

National Autistic Society (The)

Cherry Trees

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Cherry Trees is a residential care home providing personal care to up to 9 people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were 7 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The service design and model did not fully meet the principles of Right support, right care, right culture. This is because the service is larger than what is usually considered practicable to provide person-centred care and support. The service was registered with us prior to the Right support, right care, right culture guidance being implemented. The service was able to demonstrate they met these principles, people received person centred care and support.

People were supported by staff to pursue their interests. People had plans in place to guide staff on how to support them if they became anxious or upset. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks. People's medicines were managed safely.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good. (Published 28 March 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherry Trees

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience made telephone calls to people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cherry Trees is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Trees is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 4 relatives about the care and support provided. We spoke with 6 members of staff including the registered manager. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed. We requested feedback from 4 professionals that visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff available to meet people's needs. The registered manager told us they had recently appointed a staff member to their team and were now fully staffed.
- People's relatives told us there were familiar staff supporting their loved ones. One relative told us, "The staff are outstanding and have been there for a long time, there are rarely agency staff there."
- Staff told us there were enough staff available to meet people's needs. One staff member told us, "We have had 7 weeks where we have not used any agency staff, it's brilliant, we have a good staff team, we pick up overtime. It's working well and really positive here."
- Staffing rotas were arranged to meet people's needs and commissioned hours.
- The service operated recruitment processes to check staff's suitability for the role. This included requesting references from previous employers and completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We identified 1 staff member who had gaps in their employment history, we discussed this with the registered manager who told us they would address this.

Assessing risk, safety monitoring and management

- There were a range of risk assessments and checks in place relating to the safety of the environment. These included checks on the fire systems and equipment, water, gas and electric.
- There were several uncovered radiators throughout the home, although the registered manager told us people were not at risks relating to hot surfaces, they had not completed individual risk assessments to demonstrate this had been considered. The registered manager completed a risk assessment during the inspection.
- Regular fire drills and testing of the alarm system were undertaken. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.
- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health needs, the environment, activities and risks associated with choking. There was guidance for staff on managing these risks. Risk assessments supported people's independence. Staff were aware of the risk assessments in place.
- There was no restraint used in the service. Staff told us they knew people well and avoided people's triggers. There were also minimal incidents within the service.
- The training staff received was certified as complying with the Restraint Reduction Network Training standards.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people against the risk of abuse.
- People told us they were happy living at Cherry Trees and they liked the staff supporting them. One person told us, "Yes good" when we asked them if they felt safe. The person told us if they were unhappy, they could talk to staff.
- Weekly residents' meetings were held and people were encouraged to raise any concerns and they were given information on other ways to communicate if they were unhappy or felt unsafe.
- Relatives felt their loved ones were safe.
- Staff said if they had any concerns about poor standards of care, they would not hesitate to report them. A staff member said, "All the information we need is in the office. I would report anything to [Name of registered manager] they would take action, I would take it further, internally or I would go to CQC. I have never had to, but I absolutely would." Staff received safeguarding training.
- The service had reported safeguarding concerns to the local authority and the CQC as required.

The Mental Capacity Act 2005 (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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- There were systems in place to ensure people's medicines were managed safely.
- Medicines were stored securely, and storage areas had temperatures regularly taken to ensure they remained in optimal range. In a fridge where medicines were stored the temperature had gone slightly out of range on a few occasions. There were no details of the actions taken to rectify this. We discussed this with the registered manager who told us they would address this.
- People were involved in managing their medicines. There were assessments in place to determine the level of support people required.
- When people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when doses might be needed.
- Where people were prescribed creams and ointments, there was guidance in place detailing where and when these should be applied. Creams were dated when opened to ensure they were disposed at the appropriate time.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way. Some staff members annual competency had expired, we discussed this with the registered manager who told us they had plans in place to ensure staff received their annual competency check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was facilitating visits in line with current government guidance.

Learning lessons when things go wrong

- There were systems in place to review and learn from any incidents.
- Although there were minimal incidents within the service, when incidents did occur these were recorded and reported. Incidents were reviewed by the registered manager and any learning was shared with the staff team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person centred and positive culture in the service. Staff commented positively about the service, the teamwork, and the people they supported. One staff member told us, "Our aim is to give the individuals the best lives they can have and achieve what they want to achieve, I think we do. We do what's best for them and encourage them to be as independent as possible." Another staff member commented, "I love working at Cherry Trees and the people we support, seeing how far they have come and how independent they are, it's amazing, I smile every day in my job, I love supporting [People] with their goals, it's a lovely job and a lovely house to work in, I feel supported by all the staff." A relative told us, "The staff enjoy their work, it's a real home."
- People told us they liked the staff and the registered manager. Relatives knew who the registered manager was and spoke highly of them. One relative told us, "It's well led, [Name of registered manager] has a lot of experience, it's a great place." Another relative commented, "The [Registered] manager is very proactive and approachable."
- Relatives told us their family members were well supported by the staff and they got on well with them. One relative told us, "The staff who support [Name of person] are absolutely amazing." Another relative commented, "The staff are absolutely amazing, [Name of person] is treated with such respect and the staff are supportive of us as well."
- Staff commented positively about the registered manager and support from the senior managers and the provider. One staff member told us, "I like [Name of registered manager] they are very person centred, easy to talk to and a good all-rounder." Another staff member commented, "[Name of registered manager] is very efficient, really on the ball, everything is in its place, it's organised, loads of changes, no problems, they are easy to approach. [Name of area manager] visits the service and I can approach them if needed and the CEO has also visited."
- A visiting health professional told us, "I would like to mention that their willingness to change and develop their service is at high standards. This service definitely has a proactive approach."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to act openly and honestly when things went wrong. The registered manager demonstrated where they had acted upon their duty of candour.
- Staff knew they had to report concerns to the registered manager and were confident that these would be acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor and improve the quality and safety of care provision.
- The registered manager and provider had a range of quality assurance checks in place, areas covered included health and safety, safeguarding, infection control and medicines.
- There was a clear management structure in place. Staff were clear about their roles and responsibilities.
- Statutory notifications were submitted as required. Statutory notifications are important because they inform us about notifiable events and help us to monitor the services we regulate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to receive feedback from people and their relatives. People attended weekly residents' meetings where items relevant to the running of the house and activities were discussed.
- People's relatives' feedback was obtained via an annual survey. The registered manager sent monthly newsletters to people's relatives to give them updates and keep them informed of any relevant information. One relative told us, "There is a newsletter in detail of what [Name of person] has done each week."
- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member told us, "We have monthly meetings, I feel able to speak up, we are very opinionated, give our views and I feel listened to. We all want the same ending. It's good to have different opinions."
- Daily handovers were also held for the staff team on duty each day to enable them to discuss day to day matters, receive updates and plan each day.

Continuous learning and improving care; Working in partnership with others

- There were systems in place to review and learn from any incidents.
- The registered manager kept themselves up to date with current practice and guidance through meetings and networking. They also attended management team meetings with the provider. The registered manager told us they felt supported by the senior management team and their manager colleagues.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals such as GPs, social workers, and a range of other professionals.