Mr & Mrs MF Joomun

Cherry Leas Care Home

Inspection report

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Essex
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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

Summary of findings

Overall summary

This was an unannounced inspection. Cherry Leas provides care and accommodation for up to 16 older people including those living with dementia. The service is situated in a residential area of Clacton near the seafront. There were 13 people living in the service when we visited.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People who lived at the home, relatives and staff told us people were safe. There were systems in place to protect people from the risk of harm. These included comprehensive staff recruitment and training practices. Procedures were in place to effectively protect people against risks of abuse.

The provider had a robust recruitment process in place. Records we looked at confirmed that staff were only employed within the home after all essential safety checks had been satisfactorily completed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw that staff had followed guidance and were knowledgeable about submitting applications to the appropriate external agencies. Records viewed showed us that where people lacked the capacity to make decisions they were supported to make decisions that were in their best interests. People were only deprived of their liberty where this was lawful and there was no one subject to a DoLs at the time of our inspection.

There was a process in place to ensure that people's health care needs were assessed. This helped ensure that care was planned and delivered to meet people's needs safely and effectively. Staff knew people's needs well and how to meet these. People were provided with sufficient quantities to eat and drink.

People's privacy and dignity was respected at all times. Staff were seen to knock on the person's bedroom door and waiting for a response before entering and by using suitable means to protect people's dignity when providing personal care.

Care records we viewed showed us that wherever possible people were offered a variety of chosen social activities and interests. People were supported in a way that helped prevent social isolation for them.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

Checks had been completed for things such as lifting equipment and gas and electrical safety in the home. This ensured that the home was a safe place for people, staff and visitors.

The provider had effective quality assurance systems in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the provider and registered manager and subsequent actions taken, helped drive improvements in the service.

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 knew how to recognise potential abuse and the steps to take to safeguard people from this.

There were sufficient numbers of staff on duty to meet people's need's Staff recruitment procedures were thorough and staff were given a good induction and training. Staff demonstrated the skills required to do their jobs well.

Risks to people's health and safety had been assessed and these were clearly documented to enable staff to manage these effectively.

Medicines were stored and managed safely and staff were confident in administering medicines.

Is the service effective?

Good

The service was effective.

Staff were trained to enable them to do their jobs effectively. We saw they were supported well by the manager in their roles.

The manager and staff showed they had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We saw that capacity was considered in providing care to people and recorded on care files.

Nutritional needs were supported and people were offered choices around meals so that their individual needs were catered for.

Is the service caring?

Good

The service was caring.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People were supported to be involved with their care planning and expressed their views on a regular basis.

People's dignity was respected by staff who took precautions, such as knocking on people's doors or using signs, that people were receiving personal care.

Is the service responsive?

Good

The service was responsive.

People's preferences for care were respected. This was for things such as time they wanted to get up or go to bed, gender of carer and the care needs they wanted.

People were regularly consulted about their care. Any changes made to people's care was kept under review to ensure that the changes were effective.

Complaints were dealt with quickly and appropriately by managers. The complaints policy was displayed and people were aware of how to make a complaint should they wish to do so.

Is the service well-led?

Good

The service was well led

Staff worked well as a team. All staff we spoke with were complimentary about the registered manager who supported them at all times.

The manager and staff team shared the values and goals of the service in meeting a high standard of care.

Quality monitoring systems in areas such as infection control, medication and accidents had been put in place. These audits were completed to make sure people received their care and in a way that continued to protect them from potential harm or risk.

Cherry Leas Care Home

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.

The inspection took place on 01 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three people who lived in the service. We also spoke with five care staff members, five relatives, the hairdresser, one visiting healthcare professional and the manager as part of this inspection.

We looked at four people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person said, "I feel very safe here, they look after you really well." A relative told us, "[Relative] is kept very safe here and the staff are absolutely lovely."

When we looked at the staffing levels for day and night time, we saw there were sufficient staff on duty to meet people's needs over a 24 hour period. We saw the manager ensured more staff were on duty on some days as care needs were greater, for example if someone had been unwell and they needed two carers, this was reflected in the rota planning.

All staff we spoke with understood how to keep people safe and gave us of examples of how they did this. In one example, a staff member told us if they knew someone was unsteady on their feet, they would ensure another member of staff was ready to support them when they stood up. All staff we spoke with recognised the signs of potential abuse. Staff were very clear about different types of abuse and told us they would report the information to the manager and were confident the manager would deal with this.

The manager visited each person before they came to the service and they discussed their care needs with them. This was to make sure they could meet these needs at Cherry Leas and it would be the right place for them to live. There was a monthly review meeting held following an admission to make sure the person was happy with their care and the service was able to support them. One relative told us, "Apart from the initial assessment it was the atmosphere and smell of stew and dumplings. When we walked through the door we got a sense of relaxation immediately."

We saw from four care files we read, that risks associated with people's care had been identified and that ways to manage these had been put in place to minimise the risks. These gave good information for care staff to follow. For example, a person was assessed as at risk of falls and another person was at risk of developing pressure sores due to immobility. The care plan informed of the action staff should undertake to minimise the risk. We saw staff had carried out this action by ensuring the people had the right equipment and it was used appropriately such as pressure relieving equipment and lifting equipment/ a hoist.

The manager showed the systems and records used to monitor and audit the care delivered so that it was effective. For example records detailed accidents and incidents trends could be identified, such as frequency of falls. We saw other systems were in place around infection control, cleaning audits and fire safety.

A system was in place in each person's file to show accidents. Also 'near misses' (incidents which could result in a future accident) were documented to aid understanding for managers and care staff. We saw one person sometimes became tired and may have a sudden loss of mobility when walking so was at risk of falling. A member of staff supervised them more closely to help mitigate any further risk.

Staff had a good understanding of what to do in the case of an emergency because there were procedures in place. For example, staff understood how to evacuate the building in an emergency, and the evacuation plan was accessible to staff. There were contingency plans in place if people could not return to the

building. Most of the staff we spoke with had worked at the home for a long period of time and demonstrated a good knowledge of the needs of people living there. We saw staff had the skills and knowledge to meet people's needs.

A newer member of staff on duty had been working at Cherry Leas for just over three years. They told us they shadowed staff for two weeks whilst waiting for their checks to be returned, and then had training. This included observations by manager before they could work independently. Training included courses undertaken in moving and handling, infection control, safeguarding and food hygiene.

We saw that the recruitment procedure was thorough, for example, staff had to account for gaps in employment, plus provide two references, prior to starting work. This meant that the manager was confident that the staff they employed were suitable for working in this environment.

We spoke with people about their medication. No one was managing their own medication in the service. We looked at the storage and administration of prescribed medicines. We saw appropriate arrangements had been made to store medicines (including controlled medicines) and to record medicines administered. We observed a member of staff administering the lunch time medicines to people. They made sure people took all the medicines prescribed to them. Staff had received training to support the safe administration of medicines, and had recently had a competency check carried out by the registered manager to ensure they remained safe to administer medicines.

Good

Is the service effective?

Our findings

People told us they were able to get access to health care when they needed it. One person said, "I see the doctor when I need to." We saw one person was accompanied on a dental appointment on the afternoon of our inspection.

We saw from looking at care records and talking with staff that staff were quick to identify any concerns they had about people. For example, staff checked on people's skin condition when they provided personal care. If they had concerns that skin was breaking down they sought advice from the district nurses. One staff member said, "I would report any concerns straight away and the manager would ensure the district nurse visited." Care records demonstrated people had been seen by the optician, district nurses, chiropodists, social services and the GP.

We saw when the staff shift changed, staff had a handover meeting where they informed the new shift of people's care needs and any identified changes. A record of the handover between staff was completed which was detailed and was effective in providing staff with additional information to ensure continuity of care to people.

Staff were provided with the training they required to do their work. They told us the manager and senior care workers provided them with support and supervision. The training schedule, kept by the manager, detailed all staff training undertaken, the source of the training and frequency. This meant the manager monitored this and supported staff to keep their knowledge and skills up to date.

Staff had a good understanding of their roles and responsibilities. They told us they had recently had training in infection control, moving and handling people, safeguarding people, DoLS (Deprivation of Liberty Safeguards) and Mental Capacity Act 2005 training. Some staff had also undertaken learning in dementia care. A staff member told us their recent training about had 'given them greater insight' when caring for someone with dementia. They gave an example that if someone appeared displayed distressed behaviour, the training had taught them that this was due to the illness and they better understood now the skills needed to support them. The manager told us he encouraged staff development and supported further learning.

Records showed that staff had received training in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are 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 were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Records showed as part of people's initial and/or ongoing assessment, a formal assessment of the people believed to lack mental capacity had been completed or sought by the service. The manager was aware of the current DoLs legislation and informed us there was no one at the home whose liberty was being restricted.

The manager understood about assessing people's mental capacity and one staff member told us, "Sometimes you may have to repeat something but you have to remember it is their illness and not them. It is not their fault they cannot remember something." We saw where people lacked capacity that decisions were made in people's best interests involving the people closest to them. For example, it was agreed with a person's family members it was in their best interest to ensure they took their medication with a meal, as if just handed tablets with nothing to eat they may not take it. This person used not to take their tablets at home at all.

Records showed us that people had been asked to consent for medical information to be passed to their GP, consent for photos to be taken, and for staff to administer medication. On some records we saw DNR (Do Not Resuscitate) advance statements were in place. The manager told us that they were in the process of reviewing care records around this area for everyone in conjunction with the GP to see if records were accurate and up to date.

People were supported to have enough to eat and drink and told us they enjoyed their meals. One person told us "The food is lovely, all home cooked and we can choose what we want." On the day of our inspection the manager had gone out to purchase some prawns specially as people had asked for them. It was also one person's birthday so a cake had been made to have with the prawn sandwiches later. At lunchtime we saw that the cook had taken into account people's personal preferences as they ensured each person got something they liked. They told us, "We know [person] does not like chips so we give them mashed potato instead which they enjoy." A relative told us, "they get enough drinks during the day and so do we. Hey don't cut corners here with the quality of food."

We saw staff considered people's individual needs and promoted people's independence. Staff provided support and where it was required, cut food into smaller bite sizes. We saw other people were helped to drink and eat by staff. One person told us the staff encouraged them to drink lots during the day because it helped them with their medical condition. We saw records which showed people had a choice for each meal. At lunch time we saw people had a choice of meal and there was a variety of foods to choose from. The cook was aware of, and recorded people's dietary needs. Food was prepared to meet those needs, for example if people's food required mashing to help them with swallowing. We saw communication was good between care staff, people, relatives and the kitchen staff.

Good

Is the service caring?

Our findings

One person said to us. "It's lovely living here, I can't speak highly enough of the staff." A relative said "This is a marvellous place, a home from home and they always preserve [relative's dignity]." Another relative told us, "The staff are so polite here and as soft as lights." We saw staff and people living at the service had fun with each other. We saw a lot of smiling and laughter. Both staff and people told us they felt the service was a 'home from home'. One person told us "I love it here, I could not find anywhere nicer."

Staff had a good understanding of people's present needs and their backgrounds and likes and dislikes, so their care could be personalised. Staff wanted to make people as comfortable as possible. People told us they were involved in their care planning, as were their relatives. Records also gave detailed information about discussions staff had with people about their care and welfare needs.

Throughout our visit we observed people were treated with dignity and respect. For example, we saw one person getting ready to go to the toilet in the living room. Once staff were alerted to this, they gently and kindly guided the person to the nearest bathroom ensuring the person maintained their dignity.

We spoke with people using the service and staff and observed how staff worked to see how they promoted people's dignity and showed them respect. They told us they made sure doors were shut and they placed towels over the body so the person was not exposed when providing care The manager said it was important their privacy was respected as it would be in their own home. We saw the staff supported people's privacy.

We saw the service was promoting independence. For example, with personal care, one person was given a flannel to wash the parts of their body which they could reach, and staff helped wash the parts the person could not reach. A staff member said to us "If they can wash themselves we supervise" and that if a person was able, they would not do it for them unless asked to. One person told us, "I always get asked about my care and the staff don't do anything without consulting me first."

We saw there were open visiting times for relatives and friends. Access was not restricted and this promoted a feeling of warmth in the home. We were told people would be welcomed at any time.

Good

Is the service responsive?

Our findings

One person told us they were looked after, "Very well". A relative told us, "We feel very lucky and happy to have found this place. Ok it may be a bit old fashioned on the inside but the care here is second to none." Another relative we spoke with said. "[Relative] was only in here two days and they were up walking again. We are very pleased with the care."

During our visit we saw rooms were personalised with photos and pictures so they felt homely. The manager told us their ethos was that they wanted people to feel like it 'was their home' and people were encouraged to bring in their own belongings and be involved in the home as much as they wished to.

People told us they were well cared for by staff. We saw records were detailed and up to date. They included a care plan, history, routine, next of kin and medical information. They showed that people had been fully consulted in their care needs, and care plans reflected how people wanted to receive their care. This meant that they had been consulted in how they wished to be supported.

We saw on care files a history of the person and their likes and dislikes. This enabled staff to understand the person in the context of their life, not just their current health and social care needs. We saw people had undertaken reminiscence sessions, carpet bowls, knitting, watching TV, singalongs, crosswords and bingo (whereby one resident was the caller each time), External entertainers also visited the home on a regular basis. Staff had a good understanding of people's likes and dislikes and the activity programme was responsive to these. We saw the home was responsive to people's social needs. They could choose to be involved or not if they wished. The service also held celebration events and days. For example, at Christmas time where families were welcomed and events were planned into the activity calendar. The service tried to mark events through the year with activities and one person was celebrating their birthday on the day of inspection..

We saw a complaints procedure was in place and this was displayed clearly to people and visitors knew how to raise concerns. Records showed there had been no complaints recently. The last complaint related to issues raised by a relative and had been addressed quickly and appropriately by the manager. We spoke to people about making a complaint. They told us they had not needed to do so, but would feel able to speak with the manager if they had any problems.

We were told that advocacy services for people who may need additional support had been provided at times previously. This meant that the service was responsive to people's individual needs and circumstances in accessing alternate support.

Good

Is the service well-led?

Our findings

All of the people we spoke with told us that the manager regularly was regularly visible around the service and that he always asked how they were. This demonstrated to us that the manager kept themselves aware of the home's culture to ensure that people's needs were responded to.

At the time of our inspection there was a registered manager in post. All the people we spoke with were complimentary about the way the registered manager led the staff by example. All staff we spoke with liked working at the home and told us that they knew what the boundaries were and what the expected standard of care was. One care staff said, "You can always go to the manager, He is very helpful and will resolve things quickly." Another person told us they saw the manager every day. A relative said, "If ever I have any concern about [relative's] care I just speak to the manager and staff and I have to say no more." A visiting healthcare professional told us that the home was in their opinion, well-led and that the advice and guidance provided was implemented.

It was clear from all staff that they were very committed about working at the home and making a difference to people's lives. They shared an understanding of the challenges the home faced, which included ensuring the high standard of care was maintained when staff were off sick or had unplanned absences.

A review of the staff training matrix and talking with staff showed us that they were supported with additional training as part of their on-going development. One staff member said, "I enjoy doing training, it gives me confidence in my job." This showed us that the manager led staff well to continually strive for improvement.

The manager told us that not all annual staff appraisals had been completed. However, plans were now in place for staff who needed an appraisal and to give them the necessary support. We saw that this was to be linked with staff formal supervisions to ensure better continuity to support staff. Staff could be confident that their development was regularly considered.

Audits were completed by the provider to support the management of the service. This was for things such as infection control where checks and procedures had been put in place to ensure the number of infections was kept to a minimum and was sustained. Medication audits were also undertaken and a recent external audit of medicines had highlighted no anomalies. As part of improving the quality of the environment some improvements had been planned for the service. This included a smoking shelter being built for one resident who liked to have a cigarette. The manager confirmed that they hoped to do this by as soon as possible during the summer.