

Broadoak Group of Care Homes

Cherry Tree Cottage

Inspection report

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Tel: 01949823951

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 11 May 2016 and was unannounced.

Cherry Tree Cottage provides accommodation for up to five people living with a learning disability. Five people were living at the service at the time of the inspection.

Cherry Tree Cottage is required to have a registered manager. 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. A registered manager was in place.

People received a safe service. Support workers were aware of their responsibilities to protect people from abuse and avoidable harm and had received appropriate adult safeguarding training.

Risks to people's needs had been assessed and plans were in place to inform support workers of the action required to reduce and manage known risks. These were reviewed on regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. People received their medicines as prescribed and these were managed correctly.

The internal and external environment was monitored and improvements had been identified and planned for.

Safe recruitment practices meant as far as possible only suitable support workers were employed. Support workers received an induction, training and appropriate support. Some gaps in staff training were identified and the registered manager had a plan to address this. There were sufficient experienced, skilled and trained support workers available to meet people's needs.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted. People's healthcare needs had been assessed and were regularly monitored.

The home manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected.

Support workers were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, preferences and routines.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided. Communication between relatives, external professionals and the service was good.

People were involved as fully as possible in their care and support. There was a complaint policy and procedure available. People had information to inform them of independent advocacy services.

People were supported to participate in activities, interests and hobbies of their choice. Support workers promoted people's independence.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits.

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.

Support workers had received adult safeguarding training and were aware of their responsibilities of protecting people from abuse and avoidable harm.

Risks to people and the environment had been assessed and planned for.

Staffing levels were sufficient to meet people's needs and offered flexible support. The provider operated safe recruitment practices to ensure suitable support workers were employed to work at the service.

People received their medicines as prescribed and these were managed safely.

Is the service effective?

Good ●

The service was effective.

Support workers had received the training they needed to do their job effectively, although a small number of support workers required refresher training in some areas.

People's rights were protected under the Mental Capacity Act 2005.

People were supported to follow a healthy and balanced diet. People enjoyed the food provided.

People's day to day health needs were met by support workers and they were supported to access external healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by support workers who were caring and

compassionate. Support workers were given the information they needed to understand and support people who used the service.

People had helpful and important information available to them such as independent advocacy and support services.

People felt listened to and support workers acted on and respected their views.

People's dignity and privacy were maintained by support workers.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was individual to their needs, preferences and routines. Support workers supported people to pursue their hobbies and interests.

People were supported to contribute as fully as possible to their assessment and in decisions about the care and support they received.

People knew who to make a complaint if required. The provider had a complaints policy and procedure.

Is the service well-led?

Good ●

The service was well-led.

The provider had systems and processes that monitored the quality and safety of the service.

People and their relatives or representatives were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Cherry Tree Cottage

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 inspection took place on 11 May 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire to obtain their views about the service provided.

On the day of the inspection we spoke with three people who used the service and two visiting relatives for their feedback about the service provided. We also used observation to help us understand people's experience of the care and support they received. We spoke with the registered manager, home manager and two support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection we contacted the GP for their feedback about the service.



Our findings

People were protected from avoidable harm and abuse. People we spoke with who used the service told us that they felt safe at Cherry Tree Cottage. One person said, "I feel safe here because staff are around to support us." Another person told us, "I can get annoyed with others but I take myself to my room if I'm in a bad mood." Visiting relatives told us that they had no concerns about their family member's safety. They told us, "We can go home knowing [family member] is safe. If they weren't we wouldn't let them be here."

A support worker told us that on the whole people who lived at the service got on well, they told us how they protected people from abuse and demonstrated they were aware of the signs of abuse and what their role and responsibility was in protecting people from abuse and avoidable harm.

One support worker said, "We have had safeguarding training, if I have any concerns I raise it with the manager who takes action if required." Support workers showed an understanding of how to de-escalate situations where people were getting into conflict with each other.

We observed one person who was frequently verbally abusive towards others. People who used the service told us that whilst this was not nice, support workers were supportive and dealt with the situation as best as they could. We found that the atmosphere was relaxed and calm; support workers were attentive to people's needs and responded quickly and appropriately if people became anxious.

We saw the provider had a safeguarding policy and procedure available for support workers and records confirmed that all but new support workers had completed this training. The registered manager told us safeguarding training for new support workers had been arranged. We discussed safeguarding incidents with the home manager. They were knowledgeable about adult safeguarding legislation and gave examples of incidents that they had reported to the local authority safeguarding team.

Risks to people's needs had been assessed and planned for. People told us that they felt involved with discussions about how any risks associated to their needs were managed. Two people told us how they had regular meetings with their keyworkers. A keyworker is a support worker that has additional responsibility for a named person who uses the service. They said these meetings included a discussion about how their needs were met including any risks. An example was given about how a person accessed the local community and public transport independently. This person told us that they did not have any restrictions on their freedom and that this was important to them. Another person said that they did not access the community independently due to safety. They said, "Staff are always going out with me, supporting me with activities I like to do and keep me safe."

Support workers told us that accidents and incidents were minimal but they used staff handover meetings to discuss any concerns about risks. They also advised of how they ensured a safe environment was maintained. One support worker said, "We have regular fire drills so people know what to do in an emergency. We ensure the environment is tidy and support people to keep safe when doing daily living tasks such as ironing."

We saw records that confirmed risks associated to community activities and individual needs had been risk assessed and risk plans were in place to mitigate any identified risks. Records showed that risks plans were reviewed and evaluated to ensure information was up to date. Accidents and incidents were infrequent but records showed that appropriate action had been taken when incidents occurred. This included a referral to the local authority safeguarding team or contact for advice and support from a healthcare professional.

Personal emergency evacuation plans were in place in people's care records. This information was used to inform support workers of people's support needs in the event of an emergency evacuation of the building. We found this lacked specific information about people's needs associated to their anxiety, communication and behavioural needs. We discussed this with the home manager who agreed to review this information.

The internal and external of the building was maintained to ensure people were safe. For example, weekly testing of fire alarms were completed, and records showed that services to gas boilers and fire safety equipment were conducted by external contractors to ensure these were done by appropriately trained professionals.

There was sufficient support workers deployed appropriately to meet people's individual needs and keep them safe. One person told us, "I like all the staff, they're supportive, keep us safe and are always around." People were positive that there were support workers at all times to support them and named all support workers and what their role was. This included how many staff were on duty over a 24 hour period. Visiting relatives said, "Staff are always available to talk things through with. I have no concerns about staffing levels."

Support workers told us they felt adequate support workers were rostered on duty to meet people's individual needs. One support worker said, "I'm confident that the staffing levels are appropriate for people's needs and safety." The registered manager told us that they reviewed people's dependency needs regularly and amended the staffing levels accordingly.

From our observations and by looking at the staff roster and records, we concluded that people had their individual needs met. There were sufficient skilled and experienced support workers available and we found support workers were competent and knowledgeable about people's individual needs.

There were safe staff recruitment and selection processes in place. Support workers told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People received their medicines safely and as prescribed by their GP. People told us that they received their medicines at regular times. They were able to tell us what medicines they took and what these were for. One person said, "Staff give me my tablets at the sametime every day."

We found that information available for support workers about how people preferred to take their

medicines were detailed and informative. Protocols were in place for medicines which had been prescribed to be given only as required (PRN) and these provided information for support workers on the reasons the medicines should be administered. Our checks on the ordering, management and storage of medicines including the medicine policy reflected current professional guidance. Records confirmed that support workers responsible for administering medicines had received appropriate training and competency checks. Audit systems were in place to monitor medicines management these were found to be up to date.



Our findings

People who used the service told us that they found support workers to be sufficiently skilled and knowledgeable about their needs. One person told us, "The staff are all good, you can talk to them and they know how to support us, what we need, what's important."

Support workers were positive about the induction they received when they commenced their employment at the service. One support worker told us, "I had a two day induction; I shadowed more experienced staff and read people's care records. I'm always working with a more experienced member of staff."

We asked support workers about their training opportunities. One support worker told us, "My training is up to date, refresher training is important to make sure you are aware of any changes." Another support worker said that they had received training in managing behaviours, infection control and the Mental Capacity Act.

We found the staff training plan showed some support workers refresher training was out of date and new support workers had not completed all mandatory training. Mandatory training is a compulsory requirement for all health and social care workers. It enables staff to carry out their responsibilities adequately and provide safe care for people. The registered manager told us that they were aware of support workers training needs and had plans in place to address this. Included in these plans were support workers attending training sessions at the providers other services, this was to prevent any further delays in support workers receiving the training they required.

Support workers were positive about the support they received from the management team. They said that they had opportunities to meet with their line manager to review their work, training and development needs. One support worker had been employed four weeks and was aware that their four week probationary review meeting was due. Another support worker told us they had regular meetings to discuss their work and that they found this helpful.

The home manager showed us a staff supervision and appraisal plan. This showed that support workers received opportunities to discuss their work and review their performance.

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 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.

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). At the time of our inspection there was no person who was being deprived of their liberty. We discussed the support and supervision needs of one person with the registered manager and home manager. They said that they would contact the local authority DoLS team for advice if an application was required to deprive this person of their liberty.

Support workers showed a limited understanding of how best interest decisions were made using the MCA. They acknowledged this was an area that they needed to have more awareness about. We discussed this with the registered manager and home manager. They said that they would arrange further training if required. They also said that they would add MCA and DoLS as a standard staff meeting agenda item as a method of improving support workers knowledge.

We checked whether the service was working within the principles of the MCA. We saw examples where people lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment and a best interest decision made in consultation with others such as relatives or professionals involved in the person's care. However, we identified some MCA assessments related to specific decisions related to managing people's medicines and finances were missing. The home manager told us that these had been completed, but could not locate this information. We were also concerned that a person who had some health needs may have been making unwise decisions about their diet. A MCA had not been completed to assess if this person had the capacity to understand the consequences and implications of their choices. The home manager agreed to complete an assessment to determine if the person had the mental capacity to make this decision.

People who used the service told us that support workers gave them choices and asked their consent before support was provided. One person said, "The staff ask us if we agree with things, they listen to what we say. I can say no if I don't agree."

Some people who used the service had anxieties, and behaviours associated to their mental health and learning disability that meant they could present with behaviours that challenged the service. Support workers had been specially trained to ensure that they could manage these situations effectively. Whilst they had been trained in the use of restraint support workers said that it was not necessary for them to do this. This training was a well-recognised accredited method of restraint. Support workers said they used other interventions such as distraction techniques. We found people's care records included behavioural support plans that clearly advised support workers of the strategies to be used to support a person when their anxiety was heightened.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person told us, "The staff are good cooks. You can choose other food if you don't like what's provided." People told us that they use to have meetings with support workers to discuss the menu but said, "Staff decide what we have to eat." Another person told us how staff supported them with health eating choices and went with them to slimming world classes.

People told us and observations confirmed, people had access to the kitchen at all times and could make themselves drinks and snacks. We saw people made their own lunch or with assistance from support workers. The home manager showed us menus had been developed but we noted that there was no menu on display advising people what the meal choice was for the day. It was clear from observation, talking with

people and support workers that meals were not routinely planned for ahead. Support workers said they were confident that people received healthy nutritional meals. Food stocks were good and included fruit and fresh vegetables. Refrigerated foods were found not to be dated when opened to monitor they were safe to eat. Support workers said that this was expected of them but difficult to do when people were accessing food independently. The home manager said they would address this issue.

People told us that they were supported to attend health appointments. One person said, "Staff take us to the dentist, I go to the doctors for injections and blood tests." Another person told us, "I had a medication review here last week with the doctor." People said that they had a 'Health Action Plan' (HAP). These are specific plans to clarify what a person needs to stay healthy.

Support workers gave examples of how they monitored people's healthcare needs. We saw there were records of the involvement of various healthcare professionals in people's care including the GP and psychiatrist. People were also supported to maintain their health and accessed health services such as the dentist and optician.



Our findings

People spoke positively about the approach of support workers and said they were kind and caring. One person said, "I get on well with all the staff and know their names they are good. They tell us they care about us." Another person told us, "The staff treat us as individuals and know what's important to us."

Support workers spoke positively and with affection for the people they supported, showing a good understanding of their routines, preferences and what's important to them. This included people's personal histories. One support worker said, "I absolutely love my job, it's so interactive with people, we get to know them so well meaning we can be responsive to people's needs."

We observed consistently positive interactions between support workers and people using the service. Support workers acknowledged people when they passed by and spent time talking to them. We saw that people were relaxed within the company of support workers and the management team. We heard people's preferred names being used at all times. We saw positive caring interactions of support workers meeting people's needs. Support workers were warm, friendly and patient in their approach.

Support workers had good communication and listening skills that showed a concern for people's well-being. They easily picked up and responded well when people became anxious and provided reassurance and support.

We found people's support plans were person-centred and caring. People's needs and preferences about how they wished to be supported and live their life were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted.

People we spoke with told us that support workers involved them in discussions and decisions. They told us that they had keyworkers and told us who these were. A keyworker is a support worker who has additional responsibility for a named individual. One person said, "I like living here, I have a keyworker, they're alright, we have meetings and talk about stuff, activities and ask how I am." Another person told us that they were involved in the development of their care plan and had regular meetings with their keyworker. They said, "We have meetings every few months and I'm asked if I'm happy here and if I need anything." Visiting relatives told us that they found keyworkers were supportive and caring.

Support workers told us that people were supported to be involved in all aspects of their care and support. This included daily choices and in bigger decisions that affected them. Support workers said how they met

with people in one to one meetings to discuss activities they had participated in, how they were including their health care needs and if any changes were required to the support provided.

We saw examples of keyworker meetings that confirmed what we were told. The home manager said that they checked these records to make sure people had opportunities to express how they were and that staff acted upon anything that was discussed.

We saw people had access to information on how to access independent advocacy services. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us that support workers respected their privacy and dignity. One person said, "The staff can sometimes be strict but they are respectful towards me." Another person said, "The staff always knock on my door and wait for me to answer before they come in."

Some people chose to show us their bedrooms and told us of their individual routines about spending time in their rooms to watch their favourite television programmes which were important to them.

Support workers showed a good understanding of how to protect people's privacy and dignity. One support worker said, "I always make sure I respect people's privacy when providing personal care." Another support worker told us that people chose where to spend their time, in addition to the communal areas, they said people liked to spend time in their bedrooms and that this was respected.

People gave good examples of how their independence was promoted. They said that every person had daily domestic tasks that they shared, and two people said they did their own laundry, including ironing. Additionally, people said that they went with support workers to purchase food shopping. One person went out independently. They told us, "I use the bus to get to places, go into the local village, to the pub and visit my family all by myself which is important to me."

Support workers told us how people's independence was maintained and developed. One support worker said, "What's important is remembering to get people to do as much as they can for themselves, it's not about doing for them but enabling them to be independent."

Support workers were aware of the importance of confidentiality and information was stored securely and accessible only to those people that needed it in the interests of people living at the service.



Our findings

People had their needs assessed before they moved to the service. Care and support plans were then developed with the person as fully as possible with their relatives, advocates or external health or social care professional. People confirmed that they, and where appropriate their relative, or external professional that supported them, had been involved in the assessment and development of their support plans. This was to ensure the service could meet people's individual needs and that support workers had the required information for them to provide a responsive service.

People and visiting relatives told us that they had been involved in assessments and the development and review of support plans. A visiting relative said, "The social worker use to arrange yearly reviews but these have stopped so the home arranges them now." They added, "Staff and the management team are always available to talk, any problem or anything you want to discuss we can just pick up the phone."

From people's care records we identified a concern about a lack of information about two people's healthcare needs. A person had a diagnosis of diabetes controlled by diet. We found this person's care records did not provide support workers with sufficient detail about what foods the person needed to be careful about. Also, out of date information was present in the care records which was confusing for new support workers. For example, information included how to take the person's blood sugar levels. The home manager said this was no longer required and agreed this information needed to be removed to prevent confusion. We asked support workers and the home manager how they supported this person with their diabetes. Responses from staff showed a lack of understanding. One support worker said that they were not clear as information in the care record was not detailed. Another person had a condition that affected their posture and vision. This person's care records did not inform staff of what this meant for the person and what they needed to consider. A support worker was unable to tell us what this meant for the person. We discussed what we found with the home manager who agreed to review people's support plans to ensure they provided appropriate detail.

People's care records contained information regarding their diverse needs and provided support for how support workers could meet those needs. We saw support plans were reviewed and evaluated regularly. The home manager acknowledged the frequency of these had slipped but was in the process of implementing a new review system, where support workers would have this responsibility.

People spoke positively about how they spent their time participating in activities of interest. One person said, "We do a lot of activities and trips out. Swimming, bowling, local café, parks and theme parks." People

showed us photographs of activities that they had been involved in; one person told us how they enjoyed indoor sky diving and showed us photographs of them doing this.

People told us that they were supported by support workers to have an annual holiday and that people were consulted about where to go. Some people had their own iPads that they used to keep in contact with the friends and relatives. Sky television was provided to enable people to have a wide choice of what to watch on the television. The service had a mini bus and car that support workers used in addition to public transport to access the community.

Support workers told us how they supported people with their interest and hobbies. One support worker told us, "Every day is different, people are asked what they want to do and we support them with this. Some things are organised in advanced but we're flexible."

On the day of our inspection two people went swimming with one support worker. Another person went with the registered manager for a short visit to one of the providers other service's that the person was familiar with. In the afternoon a person was supported to go shopping where they told us what new DVD's they had purchased. People that had participated in activities clearly demonstrated their enjoyment with these activities when talking with us.

One person told us that they were in the process of moving into supported living and that they were looking forward to moving on and having their independence.

People told us that in addition to their keyworker meetings they had annual meetings to talk about the service provided. We saw meeting records for March 2015 and April 2016 that confirmed what we were told; We noted that discussions were had about future developments with the service and if anybody had any concerns.

People told us that they knew how to make a complaint and that they would not hesitate to do so if required. One person said, "I can talk to the staff or my keyworker if I'm not happy about something." Another person said that they knew who the registered manager and home manager was and that they felt able to talk to them if they had any concerns or complaints. A visiting relative told us that they got on well with the management team and felt confident they could raise a complaint if necessary but said that they had not required to.

Support workers told us that they would try to resolve any minor concerns or complaints if they could, but were clear they would report everything to the home manager who they felt confident would respond appropriately.

People had information about how to make a complaint available and presented in an easy read format for people with communication needs. However, we noted that the particular communication tool used to develop the complaints information was not easy for people to understand. The home manager agreed with us and said they would review this information. The complaints log showed that there had been no complaints received in the last twelve months.



Our findings

People who lived at Cherry Tree Cottage were positive about the service they received. One person told us, "I'm happy living here, all the staff are nice and the manager is very nice and visits regular." Another person said, "I feel well supported, I can talk to the staff if I'm upset, they make sure I'm well and safe."

A visiting relative told us that they felt their family member received an effective and responsive service that met their family member's individual needs. They told us, "It's a good service, staff understand [name of family member] needs. We believe that they are getting the best they can."

A visiting social care professional spoke positively of their experience of working with the service. They told us how staff had supported a person to develop their skills and independence to move into supported living. They added that the staff liaised with them when needed and that they worked effectively together to support this person to live the life they chose.

Support workers demonstrated a good understanding of the vision and values of the service and were clear that person centred care was fundamental. One support worker said, "We support people to live the life they want, some people this maybe their forever home whilst others may choose to move onto to supported living."

People had copies of the provider's service user guide and statement of purpose. These clearly set out what the vision and values of the service was and what people could expect to receive. We found by talking with people this matched their expectation and understanding. We found by talking with support workers and observations that they clearly understood their roles and responsibilities. They promoted the providers values that included involvement, independence and respect towards people who used the service.

We found the home manager was visible and supportive to people and support workers, they clearly understood and knew people's needs. People who used the service and support workers told us that the registered manager regularly visited the service. It was clear to see that people had a good relationship with them. Both the registered manager and home manager had expectations and standards about support workers attitudes and behaviour. They had an open door policy approach to communication and we saw people, visiting relatives and support workers approached the managers throughout our inspection for guidance, support or for general conversation.

Support workers told us that they received opportunities to discuss and review their performance and that

they found this helpful and supportive. One support worker told us how new staff had recently been employed to fill vacancies; they said this was an improvement and the staff team were working well together.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. We saw that appropriate notifications were made to us where required by law.

As part of the provider's internal quality monitoring, annual feedback surveys were sent to people that used the service and relatives. A visiting relative confirmed that they had been asked to complete a survey in January 2016.

The home manager told us that and records confirmed, these surveys had been sent in January 2016. We saw a report that showed the feedback received had been analysed and that no actions were required. The home manager said that they were in the process of sending surveys to visiting professionals for their experience of the service, as an additional method to review the quality of the service provided.

The home manager's had a variety of auditing processes in place that were used to assess the quality and safety of the service that people received. These audits were carried out daily, weekly and monthly and were effective to ensure if any areas of improvement were identified they could be addressed quickly. Audits in areas such as the environment, medication and support plans were regularly carried out. In addition the registered manager completed audits and checks. We saw they last completed their audit in March 2016. This told us that the provider had good systems and processes in place that constantly reviewed the service for any required improvements.