Home from Home Care Limited

Cherry Tree Lodge

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

This inspection took place on 12 October 2016 and was unannounced.

Cherry Tree Lodge specialises in the care of people who have a learning disability. It provides accommodation for up to nine people who require personal and nursing care. On the day of our inspection there were nine people living at the home.

At the time of our inspection there was a registered manager in post. 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.

We found that staff interacted well with people and people were cared for safely. The provider had systems and processes in place to safeguard people and staff knew how to keep people safe. Risk assessments were in place and accidents and incidents were monitored and recorded. Medicines were administered and stored safely. Arrangements were not in place to ensure appropriate advice was sought where people required their medicines to be given in food. We have made a recommendation about the providers medicine policy.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).If the location is a care home the Care Quality Commission is required by law to monitor the operation of the DoLS, and to report on what we find.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals such as a dietician and GP. Staff were kind and sensitive to people when they were providing support. Staff had a good understanding of people's needs. People were supported to pursue leisure activities and access local facilities.

Staff were aware of people's need for privacy and dignity and made arrangements to provide this.

People were supported to eat enough to keep them healthy. People had access to drinks and snacks during the day and had choices when planning meals. Where people had special dietary requirements we saw that these were provided for.

There were sufficient staff available to meet people's needs however staff retention had been problematic. Staff were provided with training on a variety of subjects to ensure that they had the skills to meet people's needs.

Staff felt able to raise concerns and issues with management. A process for raising concerns was in place. People and relatives knew how to complain and the provider recorded and monitored complaints.

Audits were carried out on a regular basis and action put in place to address any concerns and issues.

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.

Medicines were stored and handled safely. Arrangements were not in place to ensure appropriate advice was sought where people required their medicines to be given in food.

There were sufficient staff to meet people's needs.

Staff had received training and were aware of how to keep people safe from harm.

Staff were aware of risks to people and knew how to manage those risks.

Is the service effective?

Good

The service was effective.

Staff had received training to support them in their role.

People were supported to eat a balanced diet and had access other health professionals and services.

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

Is the service caring?

Good

The service was caring.

There was a warm and pleasant atmosphere in the home and staff were kind and caring to people.

People's privacy and dignity was protected and staff were aware of people's individual need for privacy.

Is the service responsive?

Good

The service was responsive.

People were supported to pursue leisure activities.

People had their needs regularly assessed and reviewed.

People were supported to raise issues and concerns. Relatives knew how to complain and would feel
able to if required.

Is the service well-led?

Good

The service was well led.

Staff felt supported. Processes were in place to communicate with people and their relatives and to encourage an open dialogue.

Processes were in place for checking the quality of the service.

There was an open culture in the home.

Cherry Tree Lodge

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 inspection took place on 12 October 2016 and was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is a person who has had experience of similar services.

Before the inspection, the provider completed a 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 reviewed the information we held about this home including notifications. Notifications are events which providers are required to inform us about.

During our inspection we observed care and spoke with the registered manager, the home manager, the locality manager and four members of care staff. We spoke with eight people who were living at the service, however they were not always able to tell us verbally about their experiences. We also spoke with two relatives by telephone following the inspection. We looked at three care plans in detail and records of training, audits and medicines. We also reviewed issues which had been raised with us regarding the service.

Good

Is the service safe?

Our findings

Although medicines were administered safely, the medicines policy was not in line with current guidelines. Two people had their medicines crushed so that they could manage to take them more easily, however although the GP had been consulted a pharmacist had not been consulted for one of these people. This is important to ensure the effect of the medicine is not affected by administering it by this method. We looked at the provider's policy and saw it did not include seeking advice from the pharmacist. A process was not in place for staff to ensure that people's medicines were not affected by the method by which they were given. People were at risk of medicines not being effective because a process for checks was not in place. We spoke with the registered manager who said they would address this issue. Following the inspection the provider informed us that they had amended their policy and provided a copy for us to review. However we observed the policy still required further amendment. On the day of our inspection we also observed that the identification sheets in the MARs folder did not include allergies. This meant it was difficult to check what allergies people had and if they were correct in the MARs. There was a risk that staff would not have access to up to date information about allergies and people would be given medicines which they were allergic to. Following our inspection the provider informed us of the process they had for recording allergies on both the MARs and the hospital transfer forms.

We recommend that the provider consider current guidance and reviews their policy and practices with regard to people receiving their medicines in food.

Where people required medicines on an as required basis for example paracetamol for pain relief protocols were in place to support staff to understand when to administer the medicine. Medicines were stored in locked cupboards according to national guidance. Medicine administration records (MARs) were completed fully and systems were in place to ensure that the member of staff who gave medicines could be identified. This facilitated a check in the event of a medicine error. Regular checks were in place to ensure that medicines were stored and administered safely. Staff told us that they received regular training on the administration of medicines. We saw from the records that staff had completed training.

A member of staff told us that staffing levels were good. They said they had enough staff to provide support on a one to one basis if this was required. Both relatives we spoke with told us there had been issues with staffing, they said there had been a lot of staff changes and this had affected the continuity of care at the time. However they told us that this had now improved. We saw this issue had also been raised by relatives in the 2015 survey. We looked at information about staff retention and found that from September 2015 to August 2016 29 people had left, the majority of which had not been with the provider for more than 6 months. The registered manager told us they had tried to increase the training and support provided to people in order to improve retention. The provider had a recruitment process in place which included carrying out checks and obtaining references before staff commenced employment. This was in place to ensure that staff were suitable to work with people.

Relatives told us that they felt their family member was safe. People who used the service told us they were happy living at the home. Staff we spoke with were aware of what steps they would take if they suspected

that people were at risk of harm. Staff were aware of how to report an incident both internally and externally to the provider. We saw from the training record that training about safeguarding had taken place. The provider had safeguarding policies and procedures in place to guide practice. We saw that regular reports were submitted to the local authority regarding any safeguarding issues and concerns.

Individual risk assessments were completed for people who used the service and included guidance on their care needs in order to manage the risk and facilitate their independence. For example, risk assessments were in place where a person was at risk of choking. We observed guidance was in place to assist staff with supporting the person. During the day we observed staff supporting them according to their plan of care.

Each person had an emergency plan in place in the event of an unexpected event such as a fire or flood. Staff were familiar with the risks and were provided with information as to how to manage these risks and ensure people were protected. Accidents and incidents were recorded and investigated to prevent reoccurrence.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff told us that they felt they received appropriate training to enable them to care for people. One member of staff told us, "The training is really good."

An induction process was in place for staff who had been newly appointed by the provider. The induction was in line with national guidance as the provider had introduced the Care Certificate. This is a new training scheme supported by the government to give care staff the skills needed to care for people. The induction included both formal training and opportunities for staff to shadow established staff members. Staff told us they found this opportunity really useful to them. Where people had specific needs training and advice had been sought to support staff with people's care.

We saw a training plan was in place and had been updated to reflect what training had taken place and what training was required. Training was monitored by the provider and the registered manager received regular reports to ensure that staff were accessing the training they required. The training included statutory training such as fire and health and safety and also topics which were specific to people's needs such as communication. There were a number of specialist trainers employed by the provider whom staff could have access to such as a behaviour support teacher. These staff provided training and support to implement training to ensure people were using their skills appropriately.

Supervision was provided on a regular basis and staff told us that they had received this and found it useful. They said that they provided an opportunity for staff and managers to review performance. There was a plan in place to carry out appraisals for this year from October 2016 to March 2017.

People told us the food was good. People were involved in planning the menu on a weekly basis, however staff told us if people decided on the day they wanted something different they could usually change the meal. We saw one person preferred to do their own shopping and was supported to prepare their meals separately. Where people had specific nutritional needs we saw that plans and assessments were in place to ensure that their needs were met.

We observed lunchtime and saw that staff sat with people and chatted with them. People were supported on an individual basis to eat lunch as they chose, for example a person preferred to stand whilst they ate and staff supported them to do this. People had access to drinks and snacks during the day.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff. Physical health assessments had been carried out and we saw that people had accessed health screening. The provider had made appropriate referrals when required for advice and support. Where people had specific health needs, advice and support had been sought. Care records detailed what support people required to support them with their health needs. We saw records of appointments and intervention from other professionals in the care records such as occupational therapy and dentist.

Staff understood about consent and told us that they would always seek people's involvement in consenting to care. Where people required health interventions appropriate consent had been sought. Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005 (MCA). The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity a person making a decision on their behalf must do this in their best interests. We observed meetings had taken place which involved a range of people including the local authority and people's representatives to consider what was in people's best interests.

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. The service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of people using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. At the time of our inspection nine people were subject to a DoLS.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support they received. One person told us, they felt happy and safe. A relative told us, they felt all their relative's needs were fully met. One relative told us, "The standard of care is good."

We saw that staff interacted in a positive manner with people and that they were sensitive to people's needs. During our inspection we observed a person came into the registered managers' office and appeared very comfortable in there. Staff welcomed the person and said they often came into the office and used the computer. Later in the day we observed the person in the office being assisted to use the computer.

People were treated as individuals and allowed to express their views as to how their care was provided. For example we saw in a care record a person liked to be wakened in the morning with a cup of tea. However the record also stated, "If I ask you to leave, leave." Another record said that a person preferred a bath to a shower and liked to have baths during the day. A member of staff told us, "I have been able to develop caring relationships with people." As part of the recruitment process people were encouraged to meet with candidates for jobs to try to ensure that people were comfortable and able to interact with potential staff.

Staff knew people's individual preferences and were able to interpret their needs when people were unable to communicate verbally. For example a person greeted us with gestures and staff explained how to respond. We observed that when staff and visitors responded as directed the person became very animated and interacted with staff and visitors. We saw a range of communication methods were used by staff both informal such as gestures and touch and also formal systems such as Makaton. Another person attempted to remove a biscuit from a person. We observed that staff were aware of this happening and intervened calmly and appropriately without upsetting either of the people. A relative told us that although their family member was unable to communicate verbally staff used their observations of their demeanour in order to ensure they were involved in making decisions about their care.

We observed staff giving people choices for example, a person wanted to watch a DVD but was unable to verbally communicate their choice. We observed staff provided a range of DVD's for the person to choose from and check when they had made their choice that they had got the right one. A member of staff told us they offered people choices in different ways according to their needs. For example when choosing breakfast cereals one person needed support to find the appropriate kitchen cupboard but would then be able to open it and choose which breakfast cereal they would like. Whereas another person would need the cereals to be provided in a line so that they could choose which breakfast they wanted. We observed a person being given their medicines and the member of staff asked them which colour tablet they would like first and administered them according to their choice.

We saw that caring relationships had developed between people who used the service and staff. For example, a person had been supported to attend the dentist in the morning. The staff member who accompanied them the person had taken two toys to this appointment. They said they had used the toys to encourage the person to sit on the dentist chair at this appointment and that the visits would be developed

slowly in order to build up the person's confidence. They told us that after the appointment they walked along the riverbank and fed the ducks to assist the person to relax.

Where appropriate people had access to lay advocacy services. We saw this had usually occurred when there was a specific issue, for example when a person required support with their finances, rather than on an ongoing basis. Lay advocacy services are independent of the service, family and local authority and can support people to make and communicate their wishes. They are particularly important where people do not have or want the support of family members. The provider also facilitated a self-advocacy group where people were encouraged to speak out and raise issues about anything which was affecting their lives.

Staff observed the right for people to have their own space within their home, for example we asked people in the home if we could see their bedrooms and they declined. Staff respected their choices and said they were very protective of their personal areas. Staff spoke discreetly to people and asked them if they required assistance before providing it. We observed staff knocked on people's bedroom doors before entering and asked if it was alright to come in.

Good

Is the service responsive?

Our findings

We saw there were a number of planned activities which happened on a regular basis such as swimming, however if people chose not to take part in these there were other activities available such as cooking, relaxation and craft. Some relatives raised concerns about activities as they felt their family member did not participate in many activities. However we observed that people were offered the opportunity to take part in activities throughout the day but that staff were led by people's choices. We saw if people did not want to take part in one of the fixed activities they were not forced to do so and staff found them an alternative activity which they wanted to do. The registered manager told us that they tried to provide activities according to what people wanted, on a flexible basis.

We observed a cooking session in the afternoon and saw that although not everyone in the kitchen were involved in the actual cooking people were interested and engaged with the activity. A staff member told us that the home was well placed to access public transport and local facilities so that people could be supported to access the local community. One person who liked steam trains had visited a local steam railway with staff and another person was planning a holiday.

Staff that we spoke with were knowledgeable about people's likes, dislikes and the type of activities they enjoyed and supported people to access these as they chose. For example, a person enjoyed touch and music. We observed that a member of staff supported the person to play hand drums which they seemed to really enjoy. Relatives told us that they felt welcomed at the home when they visited their family member and that people were supported to keep in regular contact if they wished to by telephoning, visiting their relative or by computer. A relative we spoke with told us they often rang their family member however if they did not want to speak with them when they phoned they said that staff respected the person's wishes and explained this to them. The registered manager told us that they tried to ensure that feedback was provided to relatives on significant issues with the person's agreement. A relative said, "We are very involved and work collaboratively."

The registered manager told us that people were involved as much as they were able and wished to be involved in compiling and reviewing their care plans. They told us that staff supported people to revise and review their care plans regularly by checking with them that their care plans reflected their needs. The home operated a core team approach where specific staff took the lead in ensuring a person's care and support met their needs. Meetings were held regularly and where possible people were involved in these meetings to ensure they had input into the care planning process.

We looked at care records for people who used the service. We saw that the format of care plans was being revised and where people's care records had been completed in the new format these had been completed with people and their relatives where appropriate. Records detailed what choices people had made as part of their care and who had been involved in discussions about their care. For example, a record detailed how a person liked to take their medicines. We saw that care records had been reviewed and updated on a regular basis which ensured that they reflected the care and support people required.

House meetings which involved people who lived at the home were held so that people could raise issues if they wished. In addition core meetings were used to review whether or not people were happy with their care.

Relatives told us that they would know how to complain if they needed to but that they hadn't had cause to do so. They said that the staff would always discuss issues with them. A survey had also been carried out with relatives in 2015 to understand their opinions about the service. The complaints procedures was available in words and pictures so that people were more able to access it. The registered manager kept a log of complaints and reviewed this on a regular basis in order to identify and trends. At the time of our inspection there had been not been any recent complaints.

Good

Is the service well-led?

Our findings

Staff understood their role within the home and were aware of the lines of accountability. Staff told us that they thought there were good communication arrangements in place which supported them in their role. They told us that they felt supported in their role and would feel comfortable raising issues with the registered manager. The registered provider had arrangements in place to provide staff with emotional and professional support if they required it. A member of staff said, "I enjoy working here."

We found that the registered manager and home manager were visible, knew their staff and the people in their care. The people who used the service and their relatives that we spoke with knew who the registered manager and home manager were and knew them by name. A relative told us, that things in the home had improved recently. They said that previously there had been a lack of leadership but this had now been addressed.

The home manager had a flexible approach to the running of the service. For example they told us that when possible they would alter the staffing arrangements within the current resources in order to be able to meet the demands and activities of the service. They told us that recently they had obtained additional support for a person to provide more time for them to go out of the home on activities.

The registered manager told us they were responsible for undertaking regular checks of the home. Checks had been carried out on areas such as infection control, medicines and health and safety. We saw the records of the checks identified when actions were required and when changes had been made to improve the quality of the service. Care records were in the process of being revised to improve the format and ensure that they included the required information so that staff were able to care for people appropriately.

The provider encouraged regular feedback and used a variety of methods to ensure that people, relatives and visitors were able to comment on the service and were kept informed. House meetings were held on a regular basis however the home manager told us they encouraged people to raise issues on an adhoc basis so they could be resolved as soon as possible. Other methods included questionnaires and regular telephone calls with relatives. Records were maintained of these and we observed that where issues had been raised actions had been put in place to address them. The registered provider produced newsletters to staff and relatives on a regular basis which included information about quality checks, staff training and opportunities for staff.

Staff meetings were held regularly and staff told us that they felt able to raise issues and felt listened to. We looked at minutes of staff meetings held on 3 October 2016. Issues such as the role of staff and feedback from quality checks had been discussed.

The service had a whistleblowing policy. Staff told us they were confident about raising concerns about any poor practices witnessed. The relatives we spoke with told us that they would be happy to raise any concerns they had. One relative who had raised issues told us they were addressed.