

Just Homes (Care) Limited

Cherry Tree House

Inspection report

1 Vickers Avenue
South Elmsall
Pontefract
West Yorkshire
WF9 2LL

Tel: 01977658306

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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

Cherry Tree House is a residential care home in Pontefract. The home provides accommodation and personal care for people with learning disabilities and /or physical difficulties. At the time of inspection there were six people living at Cherry Tree House.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. There was a strong focus on promoting choice, control and independence. People's support focused on taking positive risks to ensure they had as many opportunities as possible for them to gain new skills and become independent.

People received good care and support which met their individual needs. A relative told us, "[Name of person] is very well looked after; the staff are so caring. It's a lovely home."

People were supported in a safe environment. Risks to people's health and safety were assessed and mitigated. The service learnt lessons and improved the safety of the service following any accidents or incidents. There were enough staff to ensure people received their required care and support. People received their medicines in line with their prescription, but records in relation to medicines prescribed for use 'as and when required' lacked detail. The provider sent evidence after the inspection about how this had been addressed.

Staff were kind and caring and treated people very well. Staff knew people well and had developed positive relationships with them.

Staff had received bespoke training to enable them to care for the individuals living within the home. 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 supported this practice.

The service was well managed. The management team had a clear focus and worked alongside staff when support was needed. Staff told us they felt the management team was working with them to ensure the quality of the service was maintained and continuously improved.

Rating at last inspection: Good (published November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team: The inspection was carried out by one inspector.

Service and service type: Cherry Tree House is a residential care home providing accommodation and personal care to people with learning disabilities.

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: The inspection was unannounced.

What we did: Before our inspection, we looked at all the information we held about the service. We usually ask the provider to complete a Provider Information Return (PIR), but had not done so on this occasion. The PIR 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. We viewed information we had received about the service, for example, from the local authority safeguarding and commissioning teams, and notifications and action plans from the provider.

During the inspection we spoke with the operations manager and care manager, one senior support member of staff and one support worker. We spoke with two people and observed staff interacting with other people in the home. We also spoke with two relatives after the inspection. We reviewed two people's care records. We also reviewed records and audits relating to the management of the home. We asked the operations manager to send us further documents after the inspection in relation to medication. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were managed safely and effectively. However, some people were prescribed certain medicines 'as and when required' and records to help staff understand when to use these could be improved. The provider sent us evidence after the inspection to show this had been addressed.
- Medicines were stored safely and securely.
- Medicine administration records were well completed, indicating people had received their medicines as prescribed. Checking systems were in place, so any errors or discrepancies could be quickly identified.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives said people were safe living at the home.
- Staff had a good understanding of safeguarding matters and had received training in the subject.
- Safeguarding procedures were regularly discussed with both people and staff to help ensure they were reminded how to identify and act on any concerns. People told us they felt safe.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessment documents were detailed and provided clear instructions for staff on how to mitigate risk. People had been involved in discussions about risk and their safety. Staff we spoke with had a good understanding of the people they supported and how to reduce risks in relation to them.
- People were supported to take positive risks to ensure they were able to access the community and live fulfilling lives. One person told us, "Yes I go out on my own."
- The premises was maintained to a high standard. Appropriate equipment was in place to aid safe care and support.

Staffing and recruitment

- There were enough staff deployed to ensure people received the care they needed and regular interaction.
- People said staff were visible and attentive to their needs. This was also observed on the day of inspection. Staff confirmed that staffing levels were maintained at a good level and they had enough time to meet people's needs.
- Safe recruitment procedures were followed to help ensure staff were of suitable character to work with vulnerable adults.

Preventing and controlling infection

- The environment was kept in a very clean and hygienic state. Checks were undertaken on the building to help ensure high standards were maintained.

- The service had achieved a five-star food hygiene rating from the Foods Standards Agency, demonstrating food was prepared and stored in hygienic conditions.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and action was taken to reduce the risk of recurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to any significant incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The staff team were very experienced in working with people in learning disabilities. This helped ensure effective care was provided to people.
- Relatives told us they felt people had good outcomes. One relative said, "[Name of person] is enjoying life, going out in the community on their own."

Staff support: induction, training, skills and experience

- Relatives praised the skill and knowledge of staff. They said that staff had a good understanding of people's needs, choices and preferences. Staff we spoke with had a detailed knowledge of the people they were supporting.
- Staff received a good range of support, including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs.
- Staff received regular supervision and appraisal to support their developmental needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People had clear nutritional care plans in place, which were subject to review. Staff had a good understanding of people's individual needs.
- Where people had lost weight, appropriate action was taken. We saw examples which showed people had re-gained weight as a result.
- We saw staff supporting people with drinks and meals in the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were assessed by the provider. Health action plans were in place which detailed how the service helped support people to stay healthy. These, along with health-related care plans, were kept up-to-date.
- People had access to a range of health professionals to help meet their needs. This included regular health checks by community professionals, including GP's and learning disabilities nurses. A relative said, "Their needs are all taken care of here, from opticians to going to the doctors."
- We saw evidence of good links with healthcare organisations. This included the use of documentation, such as communication and hospital passports, to transfer key information about people's needs.

Adapting service, design, decoration to meet people's needs

- The premises was suitably adapted to meet people's individual needs. It was spacious with large amounts of space where people could spend time alone or with others.

- People's bedrooms had been decorated to their tastes and were personalised.

Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in making every day decisions and choices about how they wanted to live their lives.
- Capacity assessments had been carried out when required and decisions had been made in people's best interests for those who lacked capacity to make specific decisions. No one was subject to any conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared for people as individuals and spoke about people with fondness and respect. They had a good knowledge of people's individual needs and preferences. Staff told us, "We treat everyone like we would want to be treated."
- The provider celebrated equality and diversity through training and staff engagement and displayed these values throughout the home. Staff told us there was a culture of respecting diversity and that the registered manager lead by example.
- We received positive feedback from people and relatives about the kind and caring nature of staff. Comments included, "Staff are very kind, they go out with me"; "They (staff) would go out of their way to help you" and "They (staff) are really nice; they always speak to me when I visit."

Supporting people to express their views and be involved in making decisions about their care

- We observed staff supporting people to make their own decisions. For example, one person wanted to go out on the bus. Staff supported this to happen.
- Staff communicated clearly with people and respected people's individuals' views, choices and decisions.
- People and relatives told us they were involved in writing and reviewing care plans. One relative said, "They [staff] always keep me informed. I feel involved in [name of person] life."
- People had meetings which they participated in. One person said, "I say what I would like to do."

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They knocked and waited before entering people's bedrooms and closed curtains and doors before supporting people to wash or dress.
- People were supported to maintain good hygiene and personal appearance.
- People told us staff offered support when it was needed and helped them to maintain their independence. People told us, "I do whatever I can", "I don't need a lot of help, but they support me when I need it".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support appropriate to their individual needs.
- People's care plans contained information about their care needs as well as preferred routines, interests and important relationships.
- Staff responded quickly to people's changing needs and continued to provide the right care and support.
- Staff displayed a good understanding of the physical and psychological benefits of activities on people's wellbeing.
- People were encouraged to pursue their interests. For example, going to the theatre or football.

Improving care quality in response to complaints or concerns

- People and relatives knew how to give feedback about their care and felt confident their concerns would be taken seriously.
- Relatives told us, "I have never had to make a complaint, but I'd feel able to if there was an issue" and "I know the manager; I feel she would deal with any issues if I raised them."

End of life care and support

- The operations manager informed us, should end of life care be needed, they would liaise with relevant health professionals to provide appropriate support at that time.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We asked people who used the service and their relatives about the management and running of the service. They all confirmed that they were very happy with how the service was operated. A relative told us, "You can go to the manager or staff about anything, they would sort it out."
- We observed that the atmosphere was calm and relaxed, and staff were well organised. Staff spoke positively about providing a high standard of service for people.
- Staff felt well supported by the registered manager and had regular supervision meetings and annual appraisals. They told us they were happy to be working at the service.

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

- Staff understood their roles and responsibilities. They were good at communicating with and supporting people. People appeared happy in their company. We observed a daily handover between staff. Information was given concisely and covered all aspects of people's care.
- Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics, such as safeguarding people, staff training and health and safety. The operations manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

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

- Staff felt the service was well led and the registered manager was approachable. They felt confident any concerns they raised would be listened to.
- Staff were encouraged to share their views about the service through regular meetings.
- Staff confirmed people who used the service were involved in decisions about the service wherever possible and their opinions counted.
- The provider involved people and their families through regular review meetings and conversations, to enable them to put forward their views about the service.

Continuous learning and improving care

- We looked at outcomes from surveys which were used to gather information and views from people and their relatives.
- There was an effective quality monitoring system to analyse, identify and reduce risk.
- Clear and comprehensive audits were undertaken for a range of areas, such as care planning, medication,

infection control and a manager audit. The audit documents in place clearly recorded the actions required to meet any identified shortfalls, together with timescales. Where issues had been identified in audits, responsive action was taken.

Working in partnership with others

- The service had built up relationships and worked in partnership with health and social care professionals to make sure people received seamless person-centred care.