

# Parkcare Homes (No 2) Limited Cherrywood 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?

Good



### Overall summary

The inspection took place on the 11 February 2015 with two inspectors and was unannounced. Cherrywood House is a care home providing accommodation for up to 13 people who have a learning disability or autism. Eleven people live in the main house. Two people have their own self-contained accommodation attached to the main house. During our inspection there were 12 people living at the home. The property is a large detached house situated in a residential area of the town.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People appeared relaxed during our visit, one person told us "I am safe living here I don't worry about anything". Staff knew the people they were supporting well. We saw staff encouraging people to engage in activities within the home. Relative's told us people were treated well by staff.

# Summary of findings

Systems were in place to protect people from harm and abuse and staff knew how to follow them. Records we reviewed showed staff reported incidents to the registered manager. People's medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely.

Staff supervision wasn't always held in line with the frequency identified in the organisation's policy. Staff told us they received an induction when they started working at the service, we were unable to find any details of this in staff records. This meant we were unable to check if staff had received adequate training and induction when they started working in the home.

We saw that people's needs were set out in individual plans. We found care plans and risk assessments were not consistently reviewed and updated with input from the person. We saw the registered manager was in the process of reviewing and updating care plans.

Relative's told us they were confident they could raise concerns or complaints and they would be listened to.

The provider and registered manager assessed and monitored the quality of care. Audits covered a number of different areas such as care plans, infection control and medicines. The service encouraged feedback from people and their relatives and there were plans in place to improve the process of receiving feedback from people.

# 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?

The service not always was safe. Assessments were undertaken to identify risks to people who use the service. We found some of the risk assessments were not consistently reviewed and updated. We saw the registered manager was in the process of updating these records.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely and accurate records were kept.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Staff supervision was not always being held at a frequency in line with the provider's policy. We could not find any evidence in staff records of them receiving an induction when they joined the service.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Staff were aware of their roles and responsibilities and they demonstrated an understanding of the importance of giving people choice's when providing support.

**Requires Improvement**



### Is the service caring?

The service was caring. People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed relationships.

**Good**



### Is the service responsive?

The service was responsive. People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

People had care plans in place that identified their needs. The registered manager told us they were in the process of updating these and they had plans in place for people to be involved in reviewing their plans.

**Good**



# Summary of findings

People were supported to access their local community facilities and attend local activities and clubs of their choice.

## Is the service well-led?

The service was well led. There were regular audits in place. For example infection control, medication and staff training. The manager and head of quality had an action plan for improvements required to improve the quality of the service.

Staff felt the manager was approachable and there were systems in place for them to discuss their practice and report concerns.

Good



# 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.

The inspection took place on 11 February 2015 and was unannounced.

The inspection was completed by two inspectors. Before the inspection we reviewed previous inspection reports and information we held about the home including the

Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also made reviewed notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with four people who use the service, four relatives, seven care staff, the activity coordinator, the head of quality and the registered manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service. We received feedback from two community professionals following the visit.

# Is the service safe?

## Our findings

People we spoke with and their relatives told us they or their relatives felt safe at Cherrywood House. One person told us “I am safe living here, I don’t worry about anything”. A relative told us “I know my family member is happy here and well looked after” and another said “my relative is safe, I have no concerns”.

Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training. Training records we saw confirmed staff had received this. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people’s behaviour, their body language as well as physical signs. Staff told us this would be reported to the registered manager and they felt confident the registered manager would take the appropriate action. One staff member told us “I feel 100% confident it would be dealt with by the manager”. The home had safeguarding information available presented in an easy read format for people who use the service.

Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside Cherrywood House if they felt they were not being dealt with. We saw “speak up, speak out” posters were on display around the home, the registered manager told us this was an initiative to promote a culture of openness and encouraging staff to report any concerns. Safeguarding audits were completed periodically by the registered manager, we saw these audits covered areas such as staff training and ensuring access to contact details to report concerns was up to date and available.

Assessments were undertaken to identify risks to people who use the service. Where risks had been identified they were rated in relation to the level of the risk. These had been personalised to each individual and covered areas such as accessing the community alone, horse riding, managing finance’s, fire evacuation and managing specific health needs. The registered manager told us risk these assessments should be reviewed at least six monthly. Some of the risk assessments we saw were not reviewed in line with this and the registered manager told us they were in the process of reviewing and updating them. Incidents and

accidents were reported to the registered manager. Staff told us there was a culture of learning from incidents and they received a debrief from senior staff following an incident. A community professional told us incidents were reported to them in a timely manner.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take. People’s medicine records were accurate and balances of their medicines matched with records. Medicines audits were carried out monthly by designated staff. Training records confirmed staff had received training in the safe management of medicines. A review of people’s medicines took place every year with the GP to ensure that people continued to receive the correct medical treatment.

A recruitment procedure was in place to ensure people were supported by staff with the appropriate experience and character. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

During the inspection some staff raised concerns with us over the levels of staffing available on each shift. They told us there were not enough staff to meet people’s needs and they felt under pressure because of this. We spoke with the registered manager about staffing levels and they confirmed their minimum staffing level with us. We looked at the staffing rota and saw at times the home was running on its minimum staffing level; however we did not observe it going beneath this. The registered manager recognised due to staff absence staffing levels had run on their minimum levels at times, however they stated this had not gone below this. They told us the staffing rota was based on people’s individual hours and they were currently in the process of recruiting new staff to fill their vacancy. They told us due to some staff absence regular staff and bank staff were working additional hours to meet the needs of the

## Is the service safe?

home. People who use the service were unable to tell us if they felt there were enough staff available to meet their needs. During our inspection we observed there were enough staff available to meet people's needs.

We found during this inspection some part of the kitchen required maintenance, for example we found a worktop in the kitchen was showing signs of being worn and the pipes

next to the cooker had paint peeling off. This meant robust cleaning of these areas could not be effectively undertaken and people were at increased risk of being exposed to infection. We spoke with the registered manager who told us they had plans to refurbish and update the kitchen to make it more assessable and an area where people could focus on developing life skills.

# Is the service effective?

## Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 (MCA) which allow the use of restraint or restrictions but only if they are in the person's best interest. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. At the time of the inspection there were seven authorisations to restrict people's liberty under DoLS and we found the provider was acting within the terms of the authorisations.

We spoke with care staff about their understanding of the MCA and DoLS. They understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. Staff also demonstrated an understanding of the importance of supporting people to make decisions about their care and support. For example, we observed staff seeking consent before supporting a person with brushing their hair. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

The registered manager told us staff should receive supervision six to eight weekly in line with their policy. We looked at three staff records and saw supervisions had not always been held at the frequency in line with the provider's policy. One of the supervision records we saw demonstrated the staff member had not been supervised for seven months. This meant staff were not always receiving regular formal support from their line manager to discuss their concerns. The registered manager showed us a plan they had designed for the year to highlight when staff supervisions were held to ensure all staff receive regular supervision in line with their policy. We observed not all staff supervision records contained details of the discussion held. This meant there was not always evidence

the concerns staff raised were being discussed. We discussed this with the registered manager who showed us a new format for recording supervisions they had started using to ensure more details notes were kept.

Staff told us they had meetings with their supervisor to receive support and guidance about their work and to discuss training and development needs. One staff member told us "they focus on developing staff and action points are set" and "supervisions are constructive and a two way process, they listen to concerns".

Staff were aware of their roles and responsibilities. Staff told us they had received a range of training to meet people's needs and keep them safe. This training included safeguarding, infection control, medicines, de-escalation techniques and supporting people with autism. This was confirmed by the training records we saw. Staff spoke positively about training opportunities. One staff member told us they had just started their level three diploma qualification and another said they had been offered to complete the level five. The registered manager told us they were planning for staff to attend training in epilepsy to ensure they were trained to meet people's needs. The registered manager told us there was an induction process in place for new staff. Staff told us they received an induction when they joined the service. They said this included a period of two weeks shadowing experienced staff and looking through records. We looked at staff records and could find no clear evidence of staff receiving a formal induction to the service. The registered manager told us staff received induction and they were in the process of requesting staff to bring their induction record into the home to demonstrate this.

People and their relative's told us they were happy with the food provided. One person told us "I really like the food here" and a person's relative told us their family member was regularly offered their favourite meals. People were provided with a choice of two cooked meals each day and if they did not want what was on the menu they would be offered another choice. We saw where people had specific dietary needs they had individual menus. People had access to food and drink throughout the day and staff supported them as required.

People's care plans described the support they needed to manage their day to day health needs. These included personal care, medicines management and nutrition. We found where a person had been advised to eat a healthy

## Is the service effective?

diet by their GP, regular records of the person's weight were not recorded by staff. This meant staff weren't able to effectively monitor the person's weight and they were at risk of their weight increasing. We spoke with the manager and they recognised recording was not always completed effectively, they told us there were plans in place to improve this.

People were supported to have regular contact with health professionals. We saw people were supported to see their GP, dentist and a speech and language therapist where required. Where guidelines had been put in place by a health professional staff were aware of and followed these. One relative told us "they (staff) support my family member with their health needs and keep me update". Staff told us they were informed of people's changing needs through the handover recording system. We saw the handover

record was not always being used effectively and people's personal information had been recorded on this document. This meant people's personal information was not recorded confidentially. The registered manager recognised the handover record was not being used effectively and told us they were looking into a more effective handover recording system. They also told us they were allocating time on each shift for staff handover.

Community professionals told us the registered manager and staff engaged positively with them and staff are made available for assessments, training and meetings. They told us attempts were clearly made to implement recommendations by the staff. For example where issues were highlighted regarding the quality of behavioural recordings the registered manager had addressed this with the staff team.

# Is the service caring?

## Our findings

People and their relatives told us they were treated well and staff were caring. One person told us “I like the staff here very much and they are very kind to me” and another said “I am very happy here and I like my key worker”. Comments from relatives include “I know my family member is happy here and well looked after” and “I am happy with the way my relative is treated, they look after them well”. We observed staff interacting with people in a friendly way. During our inspection we saw people laughing and joking with staff and engaging in positive conversations. For example we observed staff offering positive reassurance to a person when they started to demonstrate signs of anxiety.

Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us “it takes time to get to know (the person) we have naturally built a relationship and trust”. We spoke to one staff member about what was important to a person, the information they told us reflected what was written in the person’s care plan. We saw that people’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom.

Staff had recorded important information about people in their care plans, for example, likes and dislikes, important dates and relationships. People’s preferences regarding their daily care and support were recorded. For example we saw where a person preferred a gender of care staff supporting them this was recorded in their plan. People’s relatives told us they were involved in their family member’s reviews and we saw evidence of people’s

relative’s being involved in their care plans. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided. For example people’s preferences for the way they received their personal care and how they liked to spend their time. The service had information about local advocacy services and had made sure advocacy was available to people.

Relative’s told us they could visit at any time and they said the staff were welcoming. They felt that staff knew their family member well and supported them appropriately. People went out with their families for day trips and trips to the family home. People were encouraged to maintain family relationships, including being encouraged and supported to make regular contact. Relative’s told us they were kept up to date with any changes to their family members care needs. One relative told us “they (staff) keep me updated”.

Community professionals told us they found the service very welcoming and they felt able to drop in at any time. One professional told us “I have always been welcomed and found the staff very friendly”. They told us the person they were supporting had “lovely relationships with the staff” and described the staff as being “professional and kind”.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care. For example offering people the level of support they preferred and waiting outside of a bedroom until a person requested their support. They also talked about knocking on people’s bedroom doors and waiting for a response before entering and ensuring a person’s curtains were drawn.

# Is the service responsive?

## Our findings

Each person had a care plan which was personal to them. We looked at five care the registered manager told us they were in the process of reviewing and developing the plans to ensure the information was current and changes had been made where necessary. They also told us the new plans would involve input from the person.

Care plans included information on maintaining people's health, their communication needs and personal care. Two of the plans we looked at had been recently reviewed and update. These plans set out what people's care needs were and how they wanted them to be met. For example we saw it recorded a person preferred staff to support them using hand on hand support and details of how they liked to take their medicines. These plans had evidence the support had been discussed and agreed with the person, their relative, care manager, key worker and the registered manager. We saw where people had specific communication needs communication books had been developed detailing their preferred communication methods. For example where a person used sign language and chose to use their own signs, these were documented in the book for staff reference.

We saw where a person required support to manage their behaviour a 'positive behaviour support plan' had been created to develop positive outcomes for the person. This had been developed with input from the person's relative, a positive behaviour support practitioner, the key worker and deputy manager. The registered manager told us they were developing a core team of staff to work with the person and specific training days had been developed around the person's needs. We spoke with a staff member who spoke enthusiastically about the care planning approach and training programme.

The registered manager told us each person had an allocated key worker to oversee elements of their support. People we spoke with told us they liked their key worker. One person told us "I really like my key worker" and another said "my key worker helps me to do things I can't do for myself". We saw key worker meetings had been held to discuss any concerns the person may have and if people had any comments in relation to their bedroom. The meetings also covered areas such as explaining the fire drill. Some of these had been completed by staff and there

was no clear evidence of involvement of the person. We saw dates had been arranged for monthly key worker meeting for 2015 and the registered manager told us they had plans to develop the meetings to include the person's voice.

There was a procedure in place detailing the provider's response to complaints, this included an easy read version for people who use the service. We saw there had been one formal complaint received from a member of the public. This had been discussed with staff and resolved. We saw people attended a 'your voice' meeting in 2015 and four people attended this meeting. During the meeting they discussed important activities and the complaints procedure. We asked the registered manager how they sought the views of people who didn't want to attend the meetings or had concerns. The registered manager told us key worker meetings were used for this. Relatives were confident that any concerns or complaints they raised would be responded to and action would be taken to address their problem. They told us they knew how to complain and would speak to staff if there was anything they were not happy about. Comments included "I would speak to staff, they take note of concerns and usually sort it".

We saw people had regular access to local community facilities and activities. The care plans recorded what activities people enjoyed these included going into town, visiting café's, walking, IT classes, shopping and visiting the hair dressers. During our visit we observed one person going to the gym with staff and another went into town on a bus independently. We saw people had individual activity plans in place, these included what activities people did within the home as well as in the community. During our visit we observed people being involved in activities in the home. For example one person was involved in making drinks and another was drying up dishes after lunch.

An activity coordinator was employed by the provider to offer activities to people. During our inspection we observed activities being offered such as making valentine's day decorations and cards and engaging in games. The activity coordinator told us they encouraged involvement in art projects relating to times of the year and celebrations such as birthdays, Halloween and Christmas. The home had a large activity/art room for people to use.

# Is the service well-led?

## Our findings

There was a registered manager in post at Cherrywood House. Staff told us the registered manager was approachable and accessible and they felt confident in raising concerns with them. The registered manager told us they promoted an open culture where staff could approach them with concerns. One staff member told us “if concerns get raised they do get discussed and listened to”.

The registered manager had regular dates for staff meetings and senior meetings allocated throughout 2015. We saw a team meeting had been held in October 2014. The meeting involved discussion around areas of improvement. We saw the key worker system had been discussed in order to provide consistency of staff. The staff meeting minutes identified the current recruitment process was not bringing in staff quickly enough to meet the service’s needs. The registered manager told us they were considering social media as a means of advertising for staff vacancies. We saw in a staff member’s supervision notes staffing concerns were discussed; the record detailed a strategy plan that had been put in place by the registered manager for a period of time whilst the organisation was recruiting.

The provider had systems in place to monitor the quality of the service. These included a range of internal and external audits completed periodically throughout the year to assess the quality of care provided. Reports of the visits were in place. The audits were completed by named members of staff, the registered manager and the provider. They included safeguarding, finances, medicines, training,

incidents, complaints, infection control and health and safety. The audits identified actions required for improvements and the outcomes of these actions. We found the shortfalls we found during the inspection had been identified and action points were recorded. We saw the registered manager completed observations of staff performance and provided them with feedback following this.

The provider recognised positive staff contribution and we saw a staff member had received a ‘making a difference’ award. This recognised the extra effort the staff member had contributed to their work.

The registered manager told us the vision of the service was to provide a transition service and to move people into more independent living environments where they were able to achieve this. Some of the staff we spoke with were aware of this and they told us their aims were to support people to develop their skills and reach their full potential. At the time of our visit the registered manager and head of quality told us they were in the process of creating a development plan for the home. The registered manager told us that questionnaires were sent out annually to relatives to obtain feedback, relatives confirmed they had received these. The results of the 2014 survey had not been collated at the time of our inspection.

The registered manager told us they had supervisions with their manager and they felt supported by the organisation. They said they attended regular regional conferences and management meetings. This gave them the opportunity to meet with other managers to share best practice and discuss challenges they may be facing with service delivery.