

Parkcare Homes (No.2) Limited

Cherrywood House

Inspection report

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11 May 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on the 9 and 11 May 2016. This was an unannounced inspection. At our last inspection in February 2015 no concerns were identified.

Cherrywood House provides accommodation and personal care for up to 14 people who have a learning disability, autism and or mental health needs. It does not provide nursing care.

At the time of this inspection there were 14 people living at the home. Cherrywood House has two individual flats that had their own bathrooms, toilets, kitchens, lounges and bedrooms. There was 12 people who live in the main house. There is also a kitchen, dining area, a lounge, music room, an art room, an office, communal bathrooms and toilets. There is a front garden and private park area opposite the home and a patio and outdoor seating area gated from the drive way.

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. The registered manager was present during the second day of the inspection.

People were not always supported by adequate staffing levels which affected their daily activities and access to the community. Staff supported people in a kind and caring manner. Staff demonstrated they knew people well, felt supported and felt able to raise any concerns with the management. People were supported by staff who had appropriate checks in place prior to commencing their employment.

People felt the home was safe. Care plans had detailed risk assessments and guidelines in place for staff to follow. People received their medicines safely and when required by staff who had received training. People were involved in their care planning and had support and assistance to access appropriate health professionals when their needs changed. People who were unable to consent to their care and treatment had completed assessments that involved significant others.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet their individual care needs. The registered manager was passionate about keeping people safe and ensured training was up to date following any incident. People were able to receive visitors whenever they wished. Relatives felt able to visit as often as they liked and people often visited their parents at weekends.

People's views on the service were sought so improvements could be made. People felt happy to raise a complaint with the registered manager or the deputy manager. There was a quality assurance system that monitored the service and identified areas for improvement. Staff were recognised and rewarded for going the extra mile and their continuous service. They told us they felt happy and supported.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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.

People were not being supported by adequate staffing levels to meet their needs.

People, relatives and staff felt the service was safe. Staff had received training and knew who to contact should they have any concerns.

People had detailed care plans and risk assessments which gave staff clear guidelines to follow in relation to people's care and safety.

Is the service effective?

Good ●

The service was effective.

People were supported to have choice with their meals and when and where they wished to eat them.

People were supported by staff to make decisions about their care in accordance with current legislation.

People were supported by staff who received regular supervision and training to ensure they were competent and skilled to meet people's individual care needs.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind and caring.

People were supported by staff to maintain relationships with friends and family.

People were supported by staff who promoted people's independence and worked toward future goals.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not always receiving adequate support to enable them to undertake activities as identified in their care plans.

Care plans were comprehensive giving staff clear guidelines to follow that were individually personalised to the person.

People felt able to make a complaint should they need to the registered manager or the deputy manager.

People participated in their assessment and planning of their care and staff, relatives and social care professional confirmed this.

Is the service well-led?

The service was not always well-led.

Notifications were not always being made when incidents had occurred as required by the provider's registration.

People were supported by staff who felt supported and happy. They were recognised for their continuous service and for their valued contribution.

There was a quality assurance systems that identified any shortfalls and actions required.

People and staff were sent an annual survey so that improvements could be made to people's care and staff support.

Requires Improvement 

Cherrywood 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 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 was an unannounced inspection that took place on the 9 and 11 May 2016. It was carried out by one inspector and a specialist professional advisor on the first day and an inspector on the second day. The specialist professional advisor's specialism was in mental health and learning disability services.

We spoke with five people living at Cherrywood House and four relatives about the quality of the care and support provided. We spoke with the registered manager the regional manager, the deputy manager and six staff. We also spoke with one social care professional to gain their views of the service.

We looked at four people's care records and documentation in relation to the management of the home. This included two staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

The service was not always safe.

People were not being supported by enough staff to meet their assessed needs. The registered manager confirmed they had vacant staffing hours in the home. There were three new staff going through their checks and eight full time posts still needed. Two people who required two staff to access the community were not having adequate staff support to meet their assessed need. For example, one person required 42-hours of staff support to enable them to access the community. This was broken down to six hours of support from two staff each day. During the day of our inspection this person was unable to access the community safely because there was not enough staff on shift. Staff confirmed this and explained they often went without a second member of staff due to shortfalls. Staff told us, "No, [Name] has not had their two to one support today" and "I have supported [Name] quite a few times. 15 or 20 times and never taken them out". We asked the registered manager for a detailed report confirming what the person should have received. Their report did not detail what support they had received only that their support arrangements had changed following the inspection.

The building was maintained by a maintenance person. They were responsible for the safety and up keep of the building. They confirmed at times due to staff shortages they would support with driving people around and people's care. They confirmed they had received training so they could carry out their role, records confirmed this. They undertook a daily and weekly walk around of the building and were able to confirm areas that needed maintenance. For example they identified that plaster outside one person's room required fixing and the blind in the art room that needed putting back up. This was on their maintenance list but due to providing care support they had not had time to resolve these maintenance issues. They confirmed the registered manager was aware of the outstanding jobs but due to staff shortages they were needed to support when there was not enough staff.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, staff and relatives we spoke with felt people were safe, People told us, "Yes, I am safe here" and when another person was asked if they were safe they replied "Yes". Staff told us, "Yes, people are safe here, no reason not to be" and "I do think people are safe". One relative told us, "[Name] is safe enough, yes".

Staff had received training in safeguarding adults. They were able to demonstrate their understanding of abuse and what they should do if they had any concerns. The registered manager confirmed they were the lead for the region and were "Passionate about keeping people safe". Where concerns had been raised the registered manager was able to confirm the action they took.

People were supported by staff who were familiar with the home's whistleblowing policy. A whistleblowing policy is to encourage employees and others who have serious concerns about any aspect of the service to

come forward and voice those concerns. One member of staff when asked if they knew the whistleblowing procedure. Told us, "Yes, I am aware and have had no reason to raise any concerns". Another member of staff told us, "I would go to the area manager and report it all to them". Where disciplinary procedures had been followed copies of the outcomes were in staff files with the confirmed actions taken. One member of staff raised their experience which had been negative in keeping them anonymous, we fed this back to the registered manager and the regional manager who confirmed they would review this.

People's care plans included detailed and informative risk assessments following incidents. These were individualised to the person and provided staff with a clear description of any identified risk and specific guidelines with how people should be supported in relation to their identified risk.

People received their medicines safely. Staff who administered medicines had received appropriate training prior to administering medicines. All medicines that required stricter controls by law were stored securely and accurately documented. Medication Administration Records (MAR) reviewed had been correctly completed. There was a medicines folder available to staff that contained information on why a medicine had been prescribed, what the medicines was for and the possible side effects. People could access this information because it was in an easy read format. Staff were able to support people with any questions they might have about their medicines using this information.

People were supported by staff who all had checks completed on their suitability to work with vulnerable people. Staff files confirmed that checks had been undertaken with regards to criminal records, obtaining references and proof of identification.

People had their own personal evacuation plan in place for emergency situations. Plans contained what support the person would need from staff and any communication needs. There was also a hospital passport document that could be taken with the person if they were admitted to hospital. This contained details of the person's likes and dislikes, what support they might need and their medicines. Certificates relating to gas safety and electrical appliance testing were up to date.

Is the service effective?

Our findings

The service was effective.

People's consent to care and treatment was sought in line with legislation. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care plans reflected people's mental capacity and best interest decisions made. Mental capacity assessments and best interest decisions had been made for accessing the kitchen, self-administering medicines, appointments, accessing the community and the gardens.

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 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. At the time of our inspection seven people in the home had restrictions placed upon them which could be considered a deprivation of their liberty. The correct guidance had been followed and applications submitted to ensure this restriction was lawful and in each person's best interests.

People were supported by staff who received regular supervision and appraisals. Supervisions were monthly and appraisals annually. Staff felt supported and that they received enough supervision. Staff told us, "I think I get supervision every 6 weeks. Yes I do discuss anything I want. My appraisal is once a year and I have had this in the last few months" and "I get enough supervision. Yes" and "I have had an appraisal". Supervision records confirmed this arrangement and appraisals not completed were booked in for the next few months.

People were supported by staff who had received training in order that they could carry out their roles safely and effectively. All staff were happy with the training they received. We asked one member of staff about the training they had received relating to positive behaviour management. This is when staff have been trained to respond in a certain way to how the person is presenting themselves. They told us, "I have been trained in good interactions and techniques to use for example if someone pulled my hair. Another member of staff told us, "[Name] makes sure I get all the training I need and it works for me". The registered manager confirmed they were responsible for training staff and they had recently provided a refresher training following an incident. Staff had also received training relating to safeguarding adults, mental capacity act, managing medicines safely, food safety. Training had also been provided to enable staff a greater understanding of supporting people with a learning disability, Autism and Asperger's syndrome.

People had choice with their meals and when they had them. During the inspection people had their breakfast and lunch at various times throughout the day. People were given a variety of different options and encouraged to make their own lunch with staff support. Most people were happy with the meals. They

told us, "Food is good" and "Very nice food, I like the chicken curry and rice. I get choice about my food". One person told us they were not happy with the meals". They confirmed they were happy to raise this with the registered manager.

Staff demonstrated giving people choice around what they had for lunch. For example one person was offered, three different types of sandwich or a salad. One member of staff told us how they give one person a visual choice, offering up something to eat or taking the person to the fridge. Meals were on a two week rotation and were either in the dining area or in people's own flats. One person's flat had just been fitted with a brand new kitchen. The member of staff supporting this person confirmed the plan was for a new cooker to be installed so the person could have all their own meals in their flat.

People were supported by staff who knew their communication needs well and that were able to use differing approaches. Staff used verbal and sign language as well as observing people's body language. For example one person was anxious about a planned activity they had coming up. Staff took time to talk to the person whilst signing a response. This reassured the person who soon showed relief around the planning activity.

People were support to attend appointments when required. Care plans confirmed people saw their GP and were supported to attend appointments such as dental and speech and language appointments. One social care professional confirmed how one person was awaiting a full review of their care needs by the local team. They told us, "They are awaiting a full review of their mental health, social care and physiological needs". This they confirmed would enable the service and professionals to provide the right outcomes for the person.

Is the service caring?

Our findings

The service was caring.

People felt staff treated them with kindness and were caring. They told us, "Care is good", "It's good here" and another person when asked if staff are kind and caring told us, "Yes". One relative told us the care could vary between carers. Three other relatives felt the care was good. They told us, "The support which has been received is excellent", "They are the nicest people (meaning staff), very happy with the care" and "Care is good no complaints".

People were supported by staff who were able to demonstrate how they treated people with dignity and respect. Staff told us, "I close the curtains and make sure [Name] has suitable clothes on. I always offer support but if [Name] wants privacy I will wait outside". Other staff told us, "If [Name] is having a bath, I always wait outside for 15 minutes" and "I always wait for them to answer before I go in". One relative gave an example of when a member of staff had been very patient and had provided support in a sensitive way to the person respecting their dignity.

People were supported to maintain relationships. During the inspection two people had relatives visit them. Relatives told us they were able to visit any time. They told us, "We visit about once a week and spend time with [Name]" and "We are welcome to visit anytime". Staff demonstrated how they supported people to maintain relationships with family further away. They told us, "I take [name] to see their family. I drive them there and they spend a few hours with their family and I drive them back. I also take [Name] to see their parents" and "[Name] will go to town to meet their mum and dad".

People were supported to make decisions and choices about their care and support. Staff demonstrated how they gave people choice and how they knew people's likes and dislikes. Staff told us, "I give [Name] choice about what they want to eat and drink they can pick for themselves" and "I ask them what they would like. It is their choice". People's care plans contained information relating to people's individual preferences. For example, one person enjoyed horse riding and going out for coffee. Another person enjoyed going out for walks and out for a ride in the car. Another person liked collecting tortoise's ornaments and had recently been supported by staff to buy a new tortoise for their collection. People made choices about if they wished to spend time in their flat or if they spend time at college or in the community.

People received support by staff to maintain their independence. Staff demonstrated an individual approach to giving people independence. For example, one person was encouraged with maintaining their daily living skills. Their flat had a kitchen where they could cook and make their own meals. They told us, "I do my own ironing and washing and I bake cakes". One person had a visual daily prompt routine in their room of what they needed to do and in what order. One member of staff told us, "We promote their independence, it's about goals and future plans and things to work towards".

Is the service responsive?

Our findings

The service was not always responsive.

Not all people had access to activities that were important to them because they were unable to regularly access the local community. Each person had a detailed support plan which confirmed what they liked to do. For example, one person enjoyed horse riding and going to the shops and cafes. Another person enjoyed going out for walks and someone else enjoyed going to the supermarket. During the inspection one person requiring two members of staff to support them to go for a drive or a walk in the woods did not have them. We fed this back to the registered manager who confirmed they were trialling them having support from one member of staff rather than two. This had not been updated in their care plan or support plan. Their daily records of activities undertaken confirmed in the last six days they had accessed the community once because there were not enough staff.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people choose to spend time in their rooms or flats playing computer games. One person said how beneficial having internet access was for them and how quickly this had been actioned when they had spoken to a senior manager. This was important to them as it enabled them to play their computer games with others over the internet.

People had detailed care plans and they provided staff with guidance on each person's individual needs. Details of people's needs were comprehensive and included guidelines for staff to follow although one care plan following a change to the persons' personal situation had not been updated in their care plan, we fed this back to the registered manager who confirmed they would update this. For example, people's care plans confirmed what time they liked to get up and how they liked their routine. The routine was broken down into stages of how the person liked their routine provided. Staff knew people well and were able to give examples of how they supported people with their individual needs.

People felt able to make a complaint. There was an easy read complaints policy in people's care plans. One person told us, "I am happy to raise any complaint to [Name]". Staff told us, "I would always help someone to make a complaint, They can also go to the Care Quality Commission or write to the registered manager". Most relatives were happy and felt able to make a complaint. They told us, "They are always on the end of the phone. If we needed to I would be happy to raise a complaint" and "I get on well and would say if I had problems". One relative was unaware of the complaints policy within the home and raised a few complaints with us. We passed this on to the registered manager for them to respond and feedback to us the outcome. The registered manager confirmed they would action sending the complaints policy out to relatives so they knew how to make a complaint.

People participated in the assessment and planning of their care. One person confirmed how the care they received was what they wanted. They told us, "I have key worker meetings and I am involved in my care

decisions". One social care professional that we spoke with confirmed how involved one person had been at their recent review meeting and this had been a positive step forward for them. One member of staff confirmed how people were involved with their reviews. They told us, "[Name] is part of setting those meaningful activities and goals". One relative told us how they had been invited to the review but had been unable to attend.

People experienced positive person centred care when they moved to Cherrywood. Person centered care is when care is provided that is relevant to that person. One social care professional felt how positive the move to Cherrywood had been for one person. They told us, "They are a different person. There is so much potential". The registered manager also confirmed how positive the move had been for this person and how incidents had reduced and how engaged the person was.

Is the service well-led?

Our findings

The service was not always well-led.

Cherrywood house was managed by a registered manager. They were supported by a deputy manager. Staff felt the service was supportive and well-led. Staff told us, "Happy to raise things with [Name] and [Name]", "I get support from both [Name] and [Name]. I always go to [Name] if there is a problem". Two relatives told us, "[Name] keeps us well informed and were are confident this is the right place".

Following our inspection we reviewed the information and notifications we had received about the service. We found where safeguarding incidents had occurred these had not been reported to us as required. We contacted the registered manager who confirmed they would review the situation and would make the necessary notifications.

This is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People had meetings which were held with senior support staff. There were opportunities for people to raise any concerns and have them resolved. The last minutes confirmed that the complaints procedure had been discussed and each person was asked what was important to them. People gave various responses personal to their own situations. There was an update on the new kitchen re-fit and what activities would people like to do. There was also a discussion about voting in the European Referendum. The registered manager confirmed that there was going to be a wheelbarrow planting completion where people would be involved in planting a wheelbarrow and it would then be judged against the providers other homes.

People had their views sought on the care they received. Questionnaires were sent annually. Out of the returned questionnaires 93.3% of people were happy with their staff support although only 40% were satisfied with their being enough staff around. The registered manager had an action plan to address the staff vacancies. Three staff had already been offered posts and they were going out to advert for the remaining vacant hours. Staff also had their views sought although this was currently in progress and there were no available results at the time of the inspection.

There was an effective quality assurance system in place to monitor care and plan ongoing improvements. The registered manager undertook a monthly quality performance check. The quality performance check covered complaints, safeguarding concerns, incidents, training and performance of staff, medicines concerns. Other audits undertaken included a medicines audit, buildings and health and safety audit. Audits had a clear action plan identifying areas of improvement. For example, there was a detailed action plan regarding staff vacant hours, offers made and hours still vacant. The registered manager confirmed they had started recruiting the vacant hours and whilst doing this additional staff had left. The registered manager met regularly with the regional manager and they provided them with a monthly quality performance update.

The registered manager confirmed the vision for the service was, "To support people to gain skills and

independence to be able to move on and access the community. It is about creating pathways and to identify triggers and events and reduce crisis situations". They confirmed it was also part of the provider's statement of purpose. A statement of purpose sets out what the business will do, where it will be done and for whom. The statement of purpose confirmed, 'We are flexible and person centred in our approach, believing that no two people will have the same support needs, goals or aspirations and knowing therefore that everyone's support will be different. Our person centred support plans are developed in partnership with the people we support and others who are important to them. We always ensure that the process is meaningful and that the person supported has real opportunities to direct the process and state their wishes'.

Staff felt positive about working at Cherrywood House and most had worked there for a number of years. They told us, "It is a lovely family atmosphere" and "It's really good". Staff had regular monthly meetings and felt able to raise any concerns. One member of staff told us, "We meet once a month. It is a good opportunity to raise anything".

Staff were recognised for their values and continued service. The registered manager confirmed staff could be nominated for going above and beyond their roles. Staff nominated each other and nominations were reviewed each quarter with a winner announced. Those who won awards throughout the year were put forward for an overall winner at the end of the year. There was also recognition for long service which held a monetary reward and certificate. The long service recognition started from 5 years and went up through the staff member's service. In addition, there was a "making a difference" award which recognised the staff member for making a difference whilst in their role. This came with the recognition of a bunch of flowers and a card.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 18 Registration Regulations 2009 Notifications of other incidents Notifications were not always being made when incidents had occurred as required by the provider's registration and without delay.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider was not ensuring people were supported by sufficient staffing to ensure they had support provided to meet people's needs.