Modus Care Limited

The Cherry Tree

Inspection report

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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

We inspected The Cherry Tree on 24 January 2019. The Cherry Tree is a "care home". People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Cherry Tree does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service supports up to four adults with learning disabilities and/or autism. There were three people living at The Cherry Tree at the time of our inspection all of whom had complex needs.

The service continued to have a registered manager in post. The registered manager was aware of their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

At the last inspection of the service in 2016, the service was rated "Good". At this inspection we found the service remained "Good". The service continued to be well organised and managed.

The Cherry Tree has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living at The Cherry Tree were living as ordinary a life as any adult. They had busy, active social lives which reflected their age and interests. Staff assisted people to keep in contact with their family and friends which helped to ensure they did not become socially isolated.

The provider had followed the Mental Capacity Act 2005 in assessing people's capacity to consent to their care. The provider made appropriate applications to deprive people of their liberty. Staff obtained people's consent before providing care or support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and their relatives were fully involved in planning their care. Care plans included information about people's abilities, likes, interests and background. People received care which met their individual needs from a consistent staff team who knew them well. The provider had effective systems in place to support people in relation to their behaviour which may challenge others. The care people received reflected their emotional as well as physical and mental health care needs.

People were protected from abuse and foreseeable harm. Risk assessments considered people's individual needs, strengths and areas where support was required. Support plans were in place which helped people manage the risks identified as safely as possible. Staff encouraged and empowered people to develop independent living skills.

Staff were kind and caring. They treated people with dignity and respect. Staff understood people's individual communication needs well and adapted the way they communicated accordingly. There was a

sufficient number of staff to support people safely, meet their needs and support them to go out into the community. The provider ensured staff had the necessary training, skills and experience to support people safely and effectively.

Staff encouraged people to have a balanced diet and a sufficient amount to eat and drink. Staff supported people to maintain good emotional, physical and mental health and liaised well with outside social and health care professionals. People received their medicines as prescribed.

Recruitment processes were robust and appropriate checks were conducted before staff began to work with people. Staff received essential training but also training specific to the needs of people they were supporting.

People were given opportunities to feedback on the care they received. The registered manager listened to and used feedback to improve the quality of care people received. Staff were involved in the development of the service.

The registered manager kept abreast of developments in adult social care and supporting people with learning disabilities. She understood what was required to provide good quality care and was effectively supported by the provider to do so. There were appropriate systems in place to assess and monitor the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

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 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.

This unannounced inspection took place on 24 January 2019. The inspection was conducted by one inspector.

Before the inspection we reviewed the information, we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke to the registered manager. We looked at the care records of the three people using the service. We also looked at other records relating to staff training, supervision and management of the service. Some people living at the home had complex needs and were not able to communicate their views and experiences to us. Other people preferred not to speak to us. We observed people's interaction with staff. After the inspection we spoke to two staff and three relatives.

Good

Is the service safe?

Our findings

Relatives were confident people were safe living at The Cherry Tree. They told us, "I have complete confidence in the staff and I know [The person] is safe", "I have no reason to think [The person] is not safe. If [The person] wasn't safe [The person] would tell me and I would have picked up on it" and "The staff work hard to ensure [The person] is safe."

The provider had clear procedures in place for safeguarding adults. Staff had received safeguarding training and their understanding of the training was checked by the registered manager. Staff knew how to recognise abuse and report it; they were clear about their role in relation to protecting people from abuse. Information was available to people on how to report any concerns and this was in an easy to read format.

People were protected from the risk of foreseeable harm. Risk assessments were in place to identify the risks to people in relation to issues such as self-injurious behaviour and accessing the community. Management plans clearly stated the action staff were required to take to reduce the risks identified. Staff were aware of the content of people's risk management plans and the registered manager had systems in place to check that staff were supporting people accordingly. The risk management plans in place showed that whilst supporting people in a way which ensured they were safe staff did not restrict them in any way. Despite the risks identified people were enabled to live fulfilling and active lives.

People were supported by a sufficient number of staff who had the right mix of skills and experience to help keep them safe and meet their personal care and social needs. Records indicated and we observed that people who required one-to-one staff support received that support. The registered manager also had arrangements in place to ensure the service was fully staffed in the event of unplanned staff absence.

The provider had a thorough recruitment process which was consistently applied. We found that appropriate checks were conducted on applicants before they began to work with people. These included Disclosure and Barring Service checks, requesting professional references and proof of an applicant's identity and right to work in the UK. Prospective staff were interviewed so the registered manager could assess their previous experience, and whether they had the aptitude to provide safe, effective and compassionate care to people. These measures helped to ensure that people were supported by staff who were suitable for their role.

People were protected from risks associated with their environment. The premises were clean and well maintained and infection control measures were in place. The kitchen surfaces and equipment were visibly clean and the food was stored and dated appropriately. Temperature checks for the fridges and freezers were recorded daily and were within an acceptable range. Staff had attended food hygiene training and understood food handling requirements.

Procedures in relation to people's medicines continued to be safe. Staff had received training in the safe administration of medicines and their competency to do so was checked by the registered manager. Medicines were stored, administered and managed appropriately. Medicines received into the home were

checked and recorded. Each person had a medicine profile in place recording their prescribed medicines, any allergies and contra indications to taking the medicines. Medicines were checked by two members of staff before being administered. The medicine administration records (MAR) we looked at were fully completed. The registered manager conducted regular medicine audits to check for gaps in recording or in the supply of medicines available. We checked records against stocks held and found them to be correct.

The registered manager had systems in place to record and monitor accidents and incidents. They used this information to improve the way in which staff supported people. For example, after a staff member had failed to give a person their medicine at the time it was due reminders were placed on the cupboard where medicines were stored. Also, staff were alerted that people's medicines were due by an alarm sounding.

Good

Is the service effective?

Our findings

People received effective care and support from staff because they had the skills, knowledge and experience to meet their needs. Relatives told us, "The staff are extremely competent" and "The staff have obviously been trained and know what they are doing."

In addition to basic training, staff also undertook specific training relevant to people's needs such as, training in learning disabilities and positive behaviour support. The provider had a system in place for monitoring when staff training was due. Newly recruited staff received a comprehensive induction which covered all mandatory training in topics such as infection control. Staff continued to received regular supervision and an annual appraisal. They also had the opportunity to obtain further qualifications relevant to their role.

The Mental Capacity Act (MCA) 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. Records showed the provider assessed whether people lacked capacity in relation to their care in line with the MCA. Assessments were decision specific for each person and identified if people lacked capacity in relation to areas such as administration of medicines. The provider made decisions in people's best interests through consultation with relatives and others involved in people's care, when they identified people lacked capacity. For example, a best interest meeting had been held in relation to one person and the need for dental treatment.

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). The provider applied for authorisations to deprive people of their liberty appropriately and recorded the details along with any conditions in people's care plans. This meant the rights of people using the service were protected and where people were unable to give informed consent, decisions were made in accordance with the law.

The registered manager and staff had received training in the MCA. They understood the main principles of the MCA and the importance of supporting people to make their own decisions. We observed that people made their own decisions about how and where they spent their time.

The registered manager ensured that peoples needs could be met by conducting a comprehensive assessment process that involved visiting people before they moved in to The Cherry Tree. This helped the registered manager to gather information about the person's background, needs, areas of independence and areas where support was necessary, aspirations and preferences in their daily lives. Family members and health and social care professionals were also consulted as part of the assessment process.

The premises had been adapted to meet the specific needs of people. One person had their own sensory

room. A specially designed sensory environment has been found to be beneficial to people on the autism spectrum. The registered manager told us the person had given their input on the colour scheme of the sensory room and enjoyed being in there. Another person who was working towards more independent living had their own self-contained area where they were able to cook, eat and watch television or spend time with relatives.

People were protected against the risk of poor nutrition and dehydration. They were encouraged by staff to choose a healthy, balanced diet and to eat a sufficient amount. People who preferred to prepare their own meals did so and those who required assistance were supported by staff. People chose what, when and where they ate.

Staff supported people to maintain good health. Care plans contained information about the support people required to manage their health conditions. Staff monitored people's health and well-being. The registered manager worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. The registered manager told us that care plans were reviewed immediately when there was a change in a person's health condition or circumstances. Where any changes were identified in people's needs, their records were updated so that staff had access to up to date information about how to support them.

Good

Is the service caring?

Our findings

People continued to be supported by staff who were kind and caring. We observed that staff were patient and respectful in their interaction with people. People were relaxed and comfortable with staff. Relatives told us, "The manager and staff are very caring. I can't fault them. They're lovely", "The staff are very committed. They go out of their way to make sure [The person] has everything they need" and "The staff are so kind to [The person]. I'm very grateful."

Care was provided in a way which ensured people's privacy and dignity were maintained. People's personal and confidential information was stored on a computer system and in a cabinet to which only staff had access. Staff were reminded at team and supervision meetings of their obligation to treat people with dignity, and to respect them and their privacy. There was sufficient space for people who preferred to eat alone to do so. Some people preferred to spend time alone and there were areas apart from their bedrooms where they were able to do this. People had locks on their bedroom and bathroom doors this was so that they could have their privacy when they wanted to be alone and to stop other people entering their private space when they went out.

Staff supported people to maintain their independence and improve their independent living skills. People were supported with the aspects of daily living they needed assistance with but encouraged to do as much for themselves as they were able. One person was able to prepare their own meals but had difficulty planning their meals so staff had prepared a detailed meal plan with them which they worked to.

People were supported by a consistent staff team who knew them well. Staff understood people's backgrounds, needs, routines and preferences. People received one-to-one support and if necessary were supported by two staff to go out and stay safe in the community. Staff understood people's communication needs and effectively supported people to express their views.

The provider ensured people were given information to help them understand the care and support choices available to them before they started using the service. This helped them understand what they could expect from the service. People and where appropriate their relatives, were involved in the care planning process and were fully consulted about how their care was provided. Each person had a key-worker who they met with as often as they wished to discuss their care and support needs. They also had the opportunity to give feedback on the support they received. These measures helped to ensure people felt their views mattered and that they were in control of the way their care was provided.

People were as involved in making decisions about their care as they were able. People's relatives and friends were made to feel welcome and were able to visit as often as they wanted to. Staff also supported people to visit their relatives. People chose what they wanted to wear and when and where they wanted to go out. People were consulted on the décor and furniture in the home. People's bedrooms contained items which reflected their age, personal taste and interests. Staff ensured that people were dressed in clean, weather and age appropriate clothes, and that people were well-groomed. This helped to maintain people's self-esteem.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. People appeared happy and relaxed. Relatives told us, "[The person] has everything they need. I couldn't wish for better care", "The staff do everything they can to make sure [The person's] needs are met" and "I'm very happy with the care."

People received personalised care because the process of assessing their needs was thorough and care plans were developed with people and relative's input. This helped to ensure that people's care plans accurately reflected their physical, mental, emotional and social needs and took into account people's personal history, preferences and interests. Staff regularly reviewed people's care plans with their input to ensure they reflected people's current needs.

People's care was planned and delivered by staff who understood their needs and knew how to meet them. Some people displayed ritualistic behaviour. One person's care was planned so that time was set aside at the same time every day for the person to carry out their ritual in private and without interference from staff. The registered manager told us, "[The person] has to do it so we've made sure it's part of their routine. [The person] is much calmer once it's done and then we can get on with the day."

People led full and active lives because staff supported them to be involved in daily activities which they enjoyed. Relatives told us, "[The person] is always out doing something. I'm really pleased about that" and "I think [The person] goes out most if not every day." One person liked cycling and went cycling with staff several times per week. Staff had arranged for another person to do voluntary work which reflected their interests. People chose how they wanted their personal spaces decorated and furnished. These areas reflected people's individual taste, style and interests.

Staff encouraged and supported people to give their views and make their wishes known. Staff were able to interpret non-verbal communication and cues to understand people's wishes. People had the opportunity to express their views and give feedback on the quality of care they received through monthly surveys called "My View" and one-to-one meetings with their key-worker. People had the opportunity to change the way their care was provided during these meetings. When they did so their care plans were updated accordingly.

The provider continued to have an appropriate complaints procedure in place. Although the provider had not received any complaints since our last inspection, there was a system in place to ensure that complaints would be recorded, investigated and responded to. The registered manager and staff ensured that people knew how to make a complaint by reminding people during one-to-one meetings. Additionally, information about how to make a complaint was displayed in the communal hallway in an easy to read format.

Good

Is the service well-led?

Our findings

The service continued to have a registered manager. 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 registered manager was aware of their registration responsibilities and submitted statutory notifications as required about key events that occurred at the service. This was important as it enabled the CQC to check the provider took appropriate action to ensure people's safety and welfare in these instances.

The registered manager had worked in the adult social care sector for many years and had a good understanding of what was required to provide good quality care to people with learning disabilities. She was keen to ensure that people using the service had positive experiences of receiving care and were supported to lead healthy, active and happy lives. The registered manager was approachable and accessible. People were comfortable with her. The service was well-organised and managed which meant that people felt safe and received consistently good care from a skilled team of staff.

The registered manager ensured there was good liaison with people's families, social and healthcare professionals and the local authority commissioning teams and acted on their feedback to improve the service. Relatives were complimentary about the way the service was run and had confidence in the registered manager and his staff. Relatives told us, "The registered manager and staff do a good job", "The staff have established a good routine. Everything seems to be organised and [The person] is happy living there. I think the manager is very good and it's a good home."

There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role and had the opportunity for personal and professional development. The registered manager felt well-supported by the provider.

Internal auditing and monitoring processes were in place at manager and provider level to identify any shortfalls and to drive improvement. Records demonstrated that the provider closely monitored service provision. Any areas for improvement were identified in an action plan and their progress was followed up. Where shortfalls in service quality were found, there was evidence that corrective action had been taken in a timely manner. For examples, a recent fire risk assessment had identified deficiencies in fire safety. We saw evidence that prompt action was taken to remedy these deficiencies. The registered manager undertook regular quality audits. These included checks of care plans and electronic care records, medication, health and safety and infection control.

We requested a variety of records relating to the people using the service, staff and management of the service. People's care records, including their medical records were comprehensive, fully completed and up

to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located. This was another indication the service was well-managed.