

# Cherrytree Vale Limited

## Home Focus

### 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

This service provides care and support to people living in 20 supported living settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; therefore this inspection only looked at people's personal care and support.

At the time of inspection the regulated activity of personal care was carried out in 13 of the 20 tenancies, with only 24 people receiving support with their personal care requirements out of the 68 people who used the service.

At our last inspection, although we rated the service as good overall, it was rated as requires improvement in the KLOE effective, as we identified a breach of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff supervision sessions had not always been carried out in a timely way. During this inspection we found improvements had been made and the service was now meeting all requirements of the regulations.

At this inspection we found evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe in their own homes. Appropriate safeguarding processes were in place and staff knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

Risk assessments were in place and personalised. They highlighted possible risk of harm to a person or staff member around areas such as people's lifestyle choices or behaviours. Care plans were also tailored to people's individual requirements and updated regularly to reflect people's changing needs.

Staffing levels continued to be appropriate and people received care in line with their preferences.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate training, supervision and appraisal to support them in their role. Appropriate documentation was maintained to confirm when these sessions had taken place.

The management of medicines was safe. Staff received training in medicines administration and the service had detailed policies to guide staff on how to ensure a person received safe support in this area.

People were supported in line with the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's consent to care and treatment was sought prior to care being delivered and they were encouraged to make decisions and choices about their care and had their choices respected.

The service continued to support people to remain as independent as possible and maintain maximum choice and control over their daily routines. This included accessing the community and employment.

People were encouraged to maintain a nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them.

Further information is in the detailed findings below.

## 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 remains Safe.

### Is the service effective?

Good ●

The service remains Effective.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Responsive.

### Is the service well-led?

Good ●

The service remains Well Led.

# Home Focus

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 11 June 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit. This was because the provider delivers a supported care service to a number of private tenancies for people living with a learning disability who are often out during the day. We needed to be sure that they would be in.

Inspection site visit activity started on 11 June 2018. It included inspection methods such as observation, review of documentation and speaking with people and staff. We visited four tenancies on this day and also the office location to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC)

Before commencing the inspection we looked at all the information we held about the service. This included any notifications that had been received, complaints, whistleblowing or safeguarding information sent to CQC and the local authority.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the course of the inspection we spoke with the registered manager, four care staff members and five people who used the service.

We spent time at the services office. We looked at five staff files, seven care records, four Medication

Administration Records (MAR) charts, policies and procedures and audits.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good.

At this inspection, we found the service continued to be safe.

People told us they felt safe. Comments included, "Yes all the staff are my friend. I love them all" and "Yes I feel safe, this is my home."

The service continued to embed practices that identified risks and assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate potential risks. Risks to people had been assessed and regularly reviewed.

Accidents and incidents were recorded and reviewed by the registered manager, this ensured any trends/themes had been identified and appropriate action had been taken.

People were also encouraged to access the community alone and had appropriate risk assessment in place to support this. Missing people's documents were evident in each person's file, which would assist the Police should their services be required.

People were supported by staff that were confident in managing behaviours, particularly when supporting people to access community resources. Staff understood the 'triggers' for these behaviours and they used appropriate calming techniques to support people to regain control and manage their behaviour in a positive way. Staff gave good examples of how to deescalate a situation and felt they had the appropriate training to enable them to do this in a confident and knowledgeable way.

Sufficient numbers of staff were on duty in each tenancy. The registered manager monitored staffing levels and liaised with the local authority should more support be required.

Recruitment procedures were robust and ensured character checks were carried out prior to the staff member working alone in the service. All staff had been checked for criminal convictions and if they were barred from working with vulnerable adults via checks made with the Disclosure and Barring Service (DBS).

There were clear safeguarding policies and procedures in place for staff to follow if they were concerned about people's safety. They understood the risk factors and what they needed to do to raise their concerns. Records confirmed that safeguarding concerns had been reported in a timely way to the Local Authority.

We looked at nine MAR (Medication Administration Records) of people receiving medicines support. We found these were accurately completed by staff, with no omissions of signatures, which demonstrated medicines had been administered as prescribed. Policies and staff training observations were also in place and in date.

Staff had received training in infection control and food hygiene. Staff were provided with personal protective equipment (PPE) to protect them against the risks associated with infection control. Staff had an understanding of how to prevent risks of cross infection.



# Is the service effective?

## Our findings

We checked the progress the service had made following our last inspection, when we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as staff had not received regular supervision.

At this inspection, we found the service had made improvements and was now meeting all requirements of the regulations.

Staff received supervision in line with best practice guidelines and the services own supervision policy. A detailed supervision matrix was seen and a hierarchy of line management supervisions was completed, for example, senior staff carried out supervision sessions with support workers whilst managers carried out supervisions with senior staff. The registered manager had over sight of all supervisions through means of an audit.

Appraisals had also been completed and further meetings had been scheduled.

People told us that staff, "Looked after" them well and "Helped," them with their daily needs.

Staff continued to receive a thorough induction when they first began working for the service. A period of shadowing was carried out along with mandatory training and policy awareness.

An appropriate amount of training was also offered. Staff felt the training received was centred on the people they supported and gave them the skills and knowledge to support people in a safe and well informed way.

People continued to receive appropriate support and staff confirmed they knew what was expected of them to ensure each person was supported to live as independently as possible. Staff displayed a sound knowledge of the people they supported and told us they had built good relationships; this was also confirmed by the people we spoke with who referred to staff as their friends.

Staff were also mindful of, and acted upon, the need to sensitively manage people's complex behaviours. They followed behavioural support plans that enabled them to provide person centred care that each individual needed. These documents were reviewed regularly and updated with any changes. Evidence was seen of the service working in partnership with other agencies such as health and social professionals to ensure care was tailored to each person's individual need.

People were encouraged with healthy eating choices and were supported to take control of the weekly shop. People told us they could make their own choices with daily meals and snacks. Referrals to dieticians and follow up appointments to other health professionals such as the diabetic team were seen.

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. We checked whether the service was working within the principles of the MCA.

The service continued to have systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. Support plans contained assessments of people's capacity to make decisions for themselves and their ability to consent to the way in which they received their support. We saw where a person lacked capacity the least restrictive measure had been used. Staff were mindful of and respected people's daily routines and preferences when they provided them with care.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good.

At this inspection, we found the service continued to be caring.

People we spoke with told us they were cared for. People referred to staff as kind and helpful.

People's privacy and dignity continued to be maintained. People told us staff would always knock on their bedroom doors before entering, we asked people if they were able to go to their bedrooms at any time during the day and they replied yes. We saw examples of people sitting in their rooms listening to music and watching TV when we arrived at the tenancies.

In each of the tenancies visited, we observed a very calm atmosphere where people sat together and conversed. In some of the tenancies people were getting ready to leave for the day to access the community and another chose to enjoy the sun in the garden.

Staff gave appropriate examples of ensuring people were supported to maintain their dignity when assisting with personal care routines and would always respect the person's wishes and feelings throughout the intervention.

People's care files included information about people's preferences and choices. Staff demonstrated through discussion that they were familiar with people's preferred routines and they accommodated people's choices about the way they liked their support to be provided.

We saw people were encouraged to express their views and to make choices so they felt involved in decisions about their care. One staff member commented, "This is very important, we need to make sure people have every opportunity to do this. I wouldn't like someone to make decisions for me and it's just the same for the people I support."

Staff understood the importance of respecting people's confidentiality and understood not to discuss the support they provided or disclose information to people who did not need to know.

Advocates were used where appropriate. At time of inspection we noted three people had active advocate involvement.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good.

At this inspection, we found the service continued to be responsive.

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that enabled people who used the service to fully participate and make informed decisions. Easy read / pictorial documents were accessible for people and we saw examples of assistive technology used for people with autism and other communication difficulties.

People's needs were continually kept under review and appropriate reassessments carried out to inform their changing support provision. Checks of people's need were carried out monthly or as and when someone's needs changed. This meant people's care met their changing needs over time. Each person had an allocated team of staff who helped support them throughout the day, this meant staff involved in caring for that person got to know them well.

People were encouraged to express their views and to make choices so they felt involved in decisions about their care. This was evident by looking at people's daily activities and comments from people we spoke with who told us they could choose what they preferred to do each day. We spoke to one person who told us they enjoyed a busy week of attending different clubs and groups.

People's equality, diversity and human rights requirements continued to be captured, these included people's religious or cultural beliefs and if there were specific dietary requirements staff needed to be aware of. Staff were responsive towards people of different cultures, faiths or nationalities and respected their choices and decisions.

People's care files were centred on the person's individual needs and wishes and what was important to them. Where appropriate care files were signed by the person or a representative.

Activities continued to be a big part of each person's daily routine and we saw people who wished to work were encouraged and supported to do so, either independently or with the support of staff. We met one person during the house visits who had just returned from a day's work. Embedded within each person's activities were tasks such as house hold chores, shopping and cooking. This was to ensure each person remained as independent as possible with daily living skills.

Complaints policies and procedures remained appropriate and the registered manager told us no formal complaints had been received in the last 12 months.

The service did not provide end of life care directly, but where applicable, could continue to provide a service in support of other relevant professionals such as district nurses, who may be involved in supporting

a person at this stage of life. Each care file we saw had a detailed end of life plan, which reflected the wishes of the person and their family members were appropriate and provided information to ensure the person received care which was sensitive to their individual requirements.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good.

At this inspection, we found the service continued to be well led.

A registered manager was in post when we inspected. This manager had been registered with the commission since October 2010. 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 2008 and associated Regulations about how the service is run.

People were supported by a team of staff who were in receipt of oversight and guidance from the registered manager, senior staff and the nominated individual. Staff told us they felt listened to and commented that the management team were very supportive. One staff member stated, "I can approach any of my managers with questions or concerns and I know they will be listened to and resolved."

Staff told us they enjoyed working for the service and found it to be a positive working environment. One said, "They have been a good company to work for. We get good support from the management, if you're ever unsure about something there is always someone to ask."

There continued to be an appropriate internal quality audit system in place to monitor the service provided. Audits or checks were completed by the registered manager on records, including medicines, accidents, risk assessments, care plans and daily records. A quality monitoring form was also present, which addressed any concerns or problems the audits had highlighted.

Policies and procedures to guide staff continued to be in place and had been updated to recognise any changes in legislation. Staff were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality of information.

Meetings continued to be conducted regularly with staff.

Feedback continued to be sought from people using the service and their family members. Feedback surveys were sent out annually and tenants meetings were also held frequently. We saw the feedback surveys had been designed in an easy read format, with simple questions and use of tick boxes to indicate people's views. The service reviewed feedback from people and their relatives and where required appropriate action had been taken to respond to concerns and improve the quality of care provided.

Providers of health and social care services are required by law to inform CQC of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.

The registered manager continued to have clear knowledge of their role and responsibilities with regards to their registration. In addition to this had a clear vision of where they wanted the service to be in the future.