke with smiled in agreement when asked if staff were nice and if they liked them. Throughout our visit we saw staff and people engaging together, we also saw staff knew when to stop chatting and leave the person to their own thoughts and quietness.

Four staff when asked what makes the service good commented "The management is very positive, open and good communicators. The registered manager and other team members are very supportive."

The service was led by a registered manager. From our discussions with the registered manager it was clear they had a good understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes. The registered manager was part of the team and was fully aware of what was happening within the service and was available to people when needed.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Policies were kept on line and staff had to answer a series of questions about the policy before they could sign as having read it. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. People using the service were asked twice a year for their views using a questions and answer format called 'My Views.' The persons' key worker helped them to complete the survey. We asked the registered manager if an independent advocacy service was available to people but the manager said that although the service was available the same advocate was not assigned to the same person each time. Because of the complex needs of people having a different person to see them each time would cause anxiety and not be helpful. The registered manager told us that relatives and families were very involved with the people at the home and could help them to express their views.

The provider, Modus Care Limited conducted a staff survey in 2015 which was for all staff at the different homes they provided. The registered manager was unable to find a copy of the survey results during our visit. The registered manager held individual discussions with staff to gain their views on the service. One staff told us "I feel if I say something I am listened to and action is taken if necessary." Staff also had a secure email system where they could speak confidentially to the registered manager to express their views.

The views of relatives were gathered through phone conversations, all of which were logged on a computer system and also during relatives visits or meetings with staff. The registered manager told us the relatives met up together at house events such as birthday parties, Christmas and other events and would talk together and support one another.

The registered manager and staff conducted daily, weekly and monthly audits of the home and their findings and actions were logged on a computer system. These audits included a health and safety check of the home and ensuring infection control measures were in place, heating and hot water were at the correct temperature and potential trip hazards were dealt with to help prevent any falls. Any equipment used in the house such as gas and electrical appliances were also checked and maintained and we saw the current certificates for these checks. These audits helped to ensure the safety of the home and the people who lived there.