Outreach 3-Way

Cherrymead

Inspection report

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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

An unannounced comprehensive inspection took place at Cherrymead on 30 May 2018.

Cherrymead is registered to provide accommodation, care and support for up to seven people who live with a learning disability. Some people living at Cherrymead were also living with dementia. At the time of the inspection, there were seven people living at the home. The care service was in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion which were reflected in the values of the service and in the personalised care provided. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People had their own bedrooms which all had an en-suite bathroom with either a shower or bath. There was a communal lounge, a dining room and kitchen, a conservatory and garden.

The service had a registered manager in place. The registered manager had another management role for the organisation. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we completed our previous inspection in April 2016 there were concerns that not enough staff were present during the day to safely meet people's needs. Since the last inspection, the provider and registered manager have worked with the local authority to determine safe staffing levels to address this breach of the regulation. We required the provider to complete an action plan to show what they would do and by when to address this concern. At this inspection, there were sufficient staff numbers during the day to support people in the home and to accompany people if they are going out. Our observations and staff rotas confirmed this. Due to increased complex needs of the people living at Cherrymead, the registered manager and the provider took steps to resolve this by increasing staff numbers at night. We confirmed that the provider had taken sufficient action to address the previous breach of Regulation.

Staff were well trained but training for some staff was not up to date. Audits were done to check the safety and quality of the service but, shortfalls we found in relation to training being out of date for some staff had not been identified.

People and relatives had opportunities to give their views on the services and this feedback was acted on.

The provider had a clear strategy to support the independence of the people. Staff encouraged and promoted independence. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the home support this practice.

Staff had increased activities provided for people and supported people to go out. The registered manager had taken steps to vary and improve the menu offered.

We observed that staff and people knew each other well and were observed to be caring, patient and gave time for supportive and meaningful interactions.

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.

There were sufficient staff to meet people's needs.
The service was clean and well-presented.

Staff knew how to keep people safe. The service had policies and procedures on safeguarding people from possible abuse.

People received their medicines safely. Medicines were stored safely.

The service learnt lessons from incidents and audits.

Is the service effective?

Good

The service was effective.

Staff were well trained and staff told us they felt supported.

People were supported to have a balanced diet and there was a choice of food. Food presentation for people living with dementia needed attention.

People's capacity to consent to care and treatment was assessed and staff were aware of the principles and procedures as set out in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People's health care needs were monitored. Staff liaised with health care services and treatment was arranged where needed.

Premises were well adapted and equipped to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were observed to be caring, patient and friendly with people. People were treated with kindness and dignity.

People were supported to be involved in decisions about their care.

Care plans and risk assessments were person-centered and detailed.

Is the service responsive?

Good

The service was responsive.

Care was personalised and reflected people's preferences.

People were supported to attend a range of activities including the use of community facilities.

The service listened and responded to complaints.

Is the service well-led?

Good

The service was well-led.

Audits were done to check the safety and quality of the service but shortfalls we found in relation to training being out of date for some staff had not been identified.

People and relatives had opportunities to give their views on the services and this feedback was acted on. The service involved people, relatives and staff.

The home had a clear strategy. The service aimed to support independence of the people.

The services worked well with other agencies and professionals.

Cherrymead

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.

Two inspectors carried out an unannounced comprehensive inspection at Cherrymead on 30 May 2018.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used this information to decide which areas to focus on during our inspection.

During the inspection we spoke to two members of staff, a visiting relative and the registered manager. We observed a lunch time meal, interactions between staff and people, medicines being given and activities. We reviewed menu's, three people's care plans and risk assessments, three staff files including supervision records, recruitment and training records, compliments, audits and complaints records.

People living at the service had a range of communication styles we spent time observing the care and support people received in communal areas of the home to be able to understand people's experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

Following the inspection, the registered manager sent through policies, procedures and audits, house meetings minutes and staff team meeting minutes.

Following the inspection, we received emails from four professionals, these included external professionals that provided activities at Cherrymead and health and social care professionals involved in the care and support of people living at Cherrymead. They gave us permission to quote them in this report.

Good

Is the service safe?

Our findings

At our last inspection in April 2016 we found there were not enough staff to safely meet people's needs. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there were enough staff to meet people's needs. Since the last inspection the provider and registered manager have worked with the local authority to determine safe staffing levels. Our observations showed there were sufficient staff numbers during the day to support people in the home and to accompany people if they are going out.
People's needs at night had recently increased. A staff member told us they felt staffing levels were safe but that an additional member of staff would be advantageous at night. This had been discussed at recent staff meetings and the registered manager had been working with the local authority to resolve this. After the inspection, the registered manager informed us that there is an additional member of staff at night.

Staffing levels during the day were sufficient to meet people's needs and were flexible, based on people's requirements. The registered manager told us and staff rotas showed that two staff during the day are required to be a safe level but three members of staff are always on duty during the day and additional staff, if needed, are present. On the day of the inspection, an extra member of staff was on duty as two people were going out for hydrotherapy and required staff support. There was a low staff turnover so the staff know the people very well and have good established relationships with them.

We observed the home was clean and well-presented. Staff were observed to use protective equipment when giving medicines.

Medicines were ordered, stored, administered and disposed of safely. When medicines, such as liquid medicines, were opened, the date of opening was recorded on the bottle. This ensured that medicines were not given beyond their recommended date. All medicines were prescribed for people, including medicines that were to be taken as needed (PRN). Medicines Administration Records (MAR) were completed appropriately and staff had signed to confirm that people had received their prescribed medicines as needed. One person, with their knowledge, had their medicines placed in their food and another person was observed taking their medicine in yoghurt with their knowledge. Advice had been sought from the GP to ensure that administering the medicines in this way did not affect the medicine adversely.

Staff completed training in medicines before they could give them. Following completion of the training, a senior member of staff assessed them before they were signed off as being competent to administer medicines. The registered manager and staff used STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) to take steps to support people to reduce the amount of inappropriate medication. Care records showed that people receive an annual health check from their GP.

People were protected from the risk of abuse or harm because there were systems and processes in place to keep them safe. The provider also had a manager on duty within the region so that concerns were dealt with promptly. The service had an online portal, to report incidents and share information. Staff were aware of

this portal and of how to keep people safe. One member of staff defined safeguarding as, "It's how to keep people safe. We have incident reports on the online portal via the providers intranet to fill in and we can always call the manager if we have any concerns". Staff were aware of types of abuse they might encounter and knew who to contact when making a safeguarding referral. Staff completed mandatory training in safeguarding. The registered manager knew the process for raising concerns and safeguarding and when concerns had been identified appropriate referrals had been made.

Risk assessments were detailed and showed that people's risks had been identified and assessed appropriately. Clear guidance and information was recorded so that staff knew how to support people safely and minimise risks. Risk assessments had been drawn up in areas such as communication, nutrition, risk of isolation, support at night, finances and travelling in the car, for example one person had a risk of choking detailed in their care plan, guidance on the person's diet and risk of choking was observed to be on a whiteboard in the kitchen. Each risk assessment recorded the hazard, control measures in place and actions to be taken. Risk assessments included 'desired outcomes' for people to help reduce risks. Individual Personal Emergency Evacuation Plans (PEEP's) were in place for people, should they need to evacuate the building in the event of an emergency. Checks were made by suitably qualified persons of equipment such as the passenger lift, gas heating, electrical appliances, fire safety equipment and alarms and Legionella.

Records showed that the kitchen was cleaned daily and temperatures taken of hot food, to ensure it had reached the correct temperature. Advice was sought from the Food Standards Agency in relation to the safe handling and storing of food. Staff completed training in food safety.

Staff recruitment practices were safe. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. This ensured the provider could make safe recruitment decisions. When the service is recruiting new staff, people are included in the interview process. People could express their views about a job candidate after meeting them.

Good

Is the service effective?

Our findings

Staff completed a range of training in areas such as mental capacity, medicines, food safety, equality and diversity and safeguarding. Staff were encouraged to complete additional training, for example, in diabetes, dementia and autism and to study for professional qualifications, such as National Vocational Qualifications.
New staff completed the 'Care Certificate', a nationally recognised qualification which is based on assessments in the workplace. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Two members of staff had been trained in supporting a person who has a learning disability and is also living with dementia. Agency staff were required to complete an induction for Cherrymead. The registered manager told us they check that an agency staff member has the skills and knowledge to look after people at Cherrymead.

Staff told they were well supported and had supervision with the registered manager. When asked about supervisions, a support worker told us, "We try and do them monthly. I've had three since last November and they're all recorded." Records confirmed this.

Some people's needs were becoming more complex including their dementia. We observed a person having a sandwich with white bread on a white plate and the person was observed to be struggling to identify their food. Adaptations could be used in serving food to make a meal time experience dementia-friendly such as using a plate that is a high contrasting colour to a meal. Some staff had completed dementia awareness training.

People's nutritional needs were assessed and met. Staff supported people at lunchtime as needed and people's food was prepared according to their dietary needs. For example, one person was at risk of choking because of swallowing difficulties and other people had trouble chewing certain types of food. Guidance on people's diets and risks was posted on a whiteboard in the kitchen. Where people had been assessed as requiring specialist diets or additional support, advice and guidance had been sort from healthcare professionals such as a dietician or speech and language therapist, as needed. Risks were mitigated for these people as the guidance identified how to support people. This included the signs that staff should look out for if people had difficulty swallowing or eating, was detailed and effective and contained within care records.

People had choice of what they wanted to eat. Discussions took place at house meetings where people decided what they would like to eat. Pictures and photos were used to enable people to understand the types of food they might like. When a new recipe was tried out, people were asked for their comments and whether they liked it or not. For example, people enjoyed a sausage hotpot and this was demonstrated by the fact there were no empty plates by the end of the meal. People were then asked if they would like this dish to be included on the menu. Menus had switched from a two-week menu to a six-week menu rota with an increased variety of foods and helped people to maintain a balanced and nutritious diet. Drinks and snacks were readily available to people throughout the day. Support staff took it in turns to prepare meals for people. People were asked if they would like to help in the preparation of meals and some people

enjoyed baking cakes, assisted by staff. The registered manager said, "We try and encourage people to prepare meals and make drinks".

Where people were presenting behaviour that challenges the registered manager was working closely with health professionals such as learning disability nurses, psychologists and with a person's day centre if appropriate.

People had access to a range of healthcare professionals and support. During our visit to Cherrymead a person was feeling unwell, staff were observed to be responsive, taking immediate action by calling the GP and informing the persons next of kin while helping the person to feel more comfortable and reassuring them. Care records showed that people could see GPs, chiropodists, learning disability nurses, living well with dementia team, speech and language therapists and dieticians when needed. Where people had attended appointments, or had been seen by healthcare professionals, the reason and outcome were clearly recorded in their care records. Advice had been sought from professionals when people's health needs changed. Care records showed that people receive an annual health check from their GP.

Care records included health passports for people, 'My Care Passport'. These are documents which provide healthcare staff with information they need to know about the person. People could take these with them when they attended healthcare appointments or hospital to aid communication and improve their experience of attending appointments.

People's needs were met by the adaptation of the building. People had personalised the décor of their room with personal items of interest, pictures, decorations and photos. Signs were observed to orientate people around the home, for example for the toilets. The registered manager told us that people that have conditions like arthritis will benefit from a new shower room that the provider plans to build. In a recent resident meeting the people fed back that they would like a larger TV which the provider bought for the conservatory.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments had been completed and Deprivation of Liberty Safeguards (DoLS) applications made for everyone living at Cherrymead. Where needed, decisions were made on people's behalf in their best interests, these decisions were decision specific and made in line with best practice for example involving other who support and know the person. For example, a best interests' decision was taken on behalf of one person that they should not have a routine screening test done as it would have been too stressful for them.

Staff were knowledgeable and trained in the Mental Capacity Act 2005 (MCA) and DoLS. One staff member said MCA was, "not just one big thing, it's decision specific. People are involved and could have choice between one thing and another". Restrictions were not used unnecessarily, but, where people were restricted, for example the use of lap belts in wheelchairs, best interest meetings had determined this was necessary to ensure the person's safety when using a wheelchair outside.

Good

Is the service caring?

Our findings

Staff were observed to be caring, patient and friendly with people. Staff were warm and kind in their approach to people and adapted their approach to meet people's needs. For example, by using a gentle touch on the shoulder or appropriate hugs to reassure people. Throughout the inspection, we observed staff sitting down with people, spending time to support them in the activity they had chosen and to have meaningful interactions. When people became upset, staff distracted their attention and used calming techniques effectively. A relative told us "the home is absolutely fantastic, absolutely terrific, I can't fault them".
Staff and people knew each other well, staff were observed to be caring, patient and gave time for supportive and meaningful interactions. We saw compliments from relatives such as "Cherrymead passes the brother test", "this home is a lovely environment" and compliments from external professionals such as "Cherrymead is a beautiful, friendly and caring environment."

As people at Cherrymead had limited verbal communication, staff worked on a one to one basis when asking for feedback, using yes or no questions and using pictures. One person who is living with dementia had a communication board that staff told us they used as well as using gestures and vocalisations to communicate their needs and choices. There were picture and easy read books. In the front hallway staff's photos were placed next to their name on a noticeboard, this was updated daily with the staff on duty that day.

The service has an Accessible Information Standard policy. The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. Some people had whiteboards in their rooms which aided their understanding of their day ahead. The whiteboards provided them with information in a pictorial format about which staff were working on that day, the weather, activities planned and what they enjoyed doing.

People's independence was respected. For example, friends came to visit one person and they were given privacy in the conservatory to spend time together. Staff occasionally popped in to check people were all right and did not need anything. It was clear the person was enjoying the visit and they were left alone to entertain their friends independently. The registered manager had worked with the staff to drive forward supporting people to be as independent as they can, they told us that people are encouraged to make their own drinks and to help to do their laundry. Staff told us they encouraged people to be involved in activities they used to do at home, for example people were encouraged to assist with the washing and cleaning. The values of the home were to support independence. Staff were observed to be respectful of people's independence, privacy and dignity. Staff were observed to knock a person's door and introduce themselves before going into their room.

People expressed their views and were involved in day-to-day choices and decisions. Throughout the inspection, staff were observed asking people what they wanted to do, what they would like to eat and whether they wanted a drink. One person asked for a drink of juice and was encouraged by a member of

staff to choose what type of juice they wanted from the fridge.

People's spiritual and wellbeing needs were acknowledged and catered for. Many people visited a local church which they enjoyed and stayed to have a drink and socialise after a short service. Friends and relatives came to see people and these visits were encouraged by staff. People were encouraged to have relationships and people were encouraged to have frequent contact with family and friends.

Good

Is the service responsive?

Our findings

People received person centred care. Care plans were detailed and written in a person-centred style which provided staff with information and guidance on each person. Care plans showed what was important to the person. Information was provided in an accessible format, with symbols and pictures to aid people's understanding and involvement in care planning. For example, if a person needed to attend for a GP's appointment, advice was given to staff on what simple statements they might make to enable a person to understand what was happening. People were supported to set goals that are important to them. Staff record against the goals with what a person has done that day in their daily log and in other records. All the goals are online and people can interact with it including uploading photographs if they wish. The online system is accessible to relatives with the persons consent, relatives can see what the person is doing and how they are working towards achieving their goals.

Staff were responsive to people's changing health needs. A relative told us that staff had arranged for their relative's medicines to be reviewed after a change in their medicines had affected their behaviour adversely, the relative told us that the person's behaviour improved and their relative was more relaxed after the change in medicines. Annual reviews of care plans took place and the person, their relatives where they were entitled to be involved, and staff were involved. One review meeting showed how the person was encouraged to be involved in the review process. The review was managed in a personalised way. For example, conversations took place about what the person had been doing and staff showed the person photographs to aid their understanding of what was working and what was not. Any actions that were needed were clearly recorded and acted on. The person's emotional needs were discussed which ensured their wellbeing needs were understood. The registered manager explained that they had set up this new system of annually reviewing care plans so that, as much as they were able, people were involved in discussions about their care and support.

Professionals told us that staff were responsive and took advice and guidance from health and social care professionals. One healthcare professional told us that staff always put the individuals first. Another healthcare professional, specialising in learning disability, told us that staff are "responsive, they identify health needs for the individuals concerned and set out to find the most appropriate support to meet the needs in a timely way". The same professional told us that staff "readily accepted the suggestions made for people, staff always responded quickly and appropriately."

People had access to meaningful activity and occupation. The registered manager told us that since starting their role at Cherrymead they have worked to encourage more activities and many people chose to spend time at a day centre during the week. A relative told us that since the registered manager had started their relative had done more activities and been more involved in accessing community activities. Others accessed community activities, such as swimming and ten-pin bowling. People attended a disco once a month. During our visit two people were going to a day centre. On the morning of our visit two people were accompanied by a member of staff for hydrotherapy and swimming, when the people returned we observed that they were happy and had enjoyed themselves. Activities were organised based on what people wanted and their preferences. For example, one person was supported to go beach cleaning which they enjoyed.

Activities were reviewed to ensure they continued to meet people's needs. Staff told us they were organising 1:1 activities with people after supper, such as a walk to the pub in the evening. In addition to activities outside, people enjoyed organised activities in-house such as baking, art, exercises, music and dance. There were plans for one person to go on holiday to Dorset, with support from staff.

A member of the care staff enjoyed organising activities and told us they were supported by the registered manager to do so. The home supports people doing activities of their choosing by inviting external professionals to provide activities in house or support people to access activities in the local community. An external professional that provided art activities at Cherrymead told us "Staff are caring and bring out the best in people". The same professional told us that two people had given pictures they had made to a local homelessness project and that this was a source of great pride for the people involved and for the staff.

People were supported to use technology. Staff supported people to use their handheld computers i.e. tablets to access the internet and help people choose what activities they would like to do. One person enjoyed football, so staff helped them to see what football fixtures were available.

People were supported to maintain personal relationships. People were encouraged to make phone calls to family members and friends, to see friends and relatives told us they were able to visit when they wished. The registered manager and staff told us they would support a person to have relationships, that they would support the person's wishes and give them space to be themselves. Staff told us they were trained in equality and diversity, this was supported by the service's equality and diversity policy and the provider had equality and diversity champions that share knowledge and support when needed.

We observed one person had friends visiting who had brought lunch for themselves and for their friend which they ate together in the conservatory dining space. We saw that they had a lot of fun, laughing and making jokes with each other. The staff were very accommodating to the visitors by offering them drinks and the person's friends told us they liked visiting Cherrymead.

Complaints were managed and responded to appropriately. The provider had a complaints policy in place which was understood by people's relatives. Relatives told us they knew to speak to the registered manager if they had any complaints or concerns. A relative told us they found the registered manager very approachable and that they had responded well to a complaint they made.

At the time of the inspection there were no people in receipt of end of life care. The registered manager had considered end of life care for people and the provider stated its commitment to ensuring people's rights to die in their own home were upheld if they are able to continue to meet the person's needs.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been in post for a year at the time of our inspection. 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 home had a caring culture and that staff were being supported to encourage the people to increase their independence as much as possible. They described the key value of the service to encourage independence. The provider has a clear strategy and vision which this service followed.

Staff had the skills and knowledge and knew people well but training records showed gaps in keeping refresher training up to date for some staff. We found this had not impacted people directly or compromised their safety but relates to the need to ensure managerial oversight of training. This had not been identified as part of the providers quality assurance.

Quality assurance systems were in place which aimed to ensure good governance. The registered manager and other staff carry out self-audits and an annual audit is done by a regional auditor employed by the provider. During our visit we saw medicine audits undertaken by a member of staff under the supervision of the registered manager and audits carried out by the provider. The Cherrymead team discussed learning and making improvements in the team meeting minutes.

Staff told us they felt supported and that the registered manager was approachable. Communication between staff was effective at handover meetings between shifts. We asked a staff member for their comments in relation to working at the home. They said, "The team are good and we have very good communication here".

The registered manager understood their responsibilities in relation to the duty of candour regulation. The service has a duty of candour policy and had access to a Caldicott guardian. A Caldicott Guardian is a senior person responsible within the organisation for protecting the confidentiality of people's health and care information and making sure it is used properly. The registered manager told us if something had gone wrong or an incident has happened they speak to the person involved and their next of kin or relatives to apologise and put things right. A relative told us that staff let them know if anything has happened. The registered manager also told us that if an incident had happened the persons care plan and risk assessments were updated.

Staff, people and relatives were involved in the running of the service. Residents meetings took place regularly and people made suggestions and contributed to conversations about their home. Notes from one meeting showed that people were involved in discussions about decorations to the home, food and drink and a new television. The feedback from people was acted on and had a positive impact for people.

Staff we spoke with felt supported in their work and were positive about the registered manager. One staff member, when asked if they felt supported, told us, "Yes, one hundred per cent. If we have any problems,

[named registered manager] is very accessible and always on the end of a phone. Colleagues help each other out too". The registered manager told us they were proud of the staff and proud of how they are flexible, cope well with change and supportive to each other.

People are encouraged to give their feedback on the home during their annual review and in resident meetings. For example, at a recent resident meeting people expressed that they would like a larger TV which the provider responded to quickly. Relatives receive a survey every year from the provider and seasonal newsletters are produced. The registered manager listened to feedback from people and relatives for example by arranging for an external professional to provide arm chair exercise sessions. A relative told us that since the current registered manager started their relative has been going out more and doing more activities.

Staff communicated well, team meetings were held every two months and a handover meeting was held at the start of every day. The home has a communication book which all staff read before their shift starts so they are up to date. Staff and the registered manager learned from incidents and aimed improve the quality of care. The registered manager told us and team meeting minutes showed that learning from incidents was included in team meetings so that learning can be shared across staff. The provider sent out a staff survey on an annual basis, the responses were anonymous. The registered manager told us that the provider is good at responding to feedback from the survey such as giving staff a salary increase following their feedback.

A health professional told us that the home is keen to address, resolve and learn from issues. The provider works well with the local authority commissioning team, meeting on a quarterly basis.