Kirklees Metropolitan Council

# Cherry Trees

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 14 March 2016 and was unannounced. The service had previously been inspected on 02 January 2014 and met the Health and Social Care Act 2008 Regulations in operation at that time.

Cherry Trees provides respite accommodation and personal care for up to eight people over the age of 18 who are living with a learning disability and/or autism. Seven people were staying at the facility at the time of our inspection.

The home had a registered manager who had been in post since 2013. 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.

People at the service were safe. Risks to people were managed well and gave people freedom, yet kept them safe. Staff had received training in how to recognise and report abuse and they knew what to do should they suspect any form of abuse occurring.

We found the system for ordering, storing and administration of medicines to be safe and staff had regular checks and observations to ensure ongoing competency to administer medicines in addition to refresher training.

The service was working to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There was one DoLS in place whilst the person stayed at Cherry Trees and ended when the person finished their stay. Four further applications had been made and were waiting consideration from the local authority.

Staff were well supported through regular training and supervision, and they were clear about their roles and responsibilities.

The atmosphere in the home was warm, friendly and we observed staff to be caring and supportive to the people staying at Cherry Trees.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

Care records were person centred, up to date and accurately reflected people's care and support needs. The care plans included information about peoples' likes, interests and how best to support the person.

We observed people engaged in activities of their choice throughout the day which included going out into

the local community and to day care facilities to ensure continuity of support whilst at the respite service.

We saw evidence of regular environmental audits to ensure the home was safe for the people staying there. The service had effective systems in place to monitor the quality of care provided to ensure the smooth running of the service.

We observed the home was well led and the registered manager promoted an open and transparent culture with an emphasis on improving services to ensure the service provided continued to develop in line with current good practice.

## 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.

Systems were in place for recording and managing risk, safeguarding concerns, whistleblowing and incidents and accidents.

The service had systems in place to ensure the safe storage and administration of medicines.

The service used positive risk management to ensure risk was assessed and managed without overly restricting people's freedoms.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with people who stayed at the home.

### Is the service effective?

Good

The service was effective.

Staff received a thorough induction, regular supervision, performance appraisal and training to ensure they had the skills and knowledge to meet the needs of the people who stayed at the home.

The service was working to the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

### Is the service caring?

Good

The service was caring

The atmosphere in the home was warm, friendly and we observed staff to be caring and supportive to the people staying at Cherry Trees.

People were supported to make choices in their everyday lives.

People's privacy and dignity was respected by staff.

## Is the service responsive?

Good

The service was responsive.

People received individualised and person centred care which had been discussed and planned with them.

Care records were person centred up to date and accurately reflected people's care and support needs.

People had access to activities which were important to them.

## Is the service well-led?

Good

The service was well led.

The registered manager provided effective leadership and maintained a positive culture at the home.

The registered manager continually strived to improve the quality of the service.

The service had effective audits in place to monitor and report on quality within the home.

# Cherry Trees

**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 14 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

The registered provided had been asked to complete 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. The provider submitted a detailed provider information return before the inspection took place. This gave us information about the service which we reviewed as part of the inspection.

We contacted Healthwatch to see if they had undertaken a recent 'Enter and View' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They told us they had not undertaken a recent visit and they had not received any recent information relating to the service. We also contacted the local authority contracts and safeguarding department to gather recent information about this service to inform the inspection process.

We communicated with four people using the service to gain their opinion of the service provided by Cherry Trees. We also spoke with three care staff, a deputy manager and the registered manager. We spoke with four relatives on the telephone following our inspection.  We reviewed four care plans and looked at documentation to illustrate how the service was managed and maintained, including the audits undertaken at the service.

Good

# Is the service safe?

## Our findings

We asked the people using the service whether they felt safe at Cherry Trees. One person, who was able to verbally share their experience, told us with the help of a support worker they felt safe at the service. They told us about an incident that had happened at a previous stay and how this had been handled by the staff. This gave the person the confidence that staff would both act on their concerns but also put plans in place to make sure they were safe during further stays. This showed us the service had dealt with this difficult situation appropriately and sensitively.

All four relatives we spoke with told us they were confident their relatives were safe during their stay. One person said "I don't worry about them when they are there." Another person told us they felt confident the service would contact them if they had any concerns.

We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated they understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. They were able to give examples of how they would identify abuse. Staff also knew the principles of whistleblowing and assured us they knew the whistleblowing process and would not hesitate to report any concerns.

The registered manager told us the service used positive risk management plans to ensure people's risks were managed without inappropriately restricting their experiences. In the four care plans we reviewed there was evidence of a range of risk assessments for each person which allowed people to be kept safe whether in Cherry Trees or in the community. For example, one person had been found to have no understanding about road safety had plans in place to ensure the person could freely go out into the community with staff supervision as they would have done with their relatives whilst at home. We saw that all people had been assessed to determine their ability to receive their medication safely, either of their own volition, with help or with complete support.

The service was in the process of introducing more specific risk assessment around the use of assistive equipment to ensure risks around the use of equipment was managed, reduced and recorded. This included ensuring the method of moving a person was clearly recorded to ensure staff had clear guidelines to follow. The registered manager told us they observed staff competency around moving and handling by observing them providing support for the person and recording what they had observed. They discussed any issues with staff at supervision and if any staff were not meeting the required standard, we sawthe service was responsive to securing additional training and development for those individual members of staff.

We observed all bedroom doors opened into the room. We asked a care worker to explain how they provided a safe environment for people with epilepsy who may have a seizure and fall behind the bedroom door. The member of staff told us people with known risks of this nature were allocated rooms with a secondary means of accessing the room such as through a patio door. This demonstrated the service was managing the risks in this area to increase the safety for the people staying at Cherry Trees.

We spoke with the registered manager about ensuring staffing levels were appropriate for a continually changing care group. They told us they had the flexibility to increase staffing levels dependent on who was staying at the service. They employed four casual staff members who had been at the service for several years and knew how to support people well who were available when the service required additional staff. They told us they had the staffing to support four people who had been assessed as requiring 1:1 care. In addition, people who had a personal assistant whilst in the community maintained this support whilst at the service to ensure continuity of care. Subsequent discussions with a member of care staff confirmed staffing levels were increased to account for some people's needs such as when people required two people to deliver care.

Records showed accidents and incidents were properly recorded and reviewed and changes were made to the service as a result of these. Our scrutiny of the accident and incident register showed 17 incidents over the past year and these had been dealt with appropriately. We reviewed one incident where a person using the service had eaten berries from a bush in the gardens. We saw appropriate action had been taken to seek medical advice and the bush and any other potentially dangerous plants were removed from the site.

We found the registered provider had a written medicines policy, to which staff had access. We also reviewed evidence which showed at the point of commencing a period of respite care people were asked to indicate their wishes as to the level of support they required to safely take their medicines. We saw subsequent to people's initial wishes, needs were under regular review which had led to some people requiring greater or lesser levels of support.

We found all medicines were consistently and accurately recorded on medicine administration record (MAR) sheets. Support staff had adequate information available to ensure 'as necessary' (PRN) medicines could be administered in line with the prescribing GP's instructions. The instructions for each person to be administered their medicines safely was recorded on a medication profile. The profile described how people liked to take their medicines and how the person should be encouraged to take their medicines. For example some people had a tendency, without adequate staff support, to chew their medicines rather than swallow with water. We saw where people had not taken their medicines the reasons were recorded on the MAR sheet.

We saw each person's medicines were appropriately stored either in a cabinet or the fridge. Whilst no controlled medicines were in use we saw appropriate facilities and methods of recording existed. We saw recordings were taken to demonstrate medicines were kept at the correct temperature. We asked people who needed support in taking their medicines if the staff arrived on time to help with this task; we were told they did. Our scrutiny of records and observations of the administration of medicines indicated people received their medicines as prescribed.

We looked at three staff files and found all necessary recruitment checks had been made to ensure staff suitability to work in the home. This included a Disclosure and Barring Services (DBS) checks, reviews of people's employment history and that two references had been received for each person. The registered manager told us they had plans to include people who used the service in future recruitment of new staff. They told us they had a rigorous recruitment process in place but it was only when people came to work with the people who used the service that they could determine their suitability to support people with diverse needs. We saw evidence the service followed a fair and detailed probationary period for new staff to ensure that only people who met a certain standard were employed at the service at the end of their probationary period.

We conducted a tour of the premises looking in bathrooms, toilets, people's rooms and communal areas.

Our observations showed the areas to be free from dirt and dust and of a decorative order which made it possible to keep the area clean. We observed the home to be free of mal-odours. We saw there was availability of cleaning products which were safely stored in a locked room and all cleaning products had been subject to Control of Substances Hazardous to Health (COSHH) assessments. All radiators in the home were covered, or were of a cool panel design, to protect vulnerable people from the risk of injury. We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions.

We reviewed environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date.

Good

# Is the service effective?

## Our findings

We asked the registered manager how new staff were supported to develop into their role. The registered manager told us all new staff completed the Care Certificate as part of their induction. They explained they had recruited six new members of staff recently, and three had completed the Certificate and a further three were in the process of completion. One member of staff we spoke with told us they had received a good induction when they started work. They said they completed two weeks of training and shadowed experienced staff before starting work which gave them the confidence to be placed on the rota. One senior member of staff who supported new staff told us although the norm was to have two weeks of shadowing experienced staff, if some staff required more; they were given this extra support to ensure all staff had the confidence to perform in their role.

We reviewed the training matrix as part of our inspection and all mandatory staff training was up to date or booked in. The registered manager told us training was a mixture of on line e-learning and classroom based training and all staff had individual computer access to be able to access their training and development area. The service had also obtained specialist training for staff such as an Introduction to Makaton to enable staff to communicate with people using this method of communication. In addition, two deputy managers had training planned to develop knowledge and skills in sensory integration. These staff would then cascade this knowledge to develop the service to understand the sensory needs of the people staying at Cherry Trees with autism, behaviours that challenged others and communication and to make full use of the sensory room. The registered manager showed us a training proposal they had shared with the local authority to source training to enable staff to support people staying there to develop relationships whilst keeping safe and to understand the importance of consent in these situations.

We saw evidence that all staff had regular supervision and often more frequently than the registered provider's policy guidance. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care. The supervision notes we reviewed for three members of staff evidenced staff were supported to develop in their roles and that any gaps in knowledge and skills had been identified through this process to ensure safe care delivery. Staff were coached and mentored by experienced staff to enable them to develop skills to perform their role and provide a quality service. Staff also received an annual appraisal to review their practice and to motivate staff to develop further skills. This demonstrated the registered provider and registered manager valued ongoing staff development to ensure staff were able to provide a quality service. Where staff had been found to be underperforming the service could evidence what actions they had put in place to rectify this.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us one person was subject to DoLS whilst receiving respite care They were awaiting the outcome of four further DoLS applications. Our discussions with the registered manager showed they had a good understanding of the Mental Capacity Act as it applied to respite care facilities. We reviewed another person's care plans and made observations regarding the environment in which care was delivered. We saw bedroom doors had the ability to be alarmed, the person was restricted to only going out into the community with two members of staff and during the night was subject to two to three hourly checks. A detailed discussion with the registered manager showed they had taken great care to minimise any restrictions that may be impeding people's right to liberty. However, whilst each element of restrictions may not constitute a deprivation of liberty, it may be the case accumulation of restrictions being experienced by some people may amount to unauthorised deprivation of their liberty. Despite the minimising of restrictions on some people's liberties we judged the provider may still be exercising control over people's movements. We spoke with the registered manager about our findings who shared our views and assured us further authorisation of DoLS would be made as appropriate. The registered manager told us that the DoLS would come into effect at each stay at the home and would become ineffective as soon as they left to return to their permanent place of residence.

Staff supported people to eat a well-balanced diet that met their needs. Menu records showed staff offered people choices about what they ate and made people specific meals of their choice. We saw evidence relating to one person who used the service who had a condition which meant they were unable to control their calorie intake. Staff were informed and supported to ensure systems were in place to monitor and measure their nutritional intake. The registered manager told us they sought feedback about the food to ensure it met the requirements of the people staying there, and people had a choice of what they wanted to eat. The chef asked each person every morning what they wanted to eat and what they did not like, and some of the people staying helped with the shopping for the home.

We saw evidence the home supported people to access healthcare requirements whilst at the service such as obtaining the advice from an occupational therapist before ordering a specialist shower chair.

The design of the building enabled people with physical and learning disability to make full use of all the facilities. There was a range of equipment to meet people's physical disabilities such as overhead tracking hoists, specialist baths and showering equipment. The registered manager told us people came into the home with their own slings. Some of the bedrooms also had a door which opened directly onto the communal garden area, which was an enclosed safe area.

Good

# Is the service caring?

## Our findings

All the relatives we spoke with told us staff were caring and compassionate. One person said "The staff are very nice." The registered manager described staff as "Really caring and compassionate." They told us staff were enjoying doing quality activities with people using the service and were receiving positive feedback from people regarding these relationships. They told us they had spent a lot of time with staff to ensure they understood what behaviours and practice they wanted to see in staff. This included regular staff observations, looking at how staff maintained dignity and respect, professional conduct, and how they interacted with the person using the service. If they saw conduct which fell below the standard expected they showed us how they had supported the staff to improve their interactions through a review of their supervision records.

People receiving respite care had difficulty in verbally expressing their feeling about Cherry Trees. However our discussions with people demonstrated through their facial expressions and body language that they enjoyed being at the home.

The atmosphere in the service was happy and staff used humour in a positive way. For example one person was keen to go to the shop for sweets but other people's needs would not allow staff to respond immediately. We observed staff distracting the person from their fixed train of thoughts with humour and memories of recent pleasant experiences which made the person happily accepting of the short delay in attending to their needs.

The registered manager told us the focus at the service is now on enabling people to be independent in activities of daily living. They told us the service looked at managing risks positively to ensure people could experience outcomes without overly restricting freedoms. This included supporting people through transition between children to adult services but also encouraging people to move on from previous services to more independent living.  Staff told us people were encouraged to assist with meal preparation.

We observed staff helping people to develop social skills and manage stress. We experienced staff helping us to develop a rapport with people who commonly found strangers provoked their anxieties. Staff communicated in a way which helped people understand what others may be trying to communicate to them. We saw the service used schedules and timetables to give the necessary structure and visual cues to people. Many of these schedules were in pictorial form which helped people understand what was being organised for them.

Staff respected people's privacy and dignity. We witnessed staff discretely rearrange a person's clothing which had become undone thus maintaining their dignity in our presence.
We saw all records relating to people were safely stored in locked cupboards and areas which ensured confidentiality.

The registered manager told us they used advocacy services when required. They told us if they required an

Independent Mental Capacity Advocate (IMCA) this would be accessed through the person's social worker.

Good

# Is the service responsive?

## Our findings

We asked staff whether they provided person centred care at Cherry Trees. One member of staff told us, "Everyone is person centred. They cater to everyone's needs and treat people as individuals. Lots of people communicate non-verbally. We use other ways of communicating such as signing or picture cards to ensure people are offered choice"

We reviewed two people's care records who were receiving respite care at the time of our inspection. We also reviewed two people's records that regularly received respite at Cherry Trees but were not staying at the time of our inspection. Our review of care files evidenced people had been actively involved in an assessment to identify their individual needs and choices. We saw care plans for previous respite care were enhanced by information from relatives which ensured current health needs were known and any new risks minimised. Entries recorded in people's care plans confirmed their care and support was being reviewed on a regular basis with the person and their relatives or representatives.

The registered manager told us there was currently a very broad criteria for use of the respite facilities which had its challenges in ensuring people staying were compatible with other people but the staff worked hard to ensure by building up knowledge about people during their stay would facilitate this. We found staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs, which enabled them to provide personalised care. One member of staff told us they ensured people had a pleasant stay and staff ensured peoples choices and preferences were adhered to. They aspired to make sure people had a good time each time they stayed to ensure families had a rest to enable them to continue in their caring role.

People were offered choice in designing their support plans including what time they wanted to get up and go to bed, food preferences, whether they wanted support to be provided by a male or female carer, and how they wanted this support to be undertaken. We saw this evidenced in the care files we reviewed. For example "[Name] prefers food to be cut up into bite size pieces. Can eat finger foods independently but needs support with all other foods." In the communication section the following was recorded; "Makes needs known by pointing, making facial gestures, smiling, laughing." And "Staff to be aware when [name] is communicates as does this by using sounds and movement]. We found the case records we reviewed comprehensive and easy to follow.

The deputy manager told us they encouraged people to feedback their experiences and whether they were not happy with any element of support whilst at Cherry Trees at review. This included what worked well but also what could be done better. They told us they had found out at review that one person using the service only liked to go to the shops with female carers. They facilitated this choice for future stays.

The people who stayed at Cherry Trees decided what activities to do at a meeting held every month. We asked how they ensured the people who were not present at these meetings were provided with activities of their choice and we were told staff had time to spend with people as part of their care plan to ensure they undertook activities they enjoyed. The deputy manager told us, they look to see who is staying and will

contact families by phone to see if they are interested in the planned activities. They regularly reviewed activities and social wellbeing as part of their audit process to ensure activities continued to be meaningful to the people staying at Cherry Trees. Examples of activities which had been undertaken in February 2016 included bowling, snooker and pool, film club at autistic friendly screenings. They were also requesting volunteer support to work with people using the service on managing the garden area. The service had recently had public access Wi-Fi installed for the people using the service. One member of staff told us they offered a mixture of activities in the home and outside of the home including themed nights such as bonfire night, Valentine's nights, pamper nights, and bingo.

We found staff offered people choices about what they ate and made people specific meals of their choice. Halal foods were available for those requiring this, and we saw the freezer held stocks of halal foods in case of emergency respite care needs. We looked through the kitchen and saw fresh fruit and vegetables were used, and snacks were freely available for people to help themselves or people had the ability, under supervision, to reheat foods they bought whilst out shopping. Staff told us they supported some people to assist with meal preparation and we saw people's specific nutritional needs were assessed and met. For example our scrutiny of care plans showed one person required a lot of encouragement to eat adequately to maintain their basic health needs. Throughout our inspection we saw staff taking opportunities as they arose to encourage the person to eat little and often.

We saw systems were in place for recording and managing complaints. The registered manager told us there was a formal complaints system where complaints were dealt with through the council's complaints procedures. Informal complaints were dealt with directly by the service. These were recorded and dealt with to ensure the complainant was satisfied with the process, but also enabled the service to learn from complaints. There had been a recent complaint about a lost coat and a complaint about medication and both had been handled appropriately.

The service also kept compliments about their service and we were told this information is passed onto staff and recorded in their supervision records. Two of the relatives we spoke with told us staff had struggled with some aspects of personal care due to the behaviour of their relative and they had discussed methods of engaging the person with the staff but this had not always been followed through with all staff. These were the only negative comments received from relatives about the service and although they had felt listened to, the issues had not yet been fully resolved.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post who had been at the service for three years. They told us the service had changed during this time to one that was enabling people who used the service to learn skills to enable them to live as independently as possible in a community of their choice. They shared their vision for the service which was to become a specialist assessment centre supporting people with complex physical needs or autism. They told us how important it was to ensure people staying were compatible which they were able to do with their booking system and they had maintained friendships amongst people using the service though their booking system.

There was an open and transparent culture at the service. All the staff we spoke with told us how much they enjoyed working at the service and how supportive the registered manager was. We spoke with one member of staff who said "It's a good, safe environment. Everyone respects the service users and go 100% and over for people." Another staff told us "Management are fair and approachable. The registered manager has been really helpful, guided and put me through a lot of training."

We found systems and processes were robust and ensured full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These effective systems enabled the registered manager to provide us with information requested to support the inspection process upon request and without delay. The registered manager showed us evidence to demonstrate they undertook detailed audits at the home on a weekly and monthly basis. Some audits were delegated to the deputy managers but the registered manager had over all responsibility to ensure these were completed. The outcome of these audits in addition to managerial information was measured against the CQC Key Lines of Enquiry and the information was inputted by the registered manager into an overall Quality Assurance Framework (QAF) each month. This was reviewed by the service manager and enabled the registered provider to monitor the quality of the service provided at the home and ensures actions required were completed. We reviewed the recent QAF which demonstrated the registered provider was effectively assessing and monitoring the quality of the service provided to the people at Cherry Trees.

Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. The service held regular meetings with support workers and we saw the minutes of the latest two meetings. Items on the agenda included discussions about supporting the people using the service, safeguarding, rotas, housekeeping, and promoting expected behaviours. Regular meetings were held between the registered manager and the deputy managers at the service. The registered manager attended regular management meetings with the service manager and also received support from the managers of the local authority homes in the area.

We asked a member of staff how they could evidence they were providing a quality service. They told us "We fill in a feedback sheet with people using the service every day. We go through what has gone well with people. Service users tell their families how much they enjoy it. Families tell us people can't wait to come in. They might only come in one day to start with but they soon extend this to three to four nights as they like it

so much. For those people who can't speak we can tell from their body language, their smiles and their laughter."

The service had sought feedback in June 2015 from the people who used the service. These results showed that above 70% of the customers who returned their surveys were satisfied with the service although only 65% were satisfied with feedback from the person's stay. The service responded to this by putting in plans to improve feedback following respite, by helping people fill out feedback forms during stays and with the permission of the person staying, speak to carers or relatives over the phone or when carers came in to collect people to explain how things had gone. They also planned to increase the frequency of meetings with people using the service to obtain feedback on meals and what kind of activities the service provided. The service had completed an easy read pictorial leaflet "You Said, We did" from the results of the survey to inform people of the actions. Their service user guide was also published in an easy read format to enable the people using the service to know what to expect during their stay at Cherry Trees.

The service could demonstrate it was working in partnership with health and social care agencies to achieve outcomes for people. The service had written outcome focussed case histories to demonstrate how they helped people using the service in partnership with other organisations to achieve set outcomes. The difference the service made to the person was recorded and the key to their success was analysed to enable future plans to be determined.