Just Homes Care Limited

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 18 June 2015 and was unannounced. We previously inspected the service on 23 July 2013. The service was not in breach of the health and social care regulations at that time.

Cherry Tree House is a home registered to provide care for a maximum of six people. The home specialises in providing care for people with a learning disability and/or physical difficulties. The home is located close to transport links and the facilities of South Elmsall.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Cherry Tree House and the family members we spoke with also said they felt their relatives were safe.

Staff had received training in how to safeguard people and they were able to demonstrate an understanding of different types of abuse. Staff knew what to do if they had

Summary of findings

any concerns that someone was being abused. However we found that an incident was not reported correctly in line with safeguarding procedures. This demonstrated a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that safe recruitment procedures were followed and safe numbers of staff were employed. Staff were supported in their roles.

We had some concerns regarding hand washing facilities and infection control. We therefore referred our findings to the local infection prevention and control team. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards. We found that there was a lack of understanding of these safeguards. Authorisation had not been appropriately sought when people's freedom or liberty was being restricted. This demonstrated a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff at Cherry Tree House were caring and attentive to people's needs. We saw evidence of this in the way that staff and the people who lived at the home interacted with each other. Staff knew the people who used the service well.

People were included in the running of the home and had choices about activities and meals for example. There was a variety of activities for people to join in with at Cherry Tree House. These activities took into account people's likes and dislikes.

There was an open and transparent culture at the home. Staff felt well supported by the management team and they were given opportunities to develop their skills and contribute their ideas to the running of the home.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Soap and hand towels were not available in communal toilets and therefore the spread of infection was not minimised.

People said they felt safe and we saw that some risks to people were assessed and managed appropriately.

There were enough staff to meet the needs of people living at the home and staff had been recruited in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Some people were deprived of their liberty, without appropriate authorisation in place.

Staff were trained and supported, which meant that they had the skills and knowledge to meet people's needs.

People received appropriate support so that they could access health care services.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and were attentive to people's needs.

Staff knew people well and this meant that they were able to interact appropriately with people.

Staff listened to people and involved them in decisions.

The atmosphere in the home was relaxed and people and staff were seen chatting, laughing and playing games together.

Is the service responsive?

Good

The service was responsive. Staff were responsive to people's individual needs.

Care plans reflected people's preferences and choices and plans were tailored to each individual.

People were involved in a variety of activities, both in and around the home and within the community.

People were given information on how to complain and this was made available in an easy to read format.

Summary of findings

Is the service well-led?

The service was not always well led.

Policies were not always up to date and not always followed appropriately.

People's views were listened to.

The culture of home was open and transparent and the registered manager was approachable.

Staff felt well supported in their role by the registered manager.

Requires Improvement 

Cherry Tree House

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.

The inspection took place on 18 June 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors. Before the inspection, we reviewed the information we held about the home and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit, in advance, information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived at the home. We spoke with five people who lived at the home, two relatives, two care staff, a care co-ordinator, the operations manager and the registered manager. Following our visit, we also spoke with a nurse who specialises in learning disabilities, and who was involved in supporting a person who lived at the home.

We observed an evening meal time experience in the communal dining area.

We looked at three people's care records, three staff files and the training matrix, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms and bathrooms, with their permission. We also looked at the outside space and the garden.

Requires Improvement

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Cherry Tree House. We also spoke with two family members, who told us they felt their relatives were safe and happy. One family member said "Yes, I'm confident that [name] is safe and happy there".

We saw that, in the communal toilets, there was no toilet tissue, soap or paper towels. When we asked the registered manager why this was the case, we were told that this related to the care needs of one of the people at the home, which could result in the toilet becoming blocked if these items were available. Therefore, everyone had to ask for toilet paper when they needed it and they were provided with some hand sanitiser, once they had exited the bathroom. During our visit, the registered manager arranged for soap, toilet paper and paper towels to be placed in the bathroom. We asked the registered manager if they had sought advice regarding the issue. No advice had been sought and no risk assessment had been undertaken. Therefore, following our inspection, we made a referral to the infection prevention and control team so that further solutions could be considered. Not having soap and paper towels in the bathroom meant that safe hand washing procedures could not be followed and therefore the provider had not taken action to prevent and control the spread of infection. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager how accidents and incidents were recorded. We were told that staff completed accident and incident report forms and that any actions were then planned as a result. The staff we spoke with said they would report any accidents immediately. However, we found that sometimes incidents were not recorded and action plans were lacking. For example, one person had returned from holiday with a sore which had resulted from sunburn. No incident form had been logged or action plan put into place, in order to prevent reoccurrence.

One of the incident logs we found related to a person grabbing another person's hands and shaking them and pushing other people. We spoke with the registered manager about this incident because, although a referral for support from a nurse who specialises in learning disabilities had been sought, no safeguarding referral had been made. It is important to have robust safeguarding reporting procedures so that people are protected from abuse and improper treatment. The registered manager agreed to look at safeguarding reporting procedures. This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems and processes were not established and operated effectively in line with safeguarding reporting procedures.

Staff told us that people were safe at Cherry Tree House. Staff were able to describe different types of abuse such as physical, verbal and financial. One member of staff identified 'sexual, physical and shouting' as abuse. A member of staff told us that, if they thought people were being abused, they would write down any concerns and make a note of the date and time and report this to the manager. Staff told us they were confident any concerns raised would be dealt with. One member of staff who we spoke with said they were aware of the whistleblowing policy and that it was easily accessible to staff. We saw evidence in staff files which showed that staff had completed recent safeguarding training. This demonstrated that staff had the skills and knowledge to protect people from bullying, harassment and avoidable harm.

The registered manager told us they had attended safeguarding training with the local authority. When we asked the registered manager to explain what their understanding of abuse was, the registered manager was able to offer examples such as a person hitting another person, financial abuse and abuse from staff. The registered manager told us that restraint was never used at Cherry Tree House and that risk assessments were in place to minimise potential risks.

We saw evidence of risk assessments having taken place and these were recorded. For example, the home undertook risk assessments around slips, trips and falls, medication, using the stairs, violence and aggression in the workplace, outside areas of the home, use of wheelchairs, crossing the road and fire action plans. We saw risk assessments in the care files we reviewed. These were detailed and easy to follow and were regularly reviewed. There were no risk assessments relating to hand-washing facilities and not having access to toilet paper.

We saw there was a policy for supporting people with their finances. People were able to choose what they spent their money on. Money was paid into people's bank accounts

Requires Improvement

Is the service safe?

and staff accompanied people to the bank. We looked at financial records for two people and saw efficient audits were in place and receipts correctly evidenced any monies spent, in line with the registered provider's policy.

In the building we saw that fire safety notices and action plans were on display. People had personal emergency evacuation plans (PEEPs), devised specifically for their individual needs. These were in an easy to read, pictorial, format. Additionally, we saw in the minutes from meetings with people who lived at the home that health and safety issues, such as fire evacuation, were discussed.

We looked at maintenance files and found that equipment testing and safety checks had been undertaken, such as smoke alarm and carbon monoxide, monthly health and safety audits, financial and medication audits. Fire safety and electrical safety checks were up to date. This demonstrated that premises and equipment were managed to keep people safe.

The en suite bathroom in one person's room had been locked and was not in use because the registered manager was arranging to replace this toilet. This meant that the person had to use the communal bathroom when upstairs. However, the toilet in the communal bathroom did not have a toilet seat, due to some maintenance work. The registered manager agreed to replace the seat on the day of our inspection.

A member of staff who we spoke with said there was always enough personal protective equipment (PPE) to use, for example gloves and aprons, and they were able to tell us when these should be worn. PPE was kept in a box on top of each person's wardrobe. Staff told us they undertook cleaning and there was a cleaning schedule, which they had signed to evidence this had been completed.

We looked at recruitment records for two members of staff and saw that safe recruitment practices were followed. For example, the registered manager ensured that an application form was completed, including employment history. Further checks were carried out, including pre-employment references and a Disclosure and Barring Service check (DBS). The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

The registered manager told us staffing levels were dependent on what people were doing each day. Some people had one-to-one time with staff, and what was done during this time was dependent on what the person wanted to do. We looked at staffing rotas for four weeks and saw these focussed on the needs of the people who lived at the home. There was always a member of staff who slept overnight. One of the family members we spoke with said "They always have plenty of staff".

The registered manager told us all staff had received training in the safe handling of medication and we looked at two staff files which reflected this. We also looked at the training matrix which showed staff had received training in the safe handling of medication. We looked at the Medication Administration Records (MAR) for two people who lived at the home. We saw the records contained a picture of the person whose medication it was and accurate records were signed, audited and recorded. A named person was responsible for reordering medication and maintaining contact with the pharmacist. This was done on a monthly basis. Medication was checked, including dosage and date, and labelled per week. Audits were completed weekly. Medication was kept in people's rooms but was stored in locked drawers. The registered manager told us that medication was not given covertly. This meant that people's medicines were managed so that they received them safely.

Requires Improvement

Is the service effective?

Our findings

The staff we spoke with were keen to undertake training. One said, "I am confident where I am and what I know. I will take any opportunity for training and courses. It's always good to improve". This member of staff had recently received first aid training. They described this to us and they clearly had the knowledge to support a person requiring first aid.

The registered manager told us staff were undertaking training and development in line with the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We looked at the files of two members of staff who had begun to complete workbooks in relation to the care certificate and we saw these were completed thoroughly. This evidenced staff were being encouraged to develop their skills and knowledge.

We also saw evidence that observations were made to ensure that correct practices were being followed. For example, a food hygiene observation took place in relation to a member of staff. It was noted they had followed good practice by using the colour coded boards for preparing food correctly.

We saw that training was up to date and the registered manager provided us with a training matrix, which demonstrated that training in areas such as first aid, health and safety, food hygiene, medication, moving and handling, fire safety, infection control, safeguarding, mental capacity and challenging behaviour had been undertaken.

Staff received regular supervision, and appraisals took place annually. When asked about supervision, one staff member said, "I think it's every two months. I have it again next month. They talk about my role, how I feel in the job. I love working here. I prefer doing this job than any other job". This demonstrated that staff received effective support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Although the training matrix showed staff had received MCA training, staff we spoke with had limited understanding of the concept of how mental capacity was assessed and how decisions might be made in a person's best interest. One member of staff told us "I would advise them what to do. If I thought their decision could cause harm, I would speak to the coordinator or manager". Additionally, staff we spoke with did not understand the concept of DoLS and how safeguards could be put into place in order to safeguard someone's liberty, if it were to be restricted.

We discussed the requirements of the Mental Capacity Act (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager. We were aware that no applications had been made by the registered manager, to the local authority, in order to request authorisation to deprive someone of their liberty. The registered manager said that people were not deprived of their liberty and their movements were not restricted. However, the registered manager had identified that some people were not free to come and go as they wished because they were always accompanied outside of the home and did not have possession of a key. The registered manager told us that they had already intended to seek advice from the local authority in relation to submitting DoLS applications but had not yet done so. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the restrictions imposed were not subject to appropriate authorisation and were therefore potentially unlawful.

We found the nutritional needs of people who lived at Cherry Tree House were being met. Staff and people told us that people were asked what they would like to eat and they were involved in menu planning. Some people accompanied staff to the store to buy foods. People had access to snacks and drinks throughout the day as required.

Staff told us that they supported people to go to the doctors and dentist. We saw evidence in people's care files that they were supported to access health care such as GP, podiatry, optician and the dentist. Additionally, we saw that everyone had their health care needs reviewed at least once a year. One of the family members we spoke with said that they were involved in this review. We saw evidence in a file that a best interest decision had been made regarding proposed dental treatment. The person who lived at Cherry Tree House attended this meeting.

Requires Improvement

Is the service effective?

We looked at the layout and design of the building. We saw that, although some communal spaces within the home were limited in size, the home was uncluttered and good use was made of available space. There were photographs on display in communal areas of people who lived in the home. We saw that the garden was well maintained and cared for. White flashing had been painted on the edge of steps, to minimise risks of tripping and to make steps more visible. One person, who liked bird-watching, was enjoying time sitting in the garden during our visit.

Good

Is the service caring?

Our findings

People said the staff were caring. One person we spoke with said, “Staff are good to me. I like going shopping with staff”. We had noted that people’s care plans recorded how they liked to be communicated with, in terms of touch and sensitivity, and we observed that this was appropriate to the person’s preferences. We spoke with two family members of people who lived at the home. Both said they felt that staff were kind and caring. One member of staff who we spoke with said, “I love the job. I don’t ever want another job. I just love caring for people”. Two other members of staff we spoke with also told us they felt that staff were caring. One member of staff told us, “If someone is in distress, we try to calm the person down by talking with them”.

The registered manager told us they felt staff were caring and this was evidenced in the way staff spoke with and listened to people. We observed staff to be very caring in their approach to people and they were attentive towards people’s individual needs. Staff would respond to hugs and it was evident from the faces of the people who lived at Cherry Tree House that they were happy to see staff when they were with them. People looked comfortable and happy at the home. We saw one person run up to the registered manager, upon their arrival, and give them a hug.

We looked at the daily planner for one person. This was completed thoroughly and included phrases such as “I decided I wanted to go out for a walk” and “I chose to spend time in the garden”. This further demonstrated a personalised approach.

We asked the registered manager whether anyone had an advocate. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves. We were told that no one, at the time of the inspection, had an advocate but that one person had benefitted from an advocate previously.

Staff told us they protected people’s privacy and dignity. They gave an example such as, “When personal care is given, we shut the door. We lock the bathroom door”. However, the registered manager had failed to recognise people having to ask staff for toilet paper and hand wash was undignified, which demonstrated a lack of insight.

We were told by staff and the registered manager that people’s independence was promoted. When asked for examples of this staff were able to explain how people helped with cooking, cleaning, table setting and washing pots.

We saw that wellbeing was enhanced and promoted. An example of this was that a person had been supported to complete the ‘race for life’. This person proudly had their medal on display.

Good

Is the service responsive?

Our findings

On the day of our inspection, one person was choosing to spend the morning at the gym. We saw a full and varied activities programme, which took into account the interests of people living at Cherry Tree House.

One person who lived at the home told us, "Staff help me to choose my own clothes. I pick them out. I get a bath on a Friday and my hair washed once a week".

When asked about people's choices, staff said, "People's relatives can visit whenever they want. People can make phone calls. People get up and go to bed when they want. They could have their meals at different times if they wanted, but it's good to have a routine." We spoke to two family members who confirmed this and said they felt they could visit Cherry Tree House whenever they wanted.

We saw evidence in two care files we looked at that people were involved in the assessment and review of their care and support plans. The care plans were detailed and the registered manager told us they were person centred and we saw evidence that this was the case. Plans called "This is all about me" were thoroughly completed and were person centred throughout. The plans included information such as who was important to the person, important dates, the person's life story, what the person liked and disliked, how the person was helped to stay safe and how the person interacted with other people. We saw that plans were regularly updated, with the involvement of people who lived at Cherry Tree House. One of the plans we looked at had pictures to show the activities the person enjoyed, such as swimming, shopping, bowling and bike riding. The plan also detailed how to diffuse any growing anger, for example, by returning to usual routine if anger began to build. Staff signed to indicate they had read this. Another plan stated, in the 'touch and sensitivity' section, 'I like a hug. Staff need to support me in this by asking me to be gentle'.

A member of staff told us, "I read the care plans. They've all been updated. I read them regularly to keep updated as you can forget things". We saw that there was a daily log book that was used to record any daily hand-over information. This was used alongside verbal handovers between staff. Staff told us they knew people well and how to care for them. One member of staff told us, "I have been here three years full time. I know them well. I communicate with them and colleagues. We constantly ask them if they are ok and what they would like to do for the day. If they are up or down we try to cheer them up".

The family members we spoke with told us that they had never needed to complain but, if they did feel the need, they felt their complaint would be acted upon. Complaints information, and information on recognising abuse, was made available in easy-read format.

We noted that one person's record showed that they had not eaten well on two consecutive dates. When asked about this, the registered manager explained this was due to the person feeling unwell (immediately following a holiday), and that they had been supported to have a good diet, and been weighed weekly. The registered manager was able to show us evidence of this.

In one person's room we saw that a tooth brushing chart had been devised, with a star sticker for each time teeth were brushed. This showed that innovative ways were used to encourage people to be healthy. However, our visit was on Thursday and the chart only had one star for Monday morning of that week. The reason for this was unclear and the operations manager agreed to look at this.

We saw there was a varied activities programme at Cherry Tree House. The day before our inspection, everyone who lived at the home had been to Bridlington for the day. The previous week, there had been a holiday to Skegness. Activities such as swimming, assisted bike riding, bowling, shopping also took place, as well as some college courses such as English, Maths and Information Technology. A member of staff told us that some people were involved in community groups. For example, one person helped at the local garden centre one morning a week and another person had helped at a local charity shop. One family member who we spoke with said there were lots of activities and said that their relative, "Has a much better life at Cherry Tree House than I could offer".

Requires Improvement

Is the service well-led?

Our findings

One member of staff told us, "We have a good team. We communicate a lot with colleagues. If something isn't good enough we raise it with the care co-ordinator. We have made suggestions and they have acted on these. We are free to make suggestions. In supervision we regularly talk about how we can improve and if we need any training". Another member of staff said that morale was "Brilliant".

Staff told us they thought the service was well led. They appreciated the feedback they were given in supervision and said this made them want to do even better. Staff said if they had any concerns they felt they could approach the management of the home and that action would be taken. Staff told us that they always got support from their manager and the culture was very friendly.

The vision and ethos of the home was, the registered manager said, "Putting people at the centre". There was lots of evidence that this was the case and that staff understood this concept. For example, the inclusive environment, the effective and individual care plans and the involvement of people who lived at the home. Having a clear vision and ethos is important in order to enable a positive culture to be promoted.

The registered manager told us they attended contracting meetings with the local authority every six months and they shared good practice with other providers, in order to improve quality. The registered manager told us that quality assurance questionnaires had been sent out annually. These questionnaires were intended to find out people's views of the service, by asking questions such as whether people felt the home was clean, whether people felt staff were caring and whether people felt they had enough choice for example. The registered manager had identified that these questionnaires would be more effective if they were 'easy-read' format, which would make them easier to read and understand. Therefore these had been amended and the registered manager provided evidence of the new format. Other audits were undertaken weekly, such as cleaning checks and medication and financial audits for example. It is important to have systems and processes in place to assess and monitor quality, in order to drive improvements.

We saw evidence that regular meetings were held with people who lived at the home. Comments in the minutes included 'everyone said they were happy at Cherry Tree','very happy with activities' and 'people were asked for any wishes or ideas for activities in nice weather'.

Staff meetings were held regularly and staff were given the opportunity to discuss any issues or improvements. We found that these meetings were documented. Meetings are an important part of the registered manager's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

On the day of our inspection, we found the registered manager and operations manager to be open and approachable towards the inspection team and towards staff and people who lived at the home. Interactions between the registered manager, staff and people were respectful and appropriate.

The registered manager was able to provide a file which contained relevant policies and procedures for Cherry Tree House. However, there were three different policies that related to 'safeguarding' which all had different titles, for example 'safeguarding', 'abuse' and 'no secrets'. Some contained information which was out of date, in relation to the referral process. This could mean that referrals were not made in line with current good practice guidelines.

While the management team demonstrated they were keen to improve the service and were quick to act on advice they received, they had not recognised the issues around people not being able to freely access toilet paper and handwash. They had also failed to form an action plan following a person being sun-burned in order to prevent reoccurrence and they had not followed appropriate safeguarding procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users because the risk of preventing, detecting and controlling the spread of infections had not been assessed. Regulation 12(2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Regulation 13(3). Service users were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13(5).