Just Homes (Care) Limited

Cherry Tree House

Inspection report

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Pontefract
West Yorkshire
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Tel: 01977609884

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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 of Cherry Tree House took place on 8 November 2016 and was unannounced. The location had been previously inspected during June 2015 and was found to require improvement at that time. The inspection of June 2015 found breaches of regulations in relation to the prevention and control of infection and safeguarding service users. During this inspection, we found improvements had been made and we found no breaches of regulations.

Cherry Tree House is a home registered to provide accommodation and personal care for a maximum of six people. The home specialises in providing care for people with a learning disability or autistic spectrum disorder.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe living at Cherry Tree House. Staff were able to recognise potential signs of abuse and had received safeguarding training so they understood the appropriate policies and procedures in order to help keep people safe.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs.

Medicines were stored and administered safely and appropriately and staff who were responsible for administering medicines had been trained to do so.

Staff told us they felt supported and we saw staff received regular training, supervision and appraisal.

Where people lacked capacity and were being deprived of their liberty, the registered manager had made appropriate applications to the supervisory body in order for this to be authorised. The registered manager acted in accordance with the Mental Capacity Act 2005.

The design and layout of the home was appropriate to meet people's needs and the home was fresh and clean with a homely feel.

People told us they liked their support workers and relatives told us staff were caring. We observed a pleasant, relaxed atmosphere in the home and people's privacy and dignity were respected. Mutual respect was evident between support workers and people living at Cherry Tree House.

People were given choices throughout the day and we saw staff sought consent from people prior to providing care and support.

Care and support was provided in a person centred manner. Care needs were regularly reviewed and people were involved in their care planning. People told us they could make their own choices.

The home was well led by a management team that communicated well to people who lived at the home and to staff. Staff were motivated to provide good care to people.

Regular staff meetings and house meetings were held and the registered manager sought feedback from people.

Audits took place regularly and these resulted in actions, in order to continually improve the quality of care and support offered at Cherry Tree House.

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 told us they felt safe and family members told us they felt their relatives were safe living at Cherry Tree House.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Risks to people were assessed and measures were in place to reduce risks.

Is the service effective?

Good

The service was effective.

We observed staff knew the people who they were supporting well.

Staff were trained and understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had received training to enable them to provide effective care and support to people.

Is the service caring?

Good

The service was caring.

People liked their support workers and their relatives told us staff were caring.

We observed reassuring, positive and respectful interactions between staff and people.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's preferences and choices, and plans

were tailored to each individual.

Care and support was reviewed regularly.

People were involved in a range of activities, according to their interests.

Is the service well-led?

Good

The service was well led.

Staff told us they were supported by the registered manager and care coordinator and they felt the service was well led.

The registered manager held regular meetings with staff and people who lived at the home.

Regular audits and quality checks took place and these resulted in improvements to service provision.

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.

The inspection took place on 8 November 2016 and was unannounced. The inspection was carried out by an adult social care inspector. Prior to the inspection we reviewed the information we held about the home, including information from the local authority, as well as information we received through statutory notifications.

We used a number of different methods to help us understand the experiences of people who lived in the home, including observations and speaking with people. We spoke with three people who lived at Cherry Tree House, three relatives, two support workers, the care coordinator and the registered manager.

We looked at three people's care records, three staff files and training data, as well as records relating to the management of the service. We looked around the home and saw four people's bedrooms with their permission, bathrooms and other communal areas.

Good

Is the service safe?

Our findings

A person living at Cherry Tree House told us, "Oh yeah, I feel safe with staff with me." A family member told us, "Yes, I'm confident [name] is safe here." A further family member said, "I've never had any problems."

The previous inspection had found concerns regarding safeguarding reporting. We checked and found improvements during this inspection. The registered manager had revised the way in which any incidents were reported and there was an up to date safeguarding policy in place. The registered manager, and all the staff we asked, were aware of safeguarding procedures and knew what constituted potential abuse. A document was displayed entitled, 'Keeping adults safe from abuse and neglect.' This document outlined what constituted abuse and what people should do if they had any concerns. This was in an easy to read format, which helped to ensure people living at the home were aware of the safeguarding policy. Staff were able to tell us what they would do if they felt any concerns were not acted upon and they knew they could whistle blow and who to contact. This showed staff would take appropriate action if they had concerns anyone was at risk of abuse or harm.

Risk assessments had been undertaken and reduction measures were in place to reduce risks to people. We saw risk assessments had been completed regarding mobility, bathing, managing finances and medication for example, and these were reviewed regularly. Personalised information was included in risk assessments which helped to keep people and staff safe. Risks relating to the building had also been considered, such as the stairs, hazardous substances, hot surfaces and hot water. We saw measures were taken to reduce these risks. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

A safety policy was mounted near the external door of the home, and this prompted staff to ensure all doors and windows were secure on a night-time, or when leaving the home. This showed staff were reminded of how to reduce risks to help to keep people, and the home, safe and secure.

Regular safety checks took place throughout the home in relation to, for example, fire extinguishers, electrical safety, lighting, flooring and kitchen safety. We saw a log was kept and action was taken when required. This helped to ensure the building and equipment were safe.

In the home we saw fire safety notices and action plans were on display. There was a notice, showing the care coordinator was a fire marshal and they had completed their fire marshal training. People had personal emergency evacuation plans (PEEPs), devised specifically for their individual needs. These were in an easy to read, pictorial, format. A person who lived at the home explained to us what their individual PEEP was and what action they would take in the event of a fire and we saw fire drills took place. This helped to keep people safe because they knew what to do in the event of an emergency evacuation.

We asked staff what they would do in different emergency situations, such as a person having a seizure or in the case of a medication error. Staff were able to confidently outline the actions they would take and this demonstrated they had the knowledge to help keep people safe in case of emergencies, accidents and

incidents. A person living at the home had a specific plan in place in the event they should have a seizure. We asked a member of staff about this and they were able to outline to us the actions they would take, in accordance with the person's plan. This demonstrated staff knew what to do in different emergency situations.

Accidents and incidents were recorded and appropriate actions were taken when necessary. We saw a monthly analysis took place which helped to identify any trends and to consider the outcome of any investigations.

The registered manager told us staffing levels were dependent on what people were doing each day. Some people had one-to-one time with staff, and what was done during this time was dependent on what the person wanted to do. There was always a member of staff at night-time, to ensure people could be supported through the night if required. All of the staff we asked told us they felt sufficient numbers of staff were deployed at the home and all of the family members we asked told us they felt there were enough staff.

We inspected three staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed, identification had been checked and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups of people.

We looked at whether medicines were managed and administered safely. Medicines were administered by staff who had received specific training in the safe handling of medication. We saw medicines were stored securely.

The registered provider's policy was that, whilst one member of staff administered medicines, another member of staff observed. We observed two members of staff adopt this practice. Staff asked people for consent before administering medicines and were patient. We heard staff saying, "Take your time, you're okay," and, "Has it gone down? Are you ready for the next one?" This showed staff took time to ensure people were able to take their medicines safely without feeling rushed. The staff members stayed with each person and checked the person had taken each tablet before recording this on the medication administration record (MAR). We saw MARs contained a photograph of the person and records were signed by both staff members once the person had taken their medicine. This helped to reduce the risk of errors being made in relation to the administration of medicines.

The member of staff administering medicines was able to demonstrate the balance of medicines remaining reconciled with the MARs. A named person was responsible for reordering medicines and maintaining contact with the pharmacist. This was done on a monthly basis and audits were completed weekly. This meant that people's medicines were managed effectively so they received them safely.

The previous inspection had found concerns regarding some areas of practice in relation to infection prevention and control. We found improvements at this inspection. We saw an anti-bacterial hand gel was available for use at the entrance to the home. There was access to handwashing products and signs were displayed which showed correct hand washing procedures. This helped to minimise risks associated with the prevention and control of infections.

Good

Is the service effective?

Our findings

We asked people whether they felt staff had the skills and knowledge to provide effective care and support. One person told us, "Yes, they're good for me." A family member told us, "Staff training is good. Definitely. I'm confident they know what they're doing."

The registered provider had a training officer who had oversight of the training needs of all staff across the company. This helped to ensure training was well managed and organised effectively.

We saw staff had received a thorough induction when they first began working at the home. Staff had received training in areas such as handling medication, the Mental Capacity Act 2005, safe moving and handling, health and safety, first aid, challenging behaviour, food hygiene, safeguarding and fire safety. Staff had also completed the care certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Staff told us they felt able to request additional training if they thought this was required and they would be supported. We saw a staff member had completed a course on understanding autism. A member of staff said, "It's nothing to be ashamed of if you feel you need further training." This showed staff had received training to enable them to provide effective support to people.

Staff received regular supervision and appraisal. We sampled some notes from supervision sessions which showed different items were discussed including employee wellbeing and any training and development needs. This showed staff received regular one to one supervision to help them develop in their role.

The registered manager told us regular quality assurance checks took place involving staff observations. We saw evidence of these and they included different skills and values being observed such as communication, recording, health and safety, infection prevention and control, dignity and respect and choice and independence. A staff member said, "We're observed all the time to make sure we're doing it right. That's important. They give feedback to me and feedback in supervisions." This helped to ensure staff were clear of the expectations placed upon them.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

found concerns regarding a lack of understanding of the Mental Capacity Act (2005) and the associated DoLS. Since the last inspection, the registered manager had completed mental capacity assessments and had identified that some people lacked capacity and were being deprived of their liberty in order to keep them safe and provide care. The registered manager had therefore sought advice from the local authority and had applied to the supervisory body for authorisation.

The staff we spoke with demonstrated an improved understanding of the MCA and information relating to the MCA and DoLS was displayed in an easy to read format. This helped people living at the home, as well as staff, to understand the principles of MCA and DoLS.

We saw people had signed their care plans and had been involved in their care planning. We saw and heard staff ask for consent from people throughout the day, for example when supporting people with medicines or when entering people's bedrooms. This showed staff understood the importance of gaining consent.

People were involved in the planning of meals and this was evident through the house meetings. Some people were involved in buying ingredients with staff at the local supermarket. People who consented were weighed regularly and we saw records of this. No one living at the home was at risk of malnutrition or dehydration. One person we spoke with, who liked to be active, told us they were being supported to maintain a healthy diet.

We looked at the layout and design of the building and found the home was uncluttered and good use was made of available space. There was a homely feel with fresh flowers and photographs on display of people who lived in the home. A new bathroom had been installed since the last inspection and this provided a large, pleasant room, in which people could bathe.

We saw the garden was well maintained and cared for. White flashing had been painted on the edge of steps, to help reduce the risk of tripping and to make steps more visible. A ramp had been built at the rear of the garden to enable access to people who used a wheelchair.

We saw evidence referrals were made to other health care professionals where appropriate and people received supported to access primary health care services such as dentists and GPs. This showed people living at the home received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

We asked people whether they liked the support workers. A person living at Cherry Tree House smiled and nodded and told us, "[Name of member of staff] supported me yesterday. She joined in the dancing." The person was laughing and spoke with fondness of the staff member. We later heard the staff member singing with another person in their room during the inspection.

When we asked a family member whether staff were caring, we were told, "Very much so. They treat people with respect." Another family member said, "Staff are kind and caring. They seem to be very nice."

A member of staff said, "It's a lovely house. Everybody's nice. I like making people smile. You go home knowing you've helped. We're all a good team." Another staff member said, "I love it here. It's like a family."

Support workers, the care coordinator and the registered manager clearly knew people who lived at Cherry Tree House well. Conversations regarding interests, previous activities and people's families took place. This created a pleasant atmosphere and some people engaged enthusiastically in conversation.

A member of staff told us of the satisfaction they felt when a person showed they were pleased to see them when they arrived for their shift.

The registered manager told us people were asked about their individual needs such as religious needs, cultural needs and sexual health needs as part of the care planning process and we saw evidence of this in care plans. This showed people's diverse needs were considered.

One person living at the home had been assessed as lacking capacity and they did not have a family member who could advocate for them. Therefore, the registered manager had sought an advocate for this person. An advocate is a person who is able to speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Staff told us of ways in which they promoted privacy and dignity such as knocking on people's doors and requesting permission to enter people's rooms. We observed this in practice. A staff member said, if they were assisting a person with personal care, "I'd keep the person covered up as much as possible and make sure curtains and doors were closed. I'd talk to the person, ask if they were okay and talk through what we were doing." This showed staff knew how to promote dignity and privacy at Cherry Tree House.

We observed the interactions between staff and people who lived at the home to be respectful and positive. People appeared comfortable and relaxed in the presence of support workers, the care coordinator and the registered manager. There appeared to be a mutual respect and people were encouraged and included in decision making.

The registered manager, care coordinator and staff we spoke with were clear they wanted to support people to be as independent as possible. One person who lived at Cherry Tree House had found a course they were

interested in. A member of staff supported the person to enrol on the course and the person spoke to the inspector with enthusiasm about the course, which was due to start in the coming weeks. This showed people were empowered to make their own choices and they received appropriate support from staff to enable them to pursue their own goals.

Care plans we sampled contained phrases such as, 'I dress myself and choose my own clothes. I need staff to support me to make my bed. When I have chosen what I would like for breakfast, I need staff to support me in preparing this.' This demonstrated that promoting choice and independence was considered as part of the care planning process.

Good

Is the service responsive?

Our findings

We asked people whether they had choices and whether there was a variety of things to do at Cherry Tree House. One person told us, "It's the best place here. I choose what I want to do. It's good because I'm not stuck inside 24 hours."

A family member told us, "I feel informed and involved. They would advise me of any change in need."

We looked at three care files. We found these had been developed in a person-centred way and they were personalised to the individual. They were devised in an easy to read format and people had contributed towards developing their care plans. Included in care files was a plan entitled, 'This is about me.' This contained information relating to the person's background, likes and dislikes, life story, important people in the person's life, and included information regarding the person's level of need in different areas such as health, mobility, personal care and medication.

We saw care plans also contained important information which included details such as how a person may communicate different feelings. Information such as what makes the person worried and what might help the person to relax were also included. This provided staff with information to provided effective, personalised, support to people. Staff had signed care plans to show they had read and understood them. The registered manager told us care plans and risk assessments were reviewed every three months, or more frequently if required and we saw evidence of this. People were involved in their reviews.

Daily planners were used and these provided a thorough log of the support provided each day. Information included details of the support the person had been offered in relation to personal care, breakfast, bathing, activities, food and fluid. These were signed by staff and the people who had received support. These showed care and support was provided in line with people's care plans.

People participated in a variety of different activities, according to their interests. Activities included, horse riding, bowling, keep fit, shopping and leisure courses. A person who said they enjoyed knitting was being supported to knit an item. Some people from the home attended a local community centre regularly, where they participated in activities such as football, swing-ball, music and dancing. A recent Halloween party had taken place, during which some people enjoyed dressing up in fancy dress and plans were underway for a Christmas party. One of the people we spoke with who lived at the home was enthusiastic about the regular horse-riding they attended. Another person had attended a museum of their interest during the week before the inspection. A family member we spoke with said, "[Name] gets around more than I do!" Another family member said, "They seem to be out a lot at various events. Yes, there seems to be plenty of activities."

As well as participating in a variety of activities, people living at Cherry Tree House could invite their friends and relatives to the home. We saw this was encouraged in minutes from a house meeting, which stated, 'Discussed and explained all service users can have visitors and they are welcome at Cherry Tree.' A person who lived at Cherry Tree House was being visited by a friend and relative on the day of our inspection and we were told by a family member, "I'm able to visit when I like."

People were offered choices throughout the day, such as what they wanted to do and what they wanted to eat. We overheard a support worker ask a person, "[Name], what do you fancy on your sandwich?" The person's choice was accommodated.

We heard a person telling a member of staff where they wanted to go shopping, the day after the inspection. The member of staff had a conversation with the person regarding where they might wish to go. The staff member made suggestions but made it clear to the person it was their choice where they wanted to go.

We saw people's rooms were personalised and people had photographs, items of sentimental value and records of achievement on display. Rooms appeared clean and tidy. People used their own toiletries. We saw a wall planner in a person's room, which outlined their planned activities for the week.

We saw a complaints policy was displayed. Although no formal complaints had been received, the registered provider had a clear policy in place. The family members we asked told us they had no complaints but would have no concerns in raising any complaints, should they have any.

A communications book was used to ensure relevant information was shared between staff and there was an overlap of shifts. This helped to ensure staff shared important information in order to provide effective care and support to people.

Good

Is the service well-led?

Our findings

The home had a registered manager in post, who had been registered with the Care Quality Commission to manage the home since May 2011.

A family member we spoke with told us, "[Name of registered manager] is usually here when I come. I'm happy with how the home is run. I have no complaints at all." Another family member said, "It really is an excellent place. I have confidence in the manager."

There was a staff structure within the home which meant there were clear lines of responsibility. All of the staff we spoke with, at all levels, told us they felt supported in their roles.

A member of staff said, "I feel supported. I can talk to [registered manager] and [care coordinator] about anything. They're very supportive people. It's a lovely team."

Staff meetings regularly took place. We looked at the minutes of some of these meetings. Items discussed included any concerns regarding people who lived at the home, staff being reminded about good infection control practice, the importance of completing appropriate documentation such as body maps and what to do if a fire was discovered. In other staff meetings, items such as MCA and DoLS and safeguarding were discussed. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

The record of a staff meeting included the comments, 'I always say we have a brilliant team at Cherry Tree and we do. We all work as a team and support each other. I'd like to thank everyone for their support.' This showed staff were valued. Additionally, we looked at notes of staff supervision meetings and these included comments such as, '[Name] is a valued team member. Reliable, honest, caring.'

House meetings took place regularly. The meetings were opened and closed by people who lived at Cherry Tree House and were attended by people who lived at the home and staff. Items discussed included planning activities, meals plans and health and safety. People living at the home were made aware of their rights and we saw this was discussed at a house meeting.

The registered provider had devised a calendar tool to assist the registered manager and care coordinator in ensuring audits took place and different areas of practice were addressed. These were well planned and we saw this was effective. For example, the planner indicated the requirement to discuss with staff the MCA and safeguarding during July 2016. We saw, in records of meetings, these areas had been discussed with staff. This meant effective systems were in place to monitor and ensure different areas of practice were discussed with staff regularly.

The care coordinator regularly undertook quality assurance checks of staff practice. In addition to this, spot checks were carried out by the registered provider. We saw evidence checks took place and areas identified for improvement were actioned. For example, a check during September 2016 highlighted a member of staff

was not wearing their identification badge. This was raised with the member of staff and we noted the staff member was wearing their badge when they arrived for work on the day of our inspection. This showed regular quality assurance audits were taking place and were effective in improving service provision.

Weekly audits took place regarding the safety of the home, daily planners and records being completed and medication administration records. In addition to this, a senior management monthly house audit took place. These recorded any areas identified for improvement and we saw these were logged and actioned. This further demonstrated measures were in place for audits and systems to improve the quality of service provision.

Quality assurance questionnaires were sent to people, and their relatives where appropriate, and these were analysed once returned. The questionnaires showed people felt involved and listened to and they rated all staff as excellent or good. Comments from families included, 'All is very good, as ever.' The positive feedback received regarding staff was shared with them by the registered manager and care coordinator.

The registered manager told us they attended contracting meetings with the local authority every three months where they shared information and received support, in order to improve quality. The registered manager had made links with another local registered provider and this offered peer support and the opportunity to share good practice. The registered manager told us they felt supported by the registered provider.

We were told by the registered manager they felt the home was, "Homely, warm, friendly and we strive to ensure people can live their lives as independently as possible." This was evident to us during our inspection.