Indigo Care Services Limited

Cherry Trees

Inspection report

Simmonite Road
Kimberworth Park
Rotherham
South Yorkshire
S61 3EQ

Tel: 01709550025

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 7 February 2017 and was unannounced. The home was previously inspected in October 2015 and the service was meeting the regulations we looked at.

Cherry Trees is situated in the Kimberworth Park area of Rotherham. The service provides accommodation for up to 66 people who require personal care. The home has four units, one of which was closed at the time of our inspection.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team consisted of the registered manager who was supported by a deputy manager and a team of senior care workers. We spoke with staff who felt supported by the management team. There was evidence of good leadership at all levels. Staff knew their roles and responsibilities and when to pass something on to the senior care worker.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this. They knew how to report any concerns and were confident that appropriate action would be taken.

We looked at systems in place to manage medicines and found that they were safe.

We looked at staff recruitment files and found the provider had a safe and effective system in place for employing new staff. Satisfactory pre-employment checks had to be received prior to the person starting work at the service.

Care plans we looked at identified any risks associated with people's care. Plans of care were put in place to reduce the risk from occurring.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities. They found training valuable and worthwhile.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

We looked at care records and found that referrals were made where appropriate and that staff acted on the advice given.

People we spoke with all told us that staff promoted their independence by helping them to make decisions about their daily routine and what they wanted to do. People felt that staff chatted with them and felt they were listened to and that their opinions mattered.

During our inspection we observed staff interacting with people who used the service. We saw that staff had developed positive, caring relationships with people based on their individual preferences and choices. It was evident that staff knew people very well.

We looked at care records and found they were informative and reflected the care and support being given.

The service employed two activity co-ordinators who were available over seven days a week and provided social stimulation to people.

The service had a complaints procedure and people felt at ease to raise concerns. People we spoke with felt their concerns would be listened to and addressed satisfactory.

People told us the registered manager was supportive and there was a good leadership structure in place.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

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.

We spoke with staff about safeguarding people from abuse and they were very knowledgeable about this

We looked at systems in place to manage medicines and found that they were safe.

We looked at staff recruitment files and found the provider had a safe and effective system in place for employing new staff.

Care plans we looked at identified any risks associated with people's care. Plans of care were put in place to reduce the risk from occurring.

Is the service effective?

Good

The service was effective.

We spoke with staff who said they received appropriate training which gave them the skills and confidence to carry out their responsibilities.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were offered a choice of food at each meal and drinks and snacks were provided throughout the day in line with their preferences and dietary requirements.

We looked at people's care plans and found that relevant healthcare professionals were involved in their care when required.

Is the service caring?

Outstanding ☆

We observed staff supporting people and found they were extremely compassionate, respectful and caring in nature.

Care plans we saw included information about people's likes and dislikes and staff knew how to recognise and respond to people

preferences.

Staff we spoke with knew how to preserve people's privacy and dignity. We observed staff knocking on doors, talking quietly with people in order to maintain confidentiality. We saw that dignity was promoted throughout the service.

People we spoke with all told us that staff promoted their independence by helping them to make decisions about their daily routine and what they wanted to do.

Is the service responsive?

Good

The service was responsive.

We looked at care records and found they were informative and reflected the care and support being given.

The service employed two activity co-ordinators who were available in this role seven days a week.

The service had a complaints procedure and people felt at ease to raise concerns.

Is the service well-led?

Good

The service was well led.

People told us the registered manager was supportive and there was a good leadership structure in place.

We saw regular audits took place to check the quality of service provision.

People were involved in the service and their views were sought.

Cherry Trees

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 checked 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 7 February, 2017 and was unannounced. The inspection was completed by an Adult Social Care inspector. At the time of our inspection there were 47 people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked at the information sent to us by the manager on the provider information return (PIR). This 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 spoke with seven people who used the service and eight of their relatives and friends. We also spent time observing staff interacting with people.

We spoke with five staff including two care workers, a senior care worker, an activity co-ordinator, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "The staff here treat you well." We spoke with relatives and they also felt the home was safe. One relative said, "I am full of confidence in them [the staff]." Another relative said, "I feel safe with [name] here." Another relative said, "I have never seen anything that raised a concern."

We spoke with staff about safeguarding people from abuse, and they told us they had received training in this subject. Staff were able to explain how they would recognise abuse and told us that they would report anything of this nature immediately to their line manager. They had confidence that their manager's would take the appropriate action to ensure people were safe and free from harm. We spoke with the registered manager about safeguarding and were shown a record of safeguarding incidents and this showed appropriate action had been taken when required.

The service had procedures in place to ensure people received their medicines in a safe way. We spoke with people who used the service and they felt their medicines were given to them as prescribed. One person said, "I get the right pills at the right time." Another person said, "they [the staff] give me my pills at roughly the same time every day."

We looked at records in relation to medicine management and found that each person prescribed medicine had a medication administration record (MAR) sheet in place. This was used by staff to record what medicines had been administered at what time. The MAR's were completed fully and gave a clear record of the medicines given. The MAR's were held in a medication file along with a front sheet for each person. This gave details of the person's name, any allergies and contained an up to date photo of the person for identification purposes.

We looked at care plans and found they included information about how people like to receive their medicines. For example, one person's care plan stated that they preferred their medicines to be given to them on a small spoon followed by a glass of water. Another person had a tendency to refuse medicines and the care plan indicated that the doctor should be informed if the person refused their medicines for three consecutive days.

We looked at the arrangements in place for storing medicines and found these were safe. Medicine storage rooms were available on each unit and the medicine trollies were kept safely stored in these rooms when they were not in use. The service also had appropriate storage for medicines that required cool storage. Temperatures were taken on a daily basis of the fridges and store rooms used for medicines and any concerns were dealt with.

We checked the controlled medication stored on site and found this was recorded in the controlled drugs register and the stock was correct. However, we found one medicine that had not been entered on to the MAR chart. We asked the senior care worker and the registered manager about this and were told the medicine had been discontinued. The senior care worker arranged for the pharmacy to collect the medicine.

People who were prescribed medicines on an 'as and when' required basis had a protocol in place to explain the safe administration of this. For example, what the medicine was for and the dose required and what signs to look for to indicate the medicine was required.

We looked at care records and found that risks associated with people's care had been identified. Risk assessments in place included, moving and handling, pressure area care, falls and risks associated with choking. For example, one person was at medium risk of developing pressure sores. We saw a care plan was in place to help reduce the risk and included the use of a specialised cushion and for staff to check the person's skin frequently. Any concerns were reported to the district nursing team.

Through our observations and by talking to people who used the service, their relatives and staff, we found there was enough staff available to support people. The majority of people we spoke with had no issues with the level of staff available. One person said, "There is always an abundance of staff." Although there was a feeling that at times the care workers were stretched. Another person said, "Probably not enough staff at times and can be rushed at times."

Staff we spoke with told us they felt there was enough staff working with them and they worked well as a team. One care worker said, "We have more staff now than we used to have and we work well as a team. We also have the right mix of skills and share what we know with each other."

We spoke with the registered manager about how staffing levels were determined. We were shown a dependency tool which was used to identify people's need and the support they required. This was reviewed regularly by the registered manager.

We looked at three staff recruitment files and found the provider had a safe and effective system in place for employing new staff. They all contained pre-employment checks which had been obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. Staff we spoke with confirmed that they had to wait for the checks to be returned and satisfactory prior to commencing their post.

Staff told us that they had a good induction when they started working for the company. This included some training and working alongside other carers who were experienced. These were called shadow shifts. The staff told us that the induction prepared them for their role. We spoke with the registered manager about the induction process and we were told that new starters were registered to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Good

Is the service effective?

Our findings

We spoke with people who used the service and their relatives and everybody responded in a positive way. One relative said, "I think they [the staff] are trained enough to give care, very efficient." Another relative said, "They [the staff] are skilled enough."

We spoke with staff about the training they received and they told us it was valuable and worthwhile. We spoke with the registered manger and were told that training is completed by eLearning but also face to face. The company had a trainer who supplied dates to the home of training taking place. The registered manager could access the dates and book staff on to the appropriate courses.

We looked at records in relation to training and found that training in subjects such as manual handling, first aid, food hygiene, and infection prevention and control were completed. There was a system in place which informed the registered manager of training the staff had completed and which staff were due to complete training.

Staff we spoke with felt supported by the management team and told us they received regular supervision sessions. These were one to one sessions with their line manager. Staff also received an annual appraisal. This was an opportunity for them to reflect on their working practice and identify any training needs. We saw the registered manager had a schedule in place, which identified when staff supervisions and appraisals were due.

We spoke with people who used the service and their relatives about the quality of the meals and snacks available. One person said, "The food is good, it's hot and there is enough." Another person said, "The meals are satisfactory, good food, well cooked and plenty of it." One relative said, "The food looks and smells nice. And it is presented nicely."

We observed lunch being served on two units and found the meal time experience was pleasant. Staff were available to assist people where required. People who used the service who had dietary requirements were well catered for. For example, some people required a pureed meal due to swallowing difficulties. Where this was provided it was served in a manner that was pleasing to the eye. Staff also monitored people who were only eating a small diet. The staff ensured their weight was monitored and that professionals such as dieticians were contacted when required.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Through our observations and from talking with the registered manager we found the service to be meeting the requirements of the DoLS. Staff confirmed they had received training in this subject. We spoke with the registered manager who was knowledgeable about the process of applying for DoLS and knew when current DoLS were due to expire. The registered manager and the staff team understood conditions within DoLS and ensured that these were met. For example, one person had a DoLS in place with a condition to promote regular access to the community. We observed the activity co-ordinator assisting this person to the local shops. There was also a best interest decision document in place for personal care and treatment which was also a condition identified on the DoLS.

People who used the service and their relatives felt staff were good at arranging referrals to other services where required. One person said, "They [the staff] arrange things like the dentist for me." Another person said, "They [the staff] will get the GP out for us if needed,"

We looked at care records and found that referrals were made where appropriate and that staff acted on the advice given.

Outstanding ☆

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they all felt they were extremely well supported by the staff. One person said, "They [the staff] are kind and caring and do what they can to help." Another person said, "The staff are very compassionate and kind." Another person said, "They [the staff] respect my privacy and dignity." Relatives we spoke with said, "They [the staff] are kind and caring, the staff are our friends." Another relative said, "The staff keep me informed about events, they call me in the middle of the night if needed." Another relative said, "The staff communicate well. They tell me if [relative] is eating well or if the doctor has been called."

People we spoke with all told us that staff promoted their independence by helping them to make decisions about their daily routine and what they wanted to do. People felt that staff chatted with them and they felt they were listened to and that their opinions mattered.

The registered manager had identified champions to drive improvements and focus on people who used the service. A range of champions led on specific areas such as, dementia, dignity, action on hearing, diabetes screening, men's well-being, and sight loss, eat well to be well and react to red pressure area care. Staff were allocated an area of interest attended training and events to support their involvement, passed on information to other staff and promoted the topics within the home.

During our inspection we saw many examples of how this was put into practice and raised awareness for staff and improved people's lives. For example, the home had a dignity champion who's role was to ensure people's care and support was compassionate, person centred and to look for ways to promote this.

During our inspection we saw staff at all levels were extremely compassionate in the way they supported people. One person was supported to access the community when they became distressed and we saw this had a positive impact on the person for the rest of the afternoon. We also saw that part of this person's care plan was to access the community. This showed that staff knew people on an individual, person centred level and acted appropriately. This also showed that the work of the champions had a positive impact on the people who used the service.

We observed staff interacting with people who used the service. We saw that staff had developed positive, caring relationships with people based on their individual preferences and choices. It was evident that staff knew people very well. For example, one person was chatting with a visitor about their family and the staff member realised that this could be quite upsetting for this person and steered the conversation away from subjects which could trigger upsetting memories. This was done in a very compassionate and thoughtful manner. We also saw staff responded well to a person who was quite anxious. One care worker sat and chatted with the person in a calm manner and smiled at the person while holding their hand. The person responded very well and was clearly reassured by the staff members approach. The interactions we observed showed that staff were exceptional at helping people to express their views and we saw that they looked for different ways to help people express themselves.

Without exception, staff we spoke with showed they were committed to providing a pleasant, caring environment for people who used the service. One care worker said, "I just think to myself, how would I feel if I walked in to the home to visit my mum or dad. Would it be alright for them?" Another care worker said, "Just five minutes of our time can make a huge difference to someone's life. I try to take a moment out to chat to people, it helps them to feel reassured." One care worker explained how they had assisted someone to prepare for a family occasion that was important to the person. Staff had taken time out of their day to ensure the person was happy with their appearance. Our observations demonstrated that the service had a strong, visible person centred culture.

Care records we looked at contained family histories which, where possible had been written by the person's relatives. This gave an account of the person's childhood, working life, family life, hobbies and interests. We also saw events with special memories were identified such as weddings and family holidays. This information helped staff to understand the person and get to know them better. It also gave staff an insight in to the persons likes and dislikes. For example one person liked to drink out of a small mug; another person preferred finger foods rather than a big meal. We saw from care records and our observations that peoples preferences were incorporated into the care they received.

The service had a handover report in place to assist with effective communication between shifts. This included significant information, care concerns and staffing. Staff told us this was important and helped them to pass on vital information and prevented them from missing something. Our observations and inspection findings showed us there was a strong inclusive culture within the home with the focus being on people who used services and ensuring their individual needs were met.

The service also operated a family support group which was put in place to assist relatives to chat about their situation. This was facilitated by the activity co-ordinator. We spoke with the activity co-ordinator who told us that relatives found the group gave them an opportunity to talk about how they felt and to meet with others in similar positions. As the group had developed people have become friends and shared interests. For example, one person offered to take another person to the home to visit their relative. This support helped the person maintain family contact.

We also saw that the service had the equipment to support people to use the Skype facility to remain in contact with their relatives who lived some distance away from the home, some abroad. The service had tablets which they could take to people to use in the privacy of their own rooms. Some people were in regular contact with their relatives by using this technology. This helped them to maintain contact with important people in their life despite the distance. People were also given the opportunity to share a meal with relatives and friends and to celebrate special dates such as birthdays, or special occasions that were important to people. Parties were planned and people were assisted to invite guests of their choice.

The service offered support to people at the end stages of their life and had documents in place to support the end of life process. We spoke with the registered manager who informed us that end of life care plans were implemented with input from people and their relatives and included people's preferences and wishes. The registered manager also informed us that the service worked alongside district nurses and the palliative care team and doctor to ensure the package of care supported people.

Good

Is the service responsive?

Our findings

We spoke with people and their relatives and were told that people felt staff supported them well. People felt involved in their care and knew they had care plans in place to assist staff to meet their needs. One relative said, "I am involved in [name] care place and can look at it at any time." Another relative said, "I feel involved in my relatives care."

We looked at care records belonging to people and found they reflected the support people required and the support staff were offering. People's needs were assessed prior to them moving in to the home so that staff were sure they could provide the care required. We saw that a care needs summary was in place which detailed people's preferred routine and support and assistance required.

We saw that care plans had been devised which instructed staff in how to support people and took in to consideration people's preferences. We saw care plans for areas of support such as moving and handling, personal hygiene, pressure area care, eating and drinking and medication. Care plans were reviewed regularly to ensure they were current and relevant.

The service employed two activity co-ordinators who were responsible for ensuring people received social interaction. The activity co-ordinators made sure that one of them was available seven days a week. People we spoke with told us there were plenty of activities and there was enough to do. We saw an activity display board which indicated what activities were available, for example, knitting and crafts, discussion groups, gentleman's club, pampering, social events including coffee mornings and trips out to various places of interest. Entertainers were also invited into the home.

The service had an activity room which was set up for afternoon tea. This room was used for several events including a luncheon club. This mainly operated in the winter months when the weather was unsuitable to take people out for lunch. This was an opportunity to eat in a different area, with a feel of 'going out' for lunch.

The activity co-ordinator told us they were always looking out for new ideas. Activity co-ordinators in the company had a monthly conference call to share ideas and talk about the activities they had provided over the past month.

The provider had a complaints procedure which was displayed around the home. People we spoke with told us that they were able to raise concerns and felt they were addressed without delay. One person said, "I have no complaints." A relative said, "They [the staff] responded quickly to my concerns." Another relative said, "I raised little things like bedding going missing, and they have sorted it out." Another relative said, "I have not raised any concerns, not needed to, but I have given positive feedback."

We spoke with the registered manager who had a record in place to log concerns and was keen to learn from issues raised to develop the service. An analysis of concerns was completed every month to ensure issues were captured. The service did not have any outstanding concerns and had not received any

complaints within the last year.

Good

Is the service well-led?

Our findings

People we spoke with and their relatives were complimentary about the management of the service. One person said, "[name] is a very good manager, it's well run." Another person said, "You can suggest things if you think it could be done better." Relatives we spoke with said, "The manager is approachable," and, "They keep us informed and there are meetings."

The management team consisted of the registered manager who was supported by a deputy manager and a team of senior care workers. We spoke with staff who felt supported by the management team. One care worker said, "I feel supported by the manager and the senior's. The company want you to achieve and make suggestions." Another care worker said, "The manager makes time for us, listens to us and acts on what we say."

There was evidence of good leadership at all levels. Staff knew their roles and responsibilities and when to pass something on to the senior care worker. The registered manager was visible throughout the home and the staff team were well organised and knew who was in charge of the shift. This evidenced clear leadership at all levels.

We looked at management records and found that audits took place to ensure the service delivered was of the standard expected by the company. Audits were in place for areas such as, infection control, care planning, weight loss, pressure area care, accidents and incidents and medication.

In addition to these audits the service had an operational review visit which took place on a quarterly basis. This was completed by the provider and included areas such as, accidents and incidents and monitoring of any trends and patterns, appropriate referrals to other agencies, medication, environment, involvement of people who used the service and their relatives and care planning. An action plan was devised following the visit and we saw that where actions had been identified they had also been addressed in a timely manner.

The registered manager also completed a manager's daily check sheet. This included checking the environment, checking to see if staff numbers were appropriate and that they had been deployed correctly, chatting to people who used the service and their relatives and checking on care planning documentation and daily charts. This was recorded and any actions addressed.

We found that people had the opportunity to voice their opinions about the service and they told us they felt listened to. Meetings for residents and relatives took place frequently and we saw from the minutes of the meetings that the service had reacted positively to comments made. For example, at the meeting in September 2016 relatives wanted to know what staff were on duty when they visited the home. This was actioned by displaying staff photos, their role and name. This evidenced that people's views were important, listened to and acted upon.

A quality assurance questionnaire was sent out to people twice a year. This gave people who used the service, relatives, staff and other visitors to the home, the change to comment about the service. The

outcome of the survey was discussed at the residents and relatives meeting and displayed in the entrance of the home.

Since our last inspection of the service, there had been a change in the provider and the registered manager. The location had maintained the standard of our previous inspection. This showed that the audit process was effective and the service was well led.