

Aitch Care Homes (London) Limited

Cherrycroft

Inspection report

59 Crowstone Road
Westcliff On Sea
Essex
SS0 8BG

Website: www.regard.co.uk

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11 September 2018

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05 October 2018

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 Cherrycroft on the 11 September 2018.

Cherrycroft is a residential care home for up to ten people with learning disabilities and may have mental health issues. At the time of our inspection eight people were using the service. The service had spacious living areas and was set over two floors with a lift in place should this be needed. The service was set in a residential area with easy access to the local community and has a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service 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 with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care.

Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Cherrycroft

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 the 11 September 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we 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.

During our inspection we spoke with two people, a relative and observed three people. We spoke with the manager and three care workers. We reviewed two care files and medication records, two staff recruitment files, audits and policies held at the service.

Is the service safe?

Our findings

A relative told us, "We are very happy with Cherrycroft and [person name] is very happy here." One person told us, "I like living here, they look after me okay and it is nice and quiet."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "If there was a safeguarding issue I would tell the manager and contact the local council." Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. The manager protected people from financial abuse and supported people to manage their money. We saw evidence of audits of people's finances and where necessary some people had their money managed through guardians.

The manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. Staff told us that there were enough staff available and we saw that people's needs were attended to promptly. People received care from a consistent staff team and if agency staff were needed they used the same staff that knew people well. Staff recruited were suitable for the role they were employed for. Staff files we reviewed contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff were suitable to work with vulnerable people.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered road safety, managing money, environmental risks and challenging behaviour. The service had emergency plans in place and this included guidance to staff on fire evacuation procedures. Each person had a personal evacuation plan and staff undertook regular fire evacuation training. Staff knew how to raise the alarm if somebody suddenly became unwell and they needed immediate assistance from medical services for example by calling for an ambulance or paramedic.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the manager to follow and for day to day repairs the manager accessed a local maintenance person. Should the service need to be evacuated the manager had procedures in place with 'grab bags' available containing all the relevant information to keep the service running. The manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Medicines were managed and administered safely. Only trained and competent staff administered people's medicines. Medicines were stored safely in accordance with the manufactures guidance. Regular audits were completed and policies and procedures were up to date.

Is the service effective?

Our findings

The manager told us they monitored staff training to ensure staff were kept up to date and met the providers requirements for annual training renewals. Staff were able to book themselves onto training to complete additional courses that may help them to develop their role and skills. One member of staff told us, "I recently attended a training session on sepsis, it was really good and I now know the signs and symptoms to look out for and when to seek further medical help."

New staff were given a full induction into the service. One member of staff told us, "When I first started I had time to read people's care plans and go through policies. I worked with other staff so I could get to know people." Staff told us that they received support from the manager with regular meetings, supervision sessions and yearly appraisals.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We saw assessments of people's capacity in care records this told us people's rights were being protected.

People had enough to eat and drink. Staff helped people to make healthy choices and prepared food for people or assisted them in making their own food. Each week staff discussed with people what foods they would like to have and planned menus. Staff then went shopping with people to buy the food. Where appropriate pictures were used to help people express what they wanted.

Throughout the day we saw people had access to food and drinks as they wished. Staff told us that people made their own choices about what they wanted to eat so that not everyone had to eat the same meal if they wished to have something different. Where appropriate people used adapted cutlery and plate guards so that they could manage their food independently.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as GPs, dentist and foot health practitioners. The manager told us for eye tests they had a visiting optician. If people needed to attend hospital appointments the manager arranged this in conjunction with people's families. One relative told us, "We like to attend all the hospital appointments."

The environment was appropriately designed and adapted to support people. The service was spacious,

people had their own large rooms with ensuite facilities. We saw that all the rooms had been individually decorated the way people wanted them. The manager had kept the service updated with an on-going maintenance and redecoration program.

Is the service caring?

Our findings

One person told us, "This is the best home I have ever lived in." A relative told us, "We have no concerns everything is very good here."

Throughout the inspection we saw staff had positive relationships with people. Each person had a keyworker and an associate worker who were responsible for making sure all their care needs were accommodated. We saw that support plans were very individual and person centred explaining how people liked to be supported and spend their time. Staff we spoke with had a good understanding of how people wanted to be supported and what they enjoyed doing. One member of staff told us, "[Person name] likes sensory activities, we were doing messy play earlier, sometimes they like to go to the quiet lounge and I put on the sensory lights whilst they watch one of their favourite programmes." We had observed the person earlier enjoying messy play with the member of staff where they were very animated smiling and waving when we approached them.

There was a relaxed atmosphere at the service and we saw that people were freely interacting with staff. People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. Relatives could visit at any time if they wished to see people, and staff also arranged to take people to visit their relatives. People's diverse needs were also supported and if people wanted to access religious support this was arranged for them.

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff encouraged people to be as independent as possible whilst supporting them with their preferences on how they wished to spend their time. One person said, "Staff help me to make tea for myself and clean my room." Staff also recognised that some people liked to have private time in their rooms and this was written into their care plans so that this could be managed safely. One member of staff said, "We encourage independence, dignity and respect and support people to develop their life skills."

Is the service responsive?

Our findings

People continued to receive care that was individual and personalised to their needs. Support plans were regularly reviewed to ensure that they remained relevant and contained the most up to date information. Information was easily accessible to staff and showed them how people preferred to be supported. Documentation was set around individual people's daily goals and how staff could support them to achieve these. Before people came to live at the service the manager completed a full assessment of the person's care needs. People were also able to spend time at the service so that they could get to know staff and staff could get to know them.

The service continued to be responsive to people's changing needs. People's care needs were kept under constant review and adjusted as required. For example, where some people who have epilepsy it was found that alert bracelets were ineffective at letting staff know a seizure was taking place when they were having private time in their room. To address this, they now have a monitor where staff are able to wear an ear piece and can then recognise from the sound if people need to be checked due to possibility of having a seizure. This meant staff could protect people's privacy whilst still monitoring their care needs safely. We saw where one person had managed to trap their finger in a door that was closing, door guards have now been fitted to prevent this from happening again.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate in whatever form they found comfortable. We saw in people's care plans it was recorded what methods of communication supported their needs best. Some people communicated with words and sounds while others used visual prompts, body language or pictures. Where people benefited from using sensory equipment the service had some sensory equipment. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as visiting the cinema, bowling, trampolining or trips out to places of interest. We saw that some people liked to attend fitness activities and had been out cycling on the day of our inspection. One person told us, "I like to go shopping with my key worker and tonight I am going belly dancing." The manager told us that people were also supported to go on holidays of their choice and two people had recently been away for an activity holiday. There was internet access at the service for people and we saw that some people liked to use their computers to follow their interests.

The manager had a complaints procedure in place. We reviewed the complaints register and saw complaints were fully investigated.

Nobody at the service was on end of life care, however the manager told us that they had previously accessed palliative care support from the GP and staff were able to support people at the end of their life.

Is the service well-led?

Our findings

The service had a newly appointed manager who had previously been the deputy manager at the service, so knew people well. They were in the process of being registered with the care quality commission. 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.

Staff shared the manager's vision for the service. One member of staff said, "We want to promote independence and where possible help people develop their life skills so that they can move on to supported living if possible." Another member of staff said, "We want people to be independent to have choices and their rights supported."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the manager, they had regular staff meetings and felt they could discuss anything in these and that their ideas would be listened to. Staff also told us that they had a handover meeting every shift to have updates on any changes to people's care needs. One member of staff said, "You really feel part of a team here, all the staff have the best interest of people and we work really well together to support them." This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The manager gathered people's views on the service on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires and meetings with people. We reviewed minutes of meetings and saw they discussed menus, activities, the environment and general health advice such as remembering to apply sun cream. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. There were good links from the service into the local community and staff encouraged people to access fully all the facilities available in the community.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits and this information was used as appropriate to continually improve the care people received. In addition, the provider had locality managers who regularly attended the service to review the care and standards to ensure people's needs were being met. We saw copies of their audits and saw where actions plans had been developed for example to address damp in a shower this was being actioned by the manager.