Nottingham City Council

Cherry Trees Resource Centre

Inspection report

Chippenham Road
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected the service on 5 August 2014. We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

Cherry Trees Resource Centre provides accommodation and personal care for up to 45 people. On the day of our inspection 43 people were using the service.

The home had a registered manager and also a team leader who was responsible for the oversight of care delivery. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

In January 2014 our inspection found that the care provider was not meeting all of the essential standards of

Summary of findings

quality and safety in relation to care planning and medicines management. They sent us an action plan telling us what they would do to improve this and we followed this up during this inspection. We found that the provider had made the improvements in line with their action plan.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed.

The registered manager told us there was no one living at the home that was currently subject to a DoLS but that they had taken advice on this following the recent Supreme Court ruling. There was a policy in place on the MCA and DoLS and staff we spoke with understood the principles of this. We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

The manager made safeguarding vulnerable adult's referrals when needed and staff knew how to respond to incidents if the manager was not in the home. However, decisions made under the Mental Capacity Act 2005 were not always recorded appropriately. This is an act introduced to protect people who lack capacity to make certain decisions because of illness or disability.

Staff had the knowledge and skills to care for people safely. Referrals were made to health care professionals for additional support or any required intervention when needed. This meant people would receive support from the appropriate people when their needs changed.

We observed people were treated with dignity and respect. People who used the service told us they felt staff were always kind and respectful to them.

There were audits and customer satisfaction surveys carried out in the home and where issues were identified action was taken to address these. This meant there were effective systems in place to monitor and improve the service.

Summary of findings

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.

People told us they felt safe in the service and there were systems in place to protect people from the risk of abuse. However the decision making process was not always recorded appropriately to show how decisions were made in people's best interest. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The manager had made safeguarding referrals and staff were clear about the process to follow if they had concerns about people's care and welfare in the absence of the manager. This meant people were protected against the risk of abuse and incidents were managed appropriately.

People received their medicines as prescribed by their doctor and staff were trained in how to administer these safely.

The rating for this question was changed as a result of the ratings validation exercise described in the 'Background to this inspection' section of this report.

Good

Is the service effective?
The service was not consistently effective.

Staff had received the appropriate training and support to carry out their roles. This meant staff knew how to care for people safely.

People were supported with their nutrition and to maintain their health and referrals were made, where appropriate, to health care professionals for additional support. This meant people were supported when their needs changed.

The rating for this question was changed as a result of the ratings validation exercise described in the 'Background to this inspection' section of this report.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff cared for them well and were kind to them. We observed many examples of staff treating people with kindness and compassion.

People told us they were encouraged to make choices about their care and support and we observed staff supporting people to be independent and involved in their care. This meant people were supported to remain independent and be involved in making choices about their care.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care plans were up to date with the needs of people and informed staff how to monitor people's health conditions. This meant staff had the information they needed to meet the needs of people they were supporting.

People felt comfortable to raise concerns and records showed that complaints were dealt with appropriately. This meant people were supported to raise concerns and knew they would be acted on.

Is the service well-led?

Good

The service was well led.

We saw staff had different responsibilities in the home and this led to them being organised and well directed in their duties. This meant people were being cared for by staff who were given direction in their role.

There were audits and customer satisfaction surveys carried out in the home and where issues were identified action was taken to address these. This meant there were effective systems in place to monitor and improve the service.

Cherry Trees Resource Centre

Detailed findings

Background to this inspection

The inspection team consisted of two inspectors and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, statutory notifications and enquiries. We contacted commissioners of the service and asked them for their views. The provider submitted a 'Provider Information Return' when we asked them to. This was information for them to tell us how they provide a safe, effective, caring, responsive and well led service.

During the visit we spoke with six people living at the service, three of their relatives, seven members of the care staff, the registered manager and the care team leader. We observed care and support in communal areas. We looked at the care records of four people using the service, as well as a range of records relating to the running of the service.

Due to the complex needs of some people living at in the home, they were unable to talk with us. We therefore also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?"

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report

Good

Is the service safe?

Our findings

The rating for this question was changed as a result of the ratings validation exercise described in the 'Background to this inspection' section of this report.

Decisions made for people who did not have the capacity to understand decisions were not always recorded appropriately. The two staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. We looked at the care records for four people and saw there were MCA assessments and best interest decision assessments in place for some of them. However, in three people's care plans staff had recorded the person lacked capacity to make decisions. We saw that all three had a bedroom sensor in place to alert staff to their movements as there was a risk of them falling. However a MCA assessment had not been carried out. The assessment would show how this decision had been reached and whether the decision was made in their best interest.

We saw a do not attempt cardiopulmonary resuscitation (DNACPR) had been completed for three people using the service. The DNACPR form is a means of communicating the decision not to have cardiopulmonary resuscitation (CPR) to those responsible for providing emergency treatment. The forms had not been fully completed in relation to whether these people had the capacity to be involved in the decision making. Although this would not impact on whether the form was valid, full completion of the form would reflect the decision making process.

We saw that staff had received training in the safeguarding of vulnerable adults. Staff we spoke with had a good knowledge of what constituted abuse. Staff told us that if they suspected abuse they would report it to the manager. They knew who to report to should their concerns not be acted on by the manager. The registered manager demonstrated that they had made safeguarding referrals to the local authority following incidents in the service. This meant we could be sure that safeguarding concerns would be reported appropriately.

Four people using the service told us they felt safe and happy at the care home. One person said, "I feel safe. The staff are my first line of defence". Another person said, "I feel safe. Residents are not troubled."

People told us they were free to do what they wanted with their time, without unnecessary restrictions placed on them. One person told us they could think of nothing which was, "Not allowed." The three relatives we spoke with told us they felt their relative was safe in the home and that they did not have any concerns.

People's risks were appropriately assessed, managed and reviewed. We looked at four people's care records and saw that they had individual risk assessments for identified risks such as moving and handling and nutritional risks. This meant risk around people's needs were recognised and assessed.

We saw two people sometimes displaying behaviour which staff may have found challenging. We saw there was a care plan in place for each person informing staff what the triggers might be for this behaviour and how to recognise and respond to the person's behaviour. Support and advice had also been sought from dementia specialists. This meant staff had the information they needed to try and prevent the behaviour before it occurred and to respond to it should it occur.

The team leader told us that they would increase the staffing if people's needs changed or more people were admitted to the home. Staff told us they felt there was generally enough staff working in the home. This meant that the service safeguarded people from inappropriate care by ensuring that sufficient staff were available to meet people's assessed needs.

We found that medication arrangements were safe. There had been a recent audit completed by an external professional and they had made some recommendations. We saw these recommendations were being acted on. Staff had been trained in the safe handling, administration and disposal of medicines. We found there were a small number of gaps in staff signatures on the medication administration records. However we saw the medication had been given as prescribed but staff had not signed the records. The manager was completing audits of the medicines administration and management and we saw where minor issues were noted, these were acted on. Staff also undertook competency assessments completed by the manager to assess their practice and knowledge. We observed staff administering medicines to people and they

Good

Is the service safe?

followed safe practice. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one living at the home that was currently subject to a DoLS but that they had taken advice on this following the recent Supreme Court ruling. There was a policy in place on the MCA and DoLS and staff we spoke with understood the principles of this. We found the location was meeting the requirements of the Deprivation of Liberty Safeguards.

Requires Improvement

Is the service effective?

Our findings

The rating for this question was changed as a result of the ratings validation exercise described in the 'Background to this inspection' section of this report.

People we spoke with told us they felt they were cared for well by staff who knew what they were doing. One said, "I feel well cared for and my family say the same." Another said, "My care is lovely." A third said, "It is agreeable compared with the previous home. They do look after me." One relative we spoke with told us, "[My relative] settled in quickly. It's nice that there is a quiet room and a garden area. I am pleased with the home. Really, really happy."

Relatives we spoke with also told us they were happy with the staff and said they thought staff had sufficient training and knew what they were doing.

Records showed that all staff had received mandatory core training including essential areas of good practice such as safeguarding, infection control, medication and moving and handling. Staff we spoke to were knowledgeable about the people they cared for.

Staff we spoke with told us that they had regular support and supervision with a senior team member, where they were able to discuss the need for any extra training and their personal development. We observed staff were comfortable approaching the team leader and registered manager throughout the day and saw they were given support and direction.

We saw evidence that staff sought advice and intervention from a wide range of external professionals such as the falls prevention team, the dementia outreach team and dieticians. Records also showed that when people became unwell staff were quick to seek advice from the person's GP. One visitor told us that when their relative had developed an infection staff quickly responded to this and contacted their doctor.

We saw that people had a choice of food and drinks offered to them and we observed people's choices were respected. We saw that one person had a vegetarian diet and catering staff knew about this and their preferences were catered for. When we asked people about how they made choices, one person said, "You fill in a paper. We get as much as we like. It's very good and I can get a cooked breakfast." One relative told us, "There are always drinks available and enough food to eat."

During our visit we saw that people who needed support with their meal were given support by staff. One person didn't eat very much and staff tried to prompt them to eat but the person said they were not hungry. A member of staff fetched a supplement drink saying, "Try and drink this. It is apricot, the one you like." This showed the member of staff understood the person's likes and preferences and how to support them.

We saw that when people were regularly assessed in relation to their nutrition and where weight loss was noted, the appropriate changes were made to support the person with their nutrition. We saw that referrals were made to the GP and dietician and that weights were monitored. Drinks and snacks were on offer throughout the day and people were able to help themselves to drinks from the kitchenette areas. We spoke with the cook and they had a good knowledge of people's needs and preferences in relation to diet and we saw these were recorded in the kitchen. This meant people were supported to maintain their nutrition and hydration.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were caring and compassionate when they delivered care and support to them. We asked one person if staff were kind and they said, "All I've met. I think they've done me a lot of good. Ready to help me with anything." Another person said, "I am well cared for." Relatives also commented positively on staff with one saying, "All staff are nice and caring."

People we spoke with told us they were treated with respect by staff. Relatives we spoke with confirmed the view that the staff treated people with dignity and respect and that they were happy for their relative to be cared for at the home. During our inspection we saw that staff knocked on people's doors before entering. This meant staff respected people's privacy.

We observed some very positive interactions between staff and people using the service. We saw one member of staff who took a real interest in what a person who lived with a dementia related illness was telling them. They listened and showed they were really listening to the person. They were warm and compassionate to this person's needs. We observed another member of staff who spent a long time gently rousing a person from sleep so they could assist them with their meal. They were caring and kind to the person, giving them plenty of time to wake and get comfortable for their meal.

During our SOFI observations we saw the experiences of people we were observing were positive. Staff sat down at the correct level when asking questions of people and when supporting them. We observed staff using touch to reassure people and we saw this made people more relaxed. One staff member encouraged a person to sing, which they did and then started to dance. Two of the people we were observing were smiling and happy.

We found the atmosphere between staff and people using the service to be cheerful and pleasant with laughter and joking by the people using the service of the staff, who took this in good spirits and joined in the banter. We also saw many occasions where staff noticed when people were not comfortable and responded to this kindly and sensitively. We saw one member of staff noted a person's socks were too tight and rectified this. We heard a person using the service ask a member of staff if the back door was closed and the member of staff kindly said, "Yes but are you cold? Do you want me to fetch you a cardigan."

Staff we spoke with talked with kindness about the people they were supporting. We asked one member of staff what they thought was the best quality of the home and they said, "We really care." One member of staff told us they arrived a little early for their shift so they could get formal tasks completed and spend time with people using the service. This care worker said of people using the service, "They are different day by day. I ask questions and get to know how they are for the day."

We saw staff respond to choices people made and explain what they were going to do prior to giving people care or support. We also saw staff support people to be independent before offering to help them. Care plans detailed how staff should support people with choices and to remain as independent as possible. We saw one example of a person whose care plan informed staff that the person did not like to get up until 11am. We observed staff did not get this person up until exactly 11am. This meant peoples decisions and wishes about their care were respected.

The team leader told us that the people who used the service had planned meetings and we saw the minutes of the last two meetings. We saw people who attended the meeting had discussed what changes they would like to see in relation to activities and menus. One person using the service told us they didn't know about the meetings held, however they told us they would not wish to attend anyway. We saw that people had requested more frequent trips out of the home. We saw this had been responded to and that a minibus was now used once a week to take small groups out to places of interest. This meant people's opinions were acted on.

When we spoke with the team leader and members of staff it was clear they knew people's needs and how they should be supported. We saw that people's care plans held information about how people preferred to be cared for and which gender of staff they preferred to deliver their care. Care records we looked at also held information about people's lives and achievements. It was clear people and/or their relatives had been involved in developing their own life history information.

Good

Is the service caring?

The manager told us that there was not anyone currently using an advocate but that the information was displayed in the home. We saw the information displayed informing people of how they could speak with an advocate if they wished to.

Good

Is the service responsive?

Our findings

A new activities organiser had been employed by the home and we spoke with this member of staff. They spoke about a recent barbeque they had organised, which had been attended by everyone living in the service and some relatives. They told us this had been a positive and enjoyable day. We saw notices were displayed informing people of entertainers who were going to visiting the home and people we spoke with told us they enjoyed the entertainment they were provided with. We observed people taking part in daily living tasks such as helping staff and we saw people reading books and magazines.

We saw people's individual preferences were incorporated into the activities. One person used to be a chef and so was supported to help in the kitchen on the unit. Another person helped staff to fold laundry as this was meaningful to them.

Cherry Trees Resource Centre has extensive gardens and we saw these were attractive and well maintained. People were seen sitting enjoying the garden with staff and relatives during our visit. We heard much fun and laughter coming from outside in the garden. There was also a kitchenette and seating area for people using the service to sit and have a drink and a chat with their visitors. We saw this was used on the day of our visit and provided people with a variety of areas to socialise. There was a 'sensory relaxation room' in the home which was designed to provide people with a calm environment to relax in. The activities organiser said this was used to support people as part of the activities schedule. There was also a computer available in this area and staff told us this had been set up so that people could keep in touch with their friends and relatives using a video system.

People's bedroom doors had a photo of the person living there and the main corridors had a number of paintings, pictures and murals to add interest. There were items to encourage the use of touch and smell in the corridor and signs to aid orientation. This would support people living with a dementia related illness.

Individual care records we looked through informed staff of the current needs of people. The team leader was also working through care plans and developing new ones which contained more detailed information. We looked at one of these care plans and saw the information in the plan was very clear and had a good level of detail informing staff of the person's needs and abilities. We saw the team leader had also developed profiles for people with an overview of their needs, abilities and preferences for care. We spoke with a visiting nurse and they told us that since these profiles had been introduced, communication systems in the home had improved, with staff having a snapshot of people's needs available.

We looked at the complaints records. There was a clear procedure for staff to follow should a concern be raised. We saw one complaint had been raised and this had been documented, investigated and resolved with the person raising the complaint. Staff we spoke with knew how to respond to complaints if they arose and people we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns. This meant that people knew how to make complaints and could be assured they would be acted on.

Good

Is the service well-led?

Our findings

A registered manager and a team leader were responsible for the oversight of care delivery. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The staff we spoke to told us that they felt supported by the management team and that they were approachable. Staff told us they felt a key strength was that they all worked together as a team. There was a staff structure in place with staff having different levels of responsibility in the home. We found this had a positive effect with staff being organised and directed in their duty.

We saw the team leader kept a record of compliments received in relation to the home. We saw there had been a significant amount of letters and cards from relatives of people using the service, commending the staff on the care their relative had received. Amongst the comments were, "Cherry Trees renewed our faith in what care of the elderly should look like" and "[My relative] gained weight after moving in and we found care for [relative] and other residents of a very high standard."

Staff had opportunities to contribute to the running of the service through staff meetings. We saw there were regular meetings held for the care staff and that recommendations from regulators and commissioners were discussed so they were clear what was expected of them in relation to improving the service. There were also meetings held at management level and meetings held for the catering staff. This meant that staff were meeting to discuss areas which they were responsible for.

The activities organiser told us they were in the process of setting up 'carer support meetings' for relatives of people using the service. This would enable relatives to support each other and to discuss any areas of concern they may have. This meant that relatives could influence areas of the service which could be improved on.

The provider had conducted an annual survey in December 2013 and sought the opinion on the quality of the service from people who lived there and their relatives. We saw the results of the survey had been analysed and were mainly positive. The results had been shared with people using the service and their relatives, with an overview displayed in the home. The team leader said the results were also shared with people during meetings following the survey. There was no action plan formulated to inform people what action would be taken to address areas of improvement required. However we saw the only area which scored poorly was in relation to people being involved in care planning. We saw this had been addressed and saw there was more involvement in care planning from people using the service and/or their relatives. This meant that people's views were sought and action was taken to make improvements based on the views of people.

People's falls in the home were recorded and monitored monthly. The team leader told us that if people fell they would be referred to the falls prevention team. They said that if a person sustained an injury as a result of a fall then the falls team would do an assessment to look at possible environmental issues and a more comprehensive falls plan would be implemented. We saw that as a result of one person who had fallen, the manager and team leader had tried a range of safety measures until the most effective one was found. This showed there was learning from falls and accidents and systems were put in place to prevent them reoccurring.

Records we looked at showed that CQC had received all the required notifications in relation to incidents or occurrences in the home in a timely way. We saw that audits had been completed on things such as: medication, fire, health and safety. We saw that when issues were identified, action was taken to address these.

An audit called a 'peer review' had been recently introduced in the home and this was carried out by the manager of another Nottingham City Council service. This covered a range of areas in the home such as observations of the environment, looking at records, observations of staff and speaking with people using the service. Any areas for improvement were recorded and these were to be followed up at the next audit. This meant there were systems in place to monitor the quality of the service people received.