

Ocean Community Services Limited

Cherry Tree House

Inspection report

33A Forest Road
Kingswood
Bristol
BS15 8EW

Tel: 01179677447

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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

The inspection took place on 7 September 2016. This was an unannounced inspection. The service was last inspected in May 2014. There were no breaches of regulation.

The service is registered to provide accommodation for up to 11 people and cares for people who predominantly have learning disabilities needs. At the time of this inspection, there were nine people using the service.

There was a registered manager in post. 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 service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The administration, recording and storage of medication was safe. The registered manager took appropriate steps to ensure suitable people were employed to support the people using the service.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

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.

People were protected from the risk of abuse. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in the planning of their care and support.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Each person had their own detailed care plan.

Is the service well-led?

The service was well-led

Regular audits of the service were being undertaken.

The registered manager was approachable.

Quality and safety monitoring systems were in place.

Good ●

Cherry Tree House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection which was completed on 7 September 2016. The inspection was completed by one adult social care inspector. The previous inspection had been completed in May 2014. At that time there were no breaches of regulation.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider 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 planned to make. We received this on time and reviewed the information to assist in our planning of the inspection.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff and the registered manager of the service. We spent time observing people and spoke with four people living at the home. We spoke with four relatives to obtain their views about the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. People stated "I feel safe. This is my home". Another person said "I feel safe around the staff. They are very good to me". Relatives told us they felt people were safe and comfortable in the home.

We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff who supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided.

Medicines policies and procedures were available to ensure medicines were managed safely. Medicines were stored securely in a locked room. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. Risk assessments identified the frequency of specific risks and also the level of risk whether it was low, medium or high.

For example, one person suffered from Epilepsy and was at risk of seizures. Their risk assessment detailed the frequency this person was at risk of suffering seizures and also the risk level as being high. There was evidence this risk assessment had been developed with support from medical professionals and detailed clear guidelines for staff to follow. For example, this person would always receive one to one support, staff were always required to carry a radio to call for support in the event of a seizure, staff were required to carry a stopwatch to time each seizure and there was a clear protocol for staff to follow post seizure. When speaking with staff, it was evident they had a good understanding of this person's risk assessment and felt confident the guidelines provided them with a clear structure to support this person.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the rotas. Relatives stated they felt there were sufficient staffing levels employed at the home. The registered manager informed us staffing levels were determined through an assessment of people's needs and the funding available. The registered manager informed us they carried out regular audits of incident records and where there were an increased number of incidents staffing levels would also be increased appropriately.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of five staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were

suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or deputy manager. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us cleaning was undertaken by staff throughout the day. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures.

Staff informed us maintenance issues were dealt with promptly. For example, we were shown records of a leak in the lounge ceiling which had been identified the day before the inspection. We observed contractors working to fix this on the day of the inspection. This showed there was a quick response to maintenance requests.

Staff showed a good awareness in respect of food hygiene practices. For example, staff informed us different chopping boards were used for different foods to minimise the risk of cross contamination. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily.

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety. The registered manager informed us all new staff were required to complete the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

The registered manager was able to outline plans for specific training to support the staff to meet the needs of the people living at Cherry Tree House. For example, the registered manager informed us there had been an increase in people requiring support with manual handling and also an increase in the number of people living at Cherry Tree House who suffered from epilepsy. As a result, they had organised further manual handling training and Epilepsy training for the staff. This was scheduled to be delivered shortly after the inspection.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. We spoke with one member of staff who had recently completed their induction. They informed us they had found the knowledge and experience of senior staff to be very beneficial during their first few months working at the home. They also informed us how they requested more shadow shifts to increase their confidence levels and this request for fulfilled by management.

Staff had received regular supervision. These were recorded and kept in staff files. The registered manager informed us supervision occurred quarterly. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS). Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff respected the wishes of people using the service. For example, when showing us around the home, the registered manager sought permission from people before entering their room. Staff provided us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. In addition to this, the service also used evidence from health and social care professionals involved in people's care to plan care effectively. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service. For example, when one person moved to the service, a 'Transition Workshop' was held for staff to attend. This was developed with support from the person's family, behavioural support nurses and professionals from the mental health team. The training day enabled the staff to focus specifically on this person's needs. The workshop called 'About X (name of person) Day' was well received by staff who informed us it gave them a high and very personal level of insight into this person's needs and had prepared them well to support this person before they even came to live at Cherry Tree House.

Meals were flexible and if people wanted something different to what was on the menu they could choose this. This was confirmed to us by the staff and the registered manager. People we spoke with stated the food was good. One relative told us, "The food is very good". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. People informed us they were asked what they would like to eat and menus were planned according to their preferences. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within care files.

The property was suitable for the people who were accommodated and where adaptations were required these were made. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. For example, one person liked fish and was supported by staff to maintain two fish tanks in their room. Staff had supported the person to develop a calendar detailing the maintenance regime for each tank. Another person who previously lived in London was supported by staff and their family to decorate their room with a London theme. There was parking available to visitors and staff and, there was a secure garden which people could access if they wanted to.

Is the service caring?

Our findings

We observed positive staff interactions and people were engaged. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed one member of staff talking to one person about the knitting they were doing. Another member of staff was supporting one person to complete a puzzle they were working on.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. People told us they felt staff were caring. One person said "They are always looking out for me". Another person said "I feel they care for me very much". Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. One person said "It (Cherry Tree House) is a great place to live and has a family environment". Professionals we contacted informed us they felt staff had a 'very' caring attitude to the people living at Cherry Tree House. Staff were positive about the people they supported. One member of staff stated, "This is my first ever caring job. I definitely made the right choice. I really like working with the people here".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to. Professionals we spoke with informed us they felt staff had received relevant training and had the appropriate skills to manage any behaviour which may be challenging.

Staff treated people with understanding, kindness, respect and dignity. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking and waiting for permission before entering a person's bedroom.

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people.

People looked well cared for and their preferences in relation to support with personal care were clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Very good" and "Caring" to describe the staff.

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as people's emotional state, what activities people had engaged in, their nutritional intake and any appointments they may have attended so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their health were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff also informed us they used monthly staff meeting to discuss the needs of people to ensure any changes to people's needs were known to the whole staffing team.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff who supported them. People we spoke with stated they liked living at the home. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person had their own activities timetable detailing what they were doing during the week. Activities included attending day centres, arts and crafts, sensory sessions, walks, outings and meals out. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. For example, the service had developed a skills kitchen in one of the spare rooms. This was used to support people to learn cooking skills and develop independence in this area. The registered manager informed us how these were goal orientated and developed in people's care plan reviews. The registered manager explained how one person set themselves a goal of being able to prepare a sandwich independently. This

was further broken down into individual goals such as goal one being able to independently get the bread from the fridge and the final goal being able to make the whole sandwich. The staff informed us people looked forwards to these sessions and staff found the success achieved in the kitchen gave a boost to people's self-confidence.

Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed. One person commented how they felt their loved one led a 'very active and fulfilling life'.

Complaints and compliments were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. We were shown evidence of one complaint made in the past 12 months. This had been addressed to a satisfactory conclusion. Formal feedback was provided to the manager which was complimentary of the service provided to people at Cherry Tree House.

Is the service well-led?

Our findings

There was a registered manager working at the home. The registered manager had been in post for three months at the time of the inspection. Staff spoke positively about management. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as "Approachable" and "Easy to work with" to describe the registered manager. One person stated "The people living here really like the manager and this is important". One person living at Cherry Tree House said "X (registered manager) is great. I really like him".

The staff described the registered manager as being "Hands on" and led by example. We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Staff informed us there was strong leadership from the registered manager. One member of staff who had started working at the home a short time before the inspection informed us how the registered manager would speak with them frequently throughout their induction to ask them how they were getting on and was always available to answer any questions they had.

The registered manager and area manager informed us positive staff morale was 'very important'. In order to maintain a high level of staff morale, there would be staff nights out and other social activities such as massages organised by the provider for staff. The registered manager also informed us how they had organised a team building day to build positive relationships amongst the staff group. The provider also organised an annual staff Christmas party and provided a £30.00 budget for each member of staff. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the registered manager as well as the various social events organised by the provider.

The registered manager and area manager informed us how they felt it was important to recognise 'outstanding practice' from staff. As a result, the provider had implemented a company-wide 'Nominate a Colleague' scheme from all of the homes across the company. An awards ceremony was held every two months where the winning member of staff would receive a certificate as well as a £50.00 shopping voucher. Staff informed us this also helped with morale as they knew their hard work would be recognised and it also motivated them to continuously strive for improvement in the hope of being nominated.

Staff informed us there was an open culture within the home and the registered manager listened to them. Staff said team meetings took place regularly and gave staff an opportunity to voice their opinions. People and their relatives informed us about monthly resident meetings with the registered manager and staff which enabled people to express their opinions as to how they wanted things done at Cherry Tree House. The registered manager informed us this was very important as Cherry Tree House was the home of the people living there and it was important they were listened to in regards to how things were done. For example, the idea of the skills kitchen where people could develop kitchen skills was formulated during a residents meeting following suggestions from people living at Cherry Tree House.

There was an audit process in place at Cherry Tree House. Monthly audits of the service were carried out by

the registered manager. In addition to this there were quarterly audits of the service from the area manager. An annual audit of the service would be carried out by another manager from a different home within the organisation. The area manager informed us this was done to provide a fresh set of eyes' to identify any issues and also share what they do in their own homes and offer suggestions to improve practice. Following on from the audits, any actions identified would have a clear timeframe for completion. From looking at the records of the audits, it was clear that where issues were identified, these had been completed in a timely fashion. For example, one audit recognised staff required more specialist training around Epilepsy and this had been arranged

Annual surveys were sent out to relatives and the feedback from these was positive. The registered manager informed us they would review all feedback received in order to pick up on suggestions to improve the service.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us Cherry Tree House was the home of the people living there and they should be able to choose how they wanted to live their lives.

The registered manager had a clear contingency plan to manage the home in their absence. This ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the deputy manager would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.