

National Autistic Society (The) Cherry Trees

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

About the service:

Cherry Trees can accommodate up to nine people. The home specialises in supporting adults who have autism. The home is situated close to the sea front, shops and leisure facilities. Bedrooms are for single occupancy and the home is staffed 24 hours a day.

People's experience of using this service:

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were trained and supported to be skilled and efficient in their roles. They were very happy about the level of training and support they received and showed competence when supporting people.

Recruitment, staffing, medicine management, infection control and upkeep of the premises protected people from unsafe situations and harm.

The premises provided people with a variety of spaces for their use with relevant facilities to meet their needs. Bedrooms were very individual and age and gender appropriate.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were very kind and caring and people using the service were calm and comfortable in the presence of staff.

Support plans were detailed and reviewed with the person when possible, staff who supported the person and family members. Staff looked to identify best practise and used this to people's benefit. Staff worked with and took advice from health care professionals. People's health care needs were met.

People had a variety of internal activities and external activities, such as visiting a day centre which they enjoyed on a regular basis.

The registered manager ran a well organised service. Relatives' views were sought, and opportunities taken to improve the service. Although formal supervisions were not up to date, staff were supervised informally; they told us they were supported and clear about what was expected of them. Audits and checks were carried out, so any problem could be identified and rectified.

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 care service supported people in line with the values that underpin the Registering the Right Support

and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service met characteristics of Good in all areas; more information is in the full report.

Rating at last inspection: Cherry Trees was rated Good at the last inspection. The report was published on 13 September 2016.

Why we inspected: This was a scheduled comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cherry Trees

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 Adult Social Care inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulated both the premises and the care provided; both were looked at during this inspection.

The home accommodates nine people in one adapted building. At the time of the inspection, nine people were living in the home.

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. However, the registered manager had been seconded to manager another service and another registered manager was overseeing the service in their absence. Where we spoke with the manager overseeing the service, we have referred to them as 'the manager' to differentiate between them and the registered manager.

The service had not been initially developed and designed in line with the principles and values that underpin Registering the Right Support (RRS) and other best practice guidance, because the service was already in existence when this legislation was passed. This legislation ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. However, the provider was following the principles of the RRS, which reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive

planned and co-ordinated person-centred support that is appropriate and inclusive for them. The manager informed us that as people leave the service to move into alternative accommodation, the number of people living in the home would be reduced in line with the principles of RRS.

Notice of inspection:

The inspection was unannounced.

What we did:

We were unable to speak with some people using the service due to their highly complex needs. We therefore spoke briefly with one person, four relatives, staff and healthcare professionals to help form our judgements. We observed the care and support provided and the interaction between staff and people using the Short Observational Framework for Inspection (SOFI). This is a helpful tool to use if we are unable to find out people's experiences through talking to them, for example if they have dementia or other cognitive impairments.

We spoke with the manager who was overseeing the service, the deputy manager, one senior support worker and two staff members. We looked at three people's care records and associated documents. We looked at four staff files, previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, statement of purpose, complaints and compliments, minutes from staff meetings and a selection of the provider's policies. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

After the inspection, we contacted nine healthcare professionals for their views of the service, four of whom replied to us.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate and effective training in this topic area.
- People and their relatives could explain how staff maintained their safety. Relatives told us, "Staff keep everyone safe" and, "Staff know exactly how to keep people safe."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The environment and equipment had been assessed for safety.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

- Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
- The registered manager used a formal tool to assess how many staff were needed based on peoples' needs.
- People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner.

Using medicines safely

- Medicines were safely received, stored, administered and destroyed when people refused to take them or they were no longer required. People were encouraged to manage their own medicines where they these had those skills.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them.
- The registered manager investigated any errors if any were found. Staff were re-trained and had additional supervisions to prevent errors from recurring.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of healthcare related infections.

- We observed that the premises were clean and odour free during our inspection.

Learning lessons when things go wrong

- The registered manager responded appropriately when things went wrong. Incidents were used as a learning opportunity.
- Staff reviewed risk assessments and care plans following 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

- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. Care plans were regularly reviewed to understand people's progress. Staff helped people make plans to achieve their goals.
- People or a relevant person were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

Staff support: induction, training, skills and experience

- Staff had completed a comprehensive induction and training programme.
- Staff were competent, knowledgeable and skilled and carried out their roles effectively. A relative told us, "Staff are very good and well trained."
- The deputy manager explained staff had not had formal supervision in line with the provider's policy. However, staff had benefitted from informal, on the spot supervision and discussions in team meetings.

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

- The staff were all aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans.
- People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. People had received support to maintain their health with regular access to GP's, dentists and other services. They also received an annual health check as per best practice for people with a learning disability or autism.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- One area on the ground floor required improvement because it was potentially an infection control risk. The manager told us about the plans to completely renovate this room in the near future.
- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the environment.
- The service supported people's independence using technology and equipment.

- Risks in relation to premises were identified, assessed and well-managed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy.
- People's changing needs were monitored to make sure their health needs were responded to promptly.

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 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider followed the requirements of DoLS. Six people had authorised DoLS in place. The registered manager had made DoLS applications for another three people.
- Two people had conditions attached to their DoLS. For one person, staff were concerned that fulfilling the requirements would be unsafe. The registered manager had requested the local authority look at this again.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. Staff had received training about the MCA and DoLS and were able to put this into practice.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records were clear where decisions had been made in people's best interests. Relatives told us, "Staff always have people's best interests at heart and know what they're doing" and, "We're always involved in best interest meetings."

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; equality and diversity

- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked. A member of staff told us, "During discussions we ask people what they want to do differently."
- Relatives told us, "We've known staff for years, we're close" and, "It's like a family."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Staff enabled people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and all personal care was provided in private.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. They were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life.
- People were prompted and reminded of their responsibilities with regards to housework and living together and this enabled harmonious shared living. They were also offered the opportunity of staff support if they wanted this.
- People being in control and independent demonstrated the provider's values were embedded in staff culture. A member of staff told us, "We use items people know to give people choices" and they told us about different activities people were supported with, such as attending Euro Disney and having a helicopter ride.

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 including end of life care.

- Relatives told us they were, "More than happy", "Very pleased" and, "Really pleased" with the service their loved ones received. One relative said, "If [name] weren't happy, you'd know about it."
- People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances their dietary, social, personal care and health needs and considered their life histories, personal interests and preferences.
- People and their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Relatives told us, "We have bi-annual reviews and we're totally listened to" and, "We can speak our minds during the reviews, staff listen to what we say."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- Relatives we spoke with were all very positive about communication and said, "They're trained to go through things to help with communications, when we had a family bereavement they went through things with us first to make sure everything would be okay when [name] was told" and, "Staff communicate regularly and contact me if there's something we need to talk about."
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Staff had a good/excellent understanding of people's needs and could make suggestions to people around how they could develop their skills and independence.
- People were supported to prevent ill health and promote good health.
- Staff told us training was being sourced for end of life planning, so they could complete a section in people's care plans with them, to capture people's wishes when they reach the end of their lives. No-one living in the home was near the end of their lives.
- People were supported to exercise their preferences in the activities they engaged in. A range of activities were available, including a day centre, horse riding, swimming and bowling. Relatives said, "[Name] has got more of a social life than I have" and, "[Name] is always occupied and busy."
- Staff supported people to develop and maintain friendships and relationships with relatives and loved ones.

Improving care quality in response to complaints or concerns

- People were supported to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

- People and relatives knew how to make complaints should they need to. Relatives told us they believed they would be listened to. Relatives said, "There are no challenges, issues or concerns."
- There had not been any complaints. The manager told us about the process in place to act upon complaints in an open and transparent way. They told us any complaints would be used as an opportunity to improve the service.

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; and how the provider understands and acts on duty of candour responsibility

- Leaders and managers demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. One relative told us, "I can't praise the service enough; the home is very well-run and I'm really pleased with everything."
- Staff told us they felt listened to and the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. Staff told us, "The registered manager and deputy manager are great" and, "We can talk to the managers any time, they're brilliant."

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

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- Regular checks were completed by the registered manager and staff to make sure people were safe and were happy with the service they received. The provider asked other registered managers to also check the service was safe. In addition, at least once per year a more senior manager checked the service on behalf of the provider.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- People and staff were engaged and able to speak up freely, raise concerns and discuss ideas.
- People had completed a survey of their views and they met frequently to discuss the service they received. The feedback had been used to continuously improve the service. For example, the menus had been changed which meant people always had at least two choices.

Continuous learning and improving care

- All the feedback received was used to continuously improve the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.