Kirklees Metropolitan Council

Cherry Trees

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 Cherry Trees on 31 October and 5 November 2018.

Cherry Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cherry Trees provides respite accommodation and personal care for up to eight people over the age of 18 who are living with a learning or physical disability and/or autism. On our first inspection visit, there were 3 people at the service and on our second inspection visit there were 6 people using the service.

At the last inspection in 14 March 2016 the service was rated good overall. 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.

Why the service is rated good.

The registered manager provided clear leadership and guidance but there were areas where management's oversight could be improved. These included, analysis of accidents and incidents, complaints and mental capacity assessments. After the inspection the registered manager developed and sent us an action plan detailing how they were going to implement the improvements needed.

Systems were in place to ensure people remained safe whilst promoting their independence. Risks to people had been adequately identified and measures put in place with guidance for staff to mitigate the risk of harm. We found there were sufficient staff available to meet people's needs and a robust process to ensure safe recruitment.

People using the service told us they felt safe. Feedback from relatives and our analysis of records confirmed this. Medicines were administered safely and the systems in place to check and monitor the recording of medicines were up to date. This helped ensure that any errors would be identified in a timely manner. The care home premises were suitably maintained with a range of health and safety checks so the environment remained safe for people.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives in the least restrictive way possible.

People were supported to have food and drink they liked. There were suitable arrangements for the provision of food to ensure that people's dietary needs and preferences were met.

People and relatives were positive about the staff. People received consistency of care and staff knew the people they supported. People were supported to do activities they were interested in.

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing. People were provided with personalised care and support. People's needs in relation to the protected characteristics under the Equality Act 2010 were taken into account in the planning of their care. People's communication needs were considered.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of support workers, deputy managers and registered manager. Staff spoke positively about working at the home. There were systems in place to monitor and improve the quality of the service.

The provider gathered feedback from people, staff and professionals and communicated openly with them. The provider responded appropriately to concerns and complaints.

The service was focussed on providing high quality care that enhanced the wellbeing of people and families using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains good.

Good

Is the service effective?

The service remains good.

Good

Is the service caring?

The service remains good.

Good

Is the service responsive?

The service remains good.

Good

Is the service well-led?

The service remains good.

Good

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 was planned to check whether the provider was 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 comprehensive inspection took place on 31 October and 5 November 2018; our first inspection visit was unannounced. One adult social care inspector carried out this inspection.

Before the inspection, we reviewed all the information we had about the service including previous inspection reports and notifications received by CQC. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. The provider sent us 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 discussed this information during the inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with four people using the service and four relatives. During our inspection we observed how staff interacted with people who used the service while they were in the communal lounge, dining room and activities room. We received feedback from three healthcare professionals that had worked with the service.

We spoke with five staff; this included the registered manager, deputy manager and care workers. We looked at support records for three people using the service including support plans and risk assessments. We looked at two medicine administration records. We reviewed the home's training and supervision matrix, looked at training, recruitment and supervision records for three staff. We looked at minutes of team meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Good

Is the service safe?

Our findings

The home continued to provide safe care.

People told us they felt safe when using Cherry Trees. Comments included, "Yes, I feel safe;" "I feel very safe in here because staff are always around" and "When it's quiet and nice I like it." Relatives felt their loved ones received safe care. Their comments included, "Yes, definitely safe" and "I can go on holidays and know [person] is in safe hands."

The service had policies and procedures in relation to safeguarding and whistleblowing that reflected local procedures. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "I would contact my manager" and another commented, If [the concern] was not dealt with I would go above or to [local safeguarding team]." The registered manager was aware of their responsibility to liaise with the local safeguarding team if safeguarding concerns were raised and they had additional training in managing safeguarding concerns. The registered provider kept a record of incidents and near misses that had not reached the threshold of a safeguarding concern and were considered a managed concern. We reviewed this information and we were reassured previous incidents had been managed well.

There were arrangements in place in case of an emergency. Each person had an up to date personal emergency evacuation plan which detailed what staff should do if the person had to be evacuated during the day or during the night. The home had fire protection equipment and signage. Due to the nature of the service, the level of need of people staying at the service fluctuated and when we reviewed the fire risk assessment we saw the evacuation arrangements stayed the same. We discussed with the registered manager if current arrangements were workable when people that required 1:1 support were at the service. The registered manager sought advice from the provider's fire advisor officer and on our second inspection day we saw that the service's risk assessment had been reviewed.

People who used the service had a wide variety of needs relating to their learning and physical disabilities. Risks to people had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. These included risks related with moving people,
behaviours they presented and health conditions such as epilepsy. For example, one person using the service had considerable difficulty in assessing the risks when using the water taps and was at high risk of being scalded; the provider put plans put in place to ensure appropriate supervision was provided by staff when this person accessed the kitchen and bathroom.

Some people using the service needed support with managing their finances while receiving respite care and the service was providing this support in a safe way. The provider had a clear procedure to check in people's money on arrival at the service and every time funds were used. Daily checks were done by two staff members and any concerns reported.

Accidents and incidents were recorded by staff and sent to the registered manager for review. Action was taken to respond where appropriate to ensure incidents did not reoccur if preventable. The registered manager told us they kept an oversight of all accidents and incidents and when trends were identified, action was taken. For instance, on two occasions medication errors were identified by night staff during their routine checks but due to being very late at night they had to wait until the next morning to seek appropriate advice; now these routine checks were being done at the beginning of the shift to ensure advice was sought as soon as possible. The registered manager was not keeping a record of their analysis of trends and patterns and we discussed the importance of evidencing the work they were doing. After the inspection, the registered manager showed us an action plan they had developed which included actions to address this area.

Systems were in place that showed people's medicines were managed consistently and safely. Staff had received training in medicines management and had their competencies checked regularly.

Staffing numbers were suitable to meet people's needs. The registered manager told us staff rotas were based on the current level of need, and amount of time and support each person needed. The registered manager told us the home had a consistent team of flexible staff and their use of agency staff was very reduced. People, relatives and staff told us that staffing levels were safe. The home had safe recruitment processes in place.

The home was clean, pleasant and met the environmental needs of people living there. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. One healthcare professional told us, "I also think they provide a safe environment for Service Users staying at Cherry Trees."

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. (DOLS) were being followed at the home but record keeping in relation to mental capacity assessments required improvement. For example, we reviewed the records of care for one person who had several best interest decisions but some of the correspondent mental capacity assessment had not been completed. We saw DOLS applications had been approved and CQC had been notified through the statutory notification process. Staff told us that they had received training in the principles of the Mental Capacity Act and the training matrix provided evidence of the dates that this training was completed.

Staff had been provided with training appropriate for the roles they were performing. One person told us, "[Staff's name] should get a staff award, [they are] brilliant in their job." One relative said, "[Staff] seem to be [well trained], they seem to know what they talk about." One health professional told us, "Care staff were welcoming and knowledgeable and managers available when needed." Training provided included positive behaviour support, food hygiene, infection control and health and safety. Some staff had also been provided with equality & inclusion and communication training. Staff had also been provided with specific training about diabetes delivered by one of the service users who was living with the condition.

Staff were well supported by regular supervision meetings with their line manager. Staff told us, "[Supervisions] are good, I feel supported" and "They [supervisions] are constructive, they listen to you."

People were supported with their meals and drinks and choices were offered. One person told us, "Food is good, I enjoy it" and another one commented, "It would be nice to have a proper chef, but last night ['s meal] was good." The registered manager told us the service had been unable to recruit a cook for several months. We saw the arrangements in place were appropriate and flexible in meeting people's needs and preferences. The kitchen area was well organised and clean and there was a pictorial menu to help people choose what they wanted to eat. The home catered for people who required halal meals or whose health conditions required a specific diet such as celiac, gluten free or diabetic.

People were well supported with their physical health care needs. The care records we saw contained information about any visits and advice from healthcare professionals. One healthcare professional told us, I find staff at Cherry Trees receptive to professional advice and are willing to work along with [healthcare professional's team] to ensure best services and support is provided to meet all who access Cherry Trees for respite needs are met."

The home's environment was bright, clutter free and was well ventilated. Corridors were wide allowing easy wheelchair access. People's bedrooms were plainly decorated and the registered manager told us that due to people's short stays their bedrooms weren't personalised for each person however people were encouraged to bring any belongings that would make them feel more comfortable at the home. The registered manager told us of their plans to redecorate the home and build new areas in the garden that will widen people's choices of activities when staying at Cherry Trees.

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We asked people if they thought the staff team were kind and caring and all gave positive feedback. One person said, "[Staff] are amazing because they always look after me." Relatives views coincided; one said, "They are lovely people" and another commented, "Yes, they are very nice, everybody we see are very nice people."

We observed staff were consistently reassuring and showed kindness towards people when providing support. Interactions between staff and people staying at the service were relaxed. It was evident that people felt comfortable in the presence of staff. We observed one person talking with a staff member about a medical appointment they had to attend and how they felt about that; the staff member showed genuine interest for the conversation and reassured the person in a calm way. We heard the registered manager speaking with a relative on the phone and it was clear they had an established positive relationship.

People's records of care were written in a caring way. For instance, one person's care plan indicated, "[Person] is a caring and sensitive young [person] who has an abundance of enthusiasm for life." Another person's records indicated, "[Person] is a gentle individual who enjoys singing and music."

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff described to us how they promoted people's dignity when delivering personal care. One staff member explained how they "keep door closed, curtains and blinds shut, and ask [people] what they want" when providing personal care. The registered manager told us and we saw evidence of how they monitored that staff were respecting people's dignity and confidentiality through regular observations. The service had recently designated a staff member to become their dignity champion and they were due to have additional training.

People were supported to maintain their independence while staying at the service and continue with their routine activities. People's care plans set out what they could do for themselves and how staff should support them to increase their independence. Staff told us they encouraged people to be as independent as possible.

We asked people if staff respected their choices, one person said, "Yes, I would usually let them know if something is not right, usually everything is ok." Staff were aware of the importance of respecting people's choices and our observations corroborated people received choice in their care.

People, and their relatives as appropriate, were supported to express their views and to be as involved as much as possible in decisions about their care. A relative told us that "[reviews were] quite regular, if there was any change I would say I wouldn't wait." Care plans reflected people's preferences, for example what they liked to be called, foods and activities they liked and disliked, and preferred morning and evening

routines.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received personalised care adequate to meet their needs. For instance, some people using the service displayed behaviour that may present a risk to the person and others. Staff told us they had been provided with guidance and knew how to support people. We reviewed care plans and saw these gave guidance to staff in strategies they should use when a particular behaviour was developing and with steps to appropriately support the person. In one instance, a staff member was able to give us more detail of de-escalation strategies they used with a person and we noted these were not all written in the care plan. We highlighted this to the registered manager and they told us the information was going to be included immediately.

Care records were person centred and contained essential information about people, for example, activities they liked doing. Care records explained people's personal preferences and gave step by step guidance for staff on how to support people in their preferred way. Care plans focused on people's strengths and abilities. For example, one person's a care plan stated, "[Person] is a capable individual with a moderate learning disability" and another one included, "[Person] can eat meals their meals independently. [Person] loves their food and has very good appetite."

People's needs were assessed before they began using the service; this enabled the service to ensure they had the appropriate resources to meet people's needs. Due to the service providing short respite stays, an admission sheet had been implemented that had to be completed by relatives every time the person started their respite stay. This ensured the provider was updated on any changes in people's needs and adequately adapted the support provided, for example, changes in medication.

People's care plans were regularly reviewed so they remained accurate and reliable in guiding staff. We saw evidence of review care plans written in easy read versions with pictures to help people with learning disabilities to better understand and be involved in understanding their care and share their views. This meant the service was ensuring people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to do activities they were interested in. For example, one person enjoyed going to local pubs and had a work placement. When we reviewed their records, it was clear this person was being supported to be involved in these activities. One person we spoke with said, "Last year we stared a gardening project" and another one told us how they had been involved in choosing a pool table that was in the activities rooms; this area also offered other activities such as access to a computer and table games. The home was in a rural area and the registered manager told us the service had a mini bus to facilitate people's access to activities and appointments.

The registered manager had effective systems in place for people to use if they had concerns or wanted to complain formally if they wished to do so. One person told us, "The last time I was in I felt the activities room was too cluttered, but it is better now, I asked them to change it." One relative commented, "I would just ring [registered manager] and speak, I am reassured she would [act on any complaint]." When we reviewed records of complaints we found these had been managed appropriately but records of the actions taken by the manager were not all in the same place. We made a recommendation for the registered manager to improve their record keeping and after the inspection they should us an action plan they had devised to address this.

The home did not provide care for people who require end of life support.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

We asked people what they thought about Cherry Trees and all their comments were positives. These included, "It's pretty good on the whole," "I like coming here because I like to see [deputy manager], I like having a break and going out." Relatives comments were also positive and we saw some written compliments that were equality positive. One stated, "thank you all for the wonderful times that [person] had. To [person] going to Cherry Trees was better than going to the Disney Land."

The service had a clear focus on achieving the best outcomes for people and their families. The registered manager told us, "We work with families to promote independence and respite" and relative's views confirmed this was happening. One relative said, "it gives us both a breather from each other, it is nice for us to get away." Another relative commented, "It's nice, it gives us a bit of freedom, it's quite a life line for us, we really appreciate it every time." And another relative said, "[Person] is happy so I am happy." A compliment from one relative stated, "Dear [registered manager], the service you offer is invaluable, you give us the chance to refill our batteries."

Feedback on how the service was managed and the culture within the team was also very positive. All the staff we spoke with said there was good teamwork and clear communication within the team. One staff member told us, "Its good [to work at Cherry Trees], staff are friendly, service users are good, you get to establish a relationship with them and then you can meet their needs." Another staff member said, "I love working here, I think we do an amazing job." Healthcare professionals we spoke with also gave positive about the service. One said, "I think the service is good at being open and honest and when information is not readily available it is sought in a timely manner." Another one commented, "They are very good at supporting [the healthcare professional's team] when emergency respite stay is required to help the families and service users when in crisis."

The registered manager was visible and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with people, staff and other health and social care professionals to manage the service. The registered manager was knowledgeable about people's needs and transparent about the service's main challenges and what they were doing to address them. For example, the difficulty in recruiting a cook and how they ensured that people with different levels of needs had a good experience when staying at Cherry Trees. The registered manager was very responsive in devising an action plan to address the areas that recommended that could be improved such as analysis of accidents and incidents, complaints and mental capacity assessments. Staff felt supported by the registered manager; one staff member said, "[Management] its good, I feel supported, I am happy to come to work, everyone is happy."

The provider had effective communication systems in place that facilitated the involvement of people and staff in the management of the service. Regular team meetings enabled staff to be kept informed of people's

needs and be involved in the management of the service by giving feedback and suggestions. Staff told us they found these meetings useful and helped them improve in their roles. Resident meetings were also taking place and we saw evidence of people being involved in the recruitment process of new staff members. One person told us they had enjoyed the experience of being involved in recruiting.

We saw the registered manager and staff carried out checks on the service to monitor that good standards were being maintained. Medication, care records and the safety of the environment were checked to ensure people received safe care that met their needs. Areas for improvement were identified and actions taken.

The home had developed relationships and worked in partnership with other organisations, for example, with the local learning disabilities team. The registered manager confirmed they also worked with a range of different health and social care providers to liaise about people's care plans and prospective residents. The records we saw supported this.