

Ocean Community Services Limited

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cherry Tree House is a care home which provides accommodation and support for people who have learning disabilities, autistic spectrum conditions or additional needs. At the time of our inspection, nine people were living there.

People's experience of using this service and what we found

We found people were protected from the risk of harm, and that staff understood their responsibilities in protecting people and reducing the risk of harm. Improvements had been made and health and safety checks and individual risk assessments were documented and provided guidance to keep people safe.

We were assured that people were protected by the prevention and control of infection.

It was acknowledged that there was a high turnover of staff at the service. Agency staff provided support to ensure people were supported safely. Relatives and staff told us it could be difficult when agency did not know the people they supported or the service.

The management team understood their responsibilities, and the service appeared organised and well run. Up to date policies and procedures were in place to provide guidance and support to staff. A system of audits and monitoring was in place to monitor performance and the quality and safety of people's care. Checks were completed daily, weekly and monthly, and senior staff and managers reviewed these. This meant there was clear oversight and the service complied with legislation and best practice. The management team were clear about their priorities for service improvement and had plans in place to develop the service further.

Staff we spoke with reflected the provider's vision and aimed to provide person centred care which empowered people and gave them a good quality of life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support,

right care, right culture. For example, the model of care and support provided maximised people's choice and control where possible. People's support usually focused on them having as many opportunities as possible to gain new skills and become more independent. There had been some restrictions on this during the coronavirus pandemic, but staff were making efforts to resume meaningful activities and contacts as the most recent period of lockdown eased.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published November 2019), and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns in relation to people's safety and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry tree House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherry Tree House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cherry Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and we wanted to be sure the relevant staff and managers would be able to meet with us and support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with the deputy manager, area manager, registered manager and nominated individual during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to the management of the service, including policies and procedures, care records and audits. We looked around the service and observed staff and people who lived there.

We considered all this information to help us to make a judgement about the service.

After the inspection

After the inspection we spoke with five members of staff and the relatives of three people who live at the service. We received feedback from four professionals who have contact with the service. Their comments have been incorporated into this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- Staff had received safeguarding training and understood what they should do if they had concerns about abuse or risk of harm to people. One staff member said, "If I had any concern, I would report it immediately to the team leader or manager. I wouldn't just leave it".
- People's relatives told us their family members were safe at Cherry Tree House. One said, "They do their best, I'm happy for [Name] to stay there".
- The management team were aware of their responsibilities and worked with other agencies if there was concern about a person who lived at the service.

Assessing risk, safety monitoring and management

At our last inspection, there had been shortfalls in the consistent recording of health and safety checks and people's individual risk assessments. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

- The environment and equipment were regularly checked to ensure they were safe. This included fire safety, personal emergency evacuation plans and equipment safety checks. Findings were recorded and monitored by managers.
- People's care needs had been assessed and were regularly monitored. Risk assessments were documented, and these provided staff with detailed guidance of individual's specific care needs such as behaviours which may challenge, use of equipment and accessing the community. This supported staff to ensure people were safe and their needs could effectively be met.

Staffing and recruitment

- There had been a high turnover of staff at the service for a number of years. This was noted by everyone we spoke with. With support from the organisation, managers were developing a recruitment plan and making effort to support and retain existing staff.
- There were enough staff to support people safely, although this was routinely achieved by using agency staff. Some agency staff worked regularly at the service and knew people well. The staff we spoke with told us they would like to have more permanent staff. Comments included, "Sometimes it's hard to work with new agency staff. You have to teach them and help them" and, "Not having regular agency makes the job

harder. They don't know people".

- Professionals and relatives also commented on the high staff turnover. This had resulted in communication problems for one person, and a relative told us, "There seems to be a high turnover. They don't get to know the residents so well".
- During the recent coronavirus outbreak at the service, it had been difficult to cover shifts when staff were off sick or isolating. Managers and staff praised the way in which the team had pulled together to cover gaps and ensure people were supported and kept safe. Comments included, "The team were just amazing. They really went above and beyond" and, "The whole team was great when we had covid. The team is so supportive."
- Processes were in place to ensure people were supported by staff who had completed recruitment checks which assured they were suitable to provide safe care and support.

Using medicines safely

- A procedure was in place which provided guidance about the safe receipt, storage, administration and disposal of medicines.
- Regular audits were carried out to ensure medicines were managed safely and in line with legal requirements. Any medicines errors were reviewed, reported and addressed to reduce risk and recurrence.
- Individual records were in place which gave staff guidance about people's allergies, how they preferred to take their medicines and any medicines which could be taken 'as required'.
- Staff completed training in medicines management and administration to ensure they were competent in this task.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents in the service.
- Incident forms were completed and regularly reviewed and analysed by the management team. This included actions which could be taken to prevent reoccurrence and learning from incidents to reduce risk.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to display the most recent CQC rating on their website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

At our last inspection the provider had failed to carry out effective audits and drive forward improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made and there was no longer a breach of this regulation.

- The management team understood their responsibilities, and the service appeared organised and well run. During the coronavirus outbreak at the service, managers from elsewhere in the organisation had provided support to maintain quality and ensure people were safe.
- Notifications were made to CQC as required. For example, a notification was sent to CQC to inform us about the challenges being faced during the coronavirus outbreak at the service.
- Policies and procedures were in place to provide guidance and support to staff. The policies we reviewed were up to date and reflected current legislation and best practice.
- A system of audits and monitoring was in place to monitor performance and the quality and safety of people's care. Checks were completed daily, weekly and monthly, and senior staff and managers reviewed these. This meant there was clear oversight and the service complied with legislation and best practice.
- Overall, staff felt well supported by managers to provide high quality care. Supervision and training were provided and ad hoc support available to staff at any time. Staff told us, "I find managers very supportive. If I email them, they reply quickly, and they swapped my shifts around so I could go for a vaccine". Other comments included, "The managers are brilliant", "The managers act on things if possible and do the best they can" and, "The managers always sort things out." One staff member was less satisfied, but none of the others we spoke with shared this view.

- The relatives we spoke with were positive about staff and managers at the service. They told us, "[Deputy manager] seems to be doing their best. They do seem to care", "The staff who have been there a while are very caring" and, "I think they're bloody marvellous".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a person-centred culture which supported people's potential and independence. The staff we spoke with shared this vision and wanted people to be empowered and have a good quality of life. Comments included, "We absolutely do our best. We're committed to the residents. We're there for them", "Everyone genuinely cares" and, "We know all about person centred care, that's what we always do".
- A professional who visited the service noted, "They evidence their person-centred approach and are keen to give people choices and control over their lives".
- The management team were keen to keep developing and improving the service. They were clear about improvement priorities and had plans in place to meet these.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour and aimed to be open and transparent with people and their relatives.
- Relatives told us staff communicated with them about incidents or changes affecting their family member. Some relatives felt consistency was variable, but were satisfied that their family member was safe and they were kept informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- It had been difficult to maintain links within the local community during the pandemic lockdown, but staff told us about people's usual contacts and the services and facilities people normally accessed.
- Similarly, relatives had not been able to access the service to visit their family members until very recently. They told us staff had kept them informed and updated, but most were keen to be able to see their relatives face to face again. Plans were in place to support this safely.
- Relatives were involved in care reviews and meetings, and some people were supported by independent advocates.
- Surveys were regularly sent to relatives to seek their feedback and involve them in the service.
- Staff felt involved in the service and told us they could take ideas and suggestions to the management team. One staff member felt there was a lack of action when suggestions were made, although this view was not shared by others we spoke with.

Continuous learning and improving care

- The management team were clear about their priorities for service improvement. Their main focus at the time of our inspection was improving standards in documentation and recording.
- The registered manager was part of a larger management team which met regularly and supported the sharing of best practice and learning in services.
- The management team reviewed and aimed to learn from incidents and feedback. They were open and communicated with other agencies as required. This had recently included the local authority safeguarding team, local health protection team, GP and individual's social workers.

Working in partnership with others

- Staff had developed positive relationships with health and social care professionals. This improved the care people received and ensured it was safe and effective.

- A health professional told us staff maintained regular contact with them and requested additional support and advice appropriately.
- Professionals told us staff were able to use their knowledge of people to bring about improvements to their health and wellbeing. Comments included, "They know people and are very, very dedicated to them" and, "They're a really dedicated team and are doing a good job".