National Autistic Society (The)

# Cherry Trees

## Inspection report

28 Berrow Road
Burnham On Sea
Somerset
TA8 2EX

Tel: 01278792962
Website: www.autism.org.uk

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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

This inspection took place on 8 August 2016 and was an unannounced inspection. It was carried out by one adult social care inspector.

Cherry Trees provides accommodation and personal care for up to nine people who have autism. The home is situated in a quiet residential area close to the town centre and sea front. The home promotes a homely environment which is domestic in style. Each person has their own bedroom. The home is staffed 24 hours a day.

At the last inspection carried out in January 2014 we did not identify any concerns with the care provided to people.

At the time of this inspection there were nine people living at the home. The people we met with had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. 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 were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home.

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community. There was an emphasis on enabling people to be as independent as they could be and to live a happy and fulfilling life.

The home was a safe place for people. Staffing levels were good and staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People contributed to the assessment and planning of their care as far as they were able. Care plans showed

that people and their relatives attended "Person Centred Reviews" where they could discuss the care and support their relative received.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

## 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.

There were adequate numbers of staff deployed to help maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People were supported to manage their own medicines in a safe way. They were supported by staff who had the skills and knowledge to do so.

### Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were supported in accordance with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

### Is the service responsive?

Good

The service was responsive.

People were actively involved in planning and reviewing the care and support they received.

People were supported to maintain good health and well-being and they could access the health and social care professionals when they needed to.

People were supported to follow their interests and take part in social activities.

## Is the service well-led?

Good

The service was well-led.

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

# Cherry Trees

**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.

At the last inspection carried out in January 2014 we did not identify any concerns with the care provided to people.

This inspection took place on 8 August 2016 and was unannounced. It was carried out by one adult social care inspector.

We reviewed the Provider Information Record (PIR) which was received after the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home before we visited.

At the time of this inspection there were nine people living at the home. During the inspection we met with each person who lived at the home. We spoke with four members of staff, the registered manager and the deputy manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance and staffing.

Good

# Is the service safe?

## Our findings

The people who lived at the home were unable to tell us whether they felt safe in the home and with the staff who supported them however; people looked relaxed and comfortable with their peers and with the staff who supported them.

Staff told us there were sufficient numbers of staff to meet the physical, social and emotional needs of the people who lived at the home. Staff told us and provided examples where staffing levels were increased to meet people's needs. For example when one person was unwell and to facilitate trips out in the evening. There was an on-call system which meant senior staff were available to support staff where needed.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included accessing the community and the self-administration of prescribed medicines. Risk assessments had been regularly reviewed to ensure they remained effective in reducing risks to the people who lived at the home.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were supplied by the pharmacy in sealed monitored dosage packages which provided details of the prescribed medicine, the name of the person it was for and the time the medicine should be taken. There were pre-printed medication administration records (MAR) supplied by the dispensing pharmacy. The deputy manager told us they had developed additional recording sheets for people who self-medicated as people had found the pre-printed sheets difficult to complete. As staff were transcribing from the pre-printed MAR charts there was a potential risk of errors occurring. We discussed this with the deputy manager at the time who agreed to ensure that transcribed entries were checked and confirmed with two staff signatures which is good practice.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I have never witnessed any concerns but if I did I would report it straight away. I would go straight to the police or you (The Care Quality Commission) if I needed to." There had not been any safeguarding incidents.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call management system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

# Is the service effective?

## Our findings

Staff knew people well and they knew how to communicate with people using their preferred method of communication. The majority of the people who lived at the home were unable to communicate verbally. We saw staff were skilled at recognising when a person wanted support or were becoming anxious. People's care plans contained detailed information about how each person communicated. For example, they detailed what signs to look for which meant the person was happy or unhappy or if they were in pain. We observed a member of staff quickly noticed one person was becoming anxious by recognising a change in the sounds they were making. The person wanted to do their washing up and had found there was something else in the sink. The member of staff quickly removed the item and the person finished their washing up whilst making "happy sounds."

People were supported by staff who had the necessary skills and experience to meet their needs. The skills, knowledge and competence of staff were regularly monitored through supervisions and observation of their practice. Staff told us supervisions provided them with an opportunity to discuss any issues or to request additional training. One member of staff said "I have regular one to one's (supervisions) with my senior. They are really good. You get to talk about what's going well and what's not going so well. It's nice that you get positive feedback too. I asked for training in risk assessments and Somerset Total Communication and this is being arranged."

Staff were confident and competent in their interactions with people. Staff told us training opportunities were good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and supporting people who have obsessive compulsive disorders. Staff told us they were currently waiting for the provider to arrange dates for their annual epilepsy refresher training which was due in July 2016.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. Staff told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check- up. The service also accessed specialist support such as an epilepsy specialist nurse, learning disability nurse and a dietician. People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support individuals with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and

wishes. Care plans detailed people's likes, dislikes, needs and abilities. The people who lived at the home were fully involved in planning their menu. Staff explained there was a house meeting each week where each person chose two meals they wanted on the menu. We were shown a folder which contained a large number of photographs of meals, snacks and drinks. People chose what they wanted and transferred the pictures to a menu board. The deputy manager told us meals made good use of fresh foods and that all meals were "made from scratch." They said "We try are best to make sure the guys have the best and healthiest food possible. Even the sauces are made from scratch." One person had been seen by a dietician and staff were supporting them to follow the recommendations made. A member of staff told us "We spent time with [person's name] and talked about the sugars in certain foods and how these could be substituted with lower calorie alternatives without having to cut certain things out. This has worked really well and [person's name] makes their own healthy choices and has lost some weight which is really positive."

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Where decisions were being taken in the person's best interests these were clearly recorded. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made following good practice procedures. For example best interests decisions had been made involving family members and professionals regarding the management of people's finances. This ensured people's legal rights were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals where people required this level of protection to keep them safe.

Good

# Is the service caring?

## Our findings

Staff spoke with compassion and kindness when they told us about the people they supported. One member of staff said "When I go home I want to be able to say to myself; the guys have had a really good day today and are happy. I will always do everything I can to make sure the guys are happy and enjoy their life." Another member of staff said "We all want the best for the guys here. We have a great staff team and the guys are amazing. We are just like a family really."

Staff had very good knowledge about what was important to each person who lived at the home. Each person had a one page profile which provided staff with information about the persons needs and what was important to them. People's care plans detailed information about what a typical day meant for them. This gave information about their preferred routine which helped staff to support people in accordance with their preferences and needs. For example one person's care plan told us they disliked being rushed and disliked anything which interfered with their daily routine. The staff we met with had worked at the home for many years and they told us how important routines were to the people who lived there. They knew what time each person liked to get up and how they liked to be supported to get ready for their day.

Staff interacted with people in a very kind and considerate manner. People returned from the day centre they had attended and we observed them going about their usual routines. The atmosphere was happy and relaxed. Staff asked people about their day and even though people were unable to fully express themselves verbally, there was friendly banter between staff and the people who lived at the home.

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to do. We heard staff asking people what they wanted to do. On the day we visited one person had chosen to go to the cinema. The staff member supporting them told us the person had used pictures to choose what they had wanted to do and which film they had wanted to see.

Staff respected people's privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room whenever they wanted to. Each person had a key to their bedroom and to the front door of the home. People were able to personalise their bedrooms to help them feel at home. Staff did not go into people's bedrooms without their consent.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. Staff told us many people enjoyed regular overnight stays with their families.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example we observed one person doing their ironing and another person used a food processor to help prepare the evening meal. Staff supported another person to go out to do their personal banking. Staff told us about one person who liked to help with the staff rota board. This is a board which has a photograph of the staff on duty each day and night. A member of staff told us "The staff used to update the board each day until we discovered [person's name]

liked to do it. Now we give [person's name] the written rota and the photographs of all the staff and they update the board."

People's views were valued and responded to. There was a house meeting each week where people were supported to express their views about a range of topics and to offer suggestions about what they wanted to do. The majority of the people who lived at the home were unable to fully express themselves verbally so staff supported people by using objects of reference, photographs or written text. There was a large 'suggestion' white board in a communal room which contained numerous photographs of places of interest, activities, cafes and pubs. People were able to remove a photograph to indicate their preference.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

# Is the service responsive?

## Our findings

Each person was allocated a key worker. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff. They were also responsible for supporting people with their personal shopping and banking, to make health appointments and to help people maintain contact with the important people in their lives. We saw people had been supported to send emails and letters to their loved ones which had meant a great deal to them. Keyworkers also developed a monthly newsletter with people which included photographs and information about what the person had been doing, their achievements and information about their health and well-being. One relative commented in a thank you card "We are so very grateful to you for taking the time to complete the newsletters. We always look forward to reading it."

People contributed to the assessment and planning of their care. Each person had a 'person centred review' at least every six months. Care plans contained information and photographs which showed how the person had been involved in choosing who they wanted to attend their review, where they wanted their review to be held and what food and drink they wanted to be available. For example one person had placed a tick against a picture indicating they wanted their review to be held at the home and wanted cake, fruit and squash to be served. The person centred reviews looked at what had gone well, what had not gone so well and details about the goals the person wanted to achieve. Care plans showed that staff supported people to achieve their goals and aspirations. For example in one care plan we read the person had wanted to go on holiday to Cornwall. This had been achieved and had been a great success. Staff told us about another person who had wanted to learn Spanish and was now having Spanish lessons at a day centre they attended.

Staff were responsive to any changes in the health or well-being of the people who lived at the home. For example, one person had a long term condition which required prompt interventions to prevent deterioration in their health and well-being. Staff were very knowledgeable about this and of the signs and symptoms to look out for. Information in the person's care plan showed staff had noticed a slight change of colour of the person's skin and had contacted the person's doctor straight away. Within three hours staff were administering prescribed antibiotics to the person which prevented a deterioration in their condition. A member of staff told us "It's really important we are vigilant as we don't want [person's name] to be in any discomfort or unnecessary pain.

Routines in the home were very much based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed and how they spent their leisure time. A member of staff showed us a breakfast rota which had been developed by the people who lived at the home. The staff member explained this had been discussed with people after it was noticed that some people found it difficult to prepare their breakfast as there were too many people in the kitchen at the same time. People had used a clock face to choose the time they wanted to prepare their breakfast. This had been displayed on a board in the kitchen alongside their name and a photograph of the person. Staff told us this had recently been implemented and was "working very well." One member of staff said "It's more relaxed and the guys can take their time in making their drinks and preparing their breakfast."

We observed people coming and going in the kitchen making themselves hot and cold drinks of their choice. Staff were available but were mindful not to interfere. A member of staff said "It's great the guys can do the normal things they want to do, when they want to do them. We don't stand over people but we can quietly keep an eye to make sure they are safe."

The home responded to people's views. In the minutes of a recent house meeting people were asked about their views about activities. "What is good?" And "What we can do better?" Using their own method of communication people had said when they went horse riding, they wanted to ride inside when it was wet and outside when it was dry. The registered manager had followed this up by writing to the stables to ask if this could be facilitated.

People had opportunities to take part in a range of activities and social events. During the week people attended a local day centre located in the town. Staff told us this provided varied activities which were based around people's interests. For example one person was having music lessons; and another was learning a foreign language. One person had a job in a local hotel. Staff told us they really enjoyed this. Some people enjoyed cooking and were having cookery lessons. People were also supported to access leisure facilities in the community. These included swimming, bowling, visits to cafes, pubs and places of interest. The home had a room designated for in-house activities. Arts and craft materials, puzzles, games and books were available for people when they wanted them. Two people had their own computers and the home had built 'work stations' so they could comfortably use their computers when they wanted to. Staff told us about one person who loved model railways. They showed us a recently constructed shed in the garden which would accommodate the person's model railway. They told us the person had a key to the shed so they could access it whenever they wanted. The garden provided a pleasant and interesting area for people. There were two further sheds one of which had been set up as a small gym and the other had a table tennis table. There was a trampoline, swing and pleasant areas to sit out.

The registered manager operated an open door policy and was accessible and visible around the home. There had been no formal complaints in the last year however; staff told us they felt confident any concerns would be taken seriously and appropriate action would be taken to address their concerns.

Good

# Is the service well-led?

## Our findings

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and responsibilities. Staff morale was good and staff told us they received good support from the management team and their peers.

The registered manager had a clear vision for the home. It stated in their Provider Information Return (PIR) "All staff are aware that they are guests in the home of the people we support. People are shown dignity and respect, being supported in the way they chose in a manner which is professional and caring at all times We champion the rights and interests of people we support. We involve, inform and empower the people we support and we enable people to live with dignity and as independently as possible." From our observations and discussions it was apparent that this ethos had been adopted by the staff team. One member of staff said "I love it here. We are all here for the guys."

Staff described the registered manager and deputy manager as "open and approachable." Both regularly worked along-side staff to provide hands-on support to the people who lived at the home. The deputy manager told us "It's important that we all work together and I love supporting the guys. There is a relaxed atmosphere here and we are fortunate to have such a fantastic and dedicated staff team." Staff felt well supported by the registered manager which created a warm and friendly atmosphere for the people who lived at the home.

Staff attended regular staff meetings where their views were encouraged. These meetings were also used to share important information and updates about the service. The PIR stated "All staff are actively encouraged to share views and opinions and to respect each other's views. All staff are actively encouraged to constructively have debates in team meetings to achieve the best possible outcomes for people. Staff told us they felt valued and felt able to speak up at team meetings. One member of staff said "We have a wonderful manager and deputy who are very supportive. They are always available and really take on board what you say."

Surveys were sent to people who lived at the home, their relative/representatives and staff to seek their views on the quality of the service provided. Surveys for the people who lived at the home were produced in an easy read format to help them understand the questions being asked. We read the results of a recent survey which had been positive.

Monthly newsletters were sent to people's families/representatives which provided them with updates on the home and staff. The most recent newsletter included information about changes in the staff team with photographs, refurbishment plans, the outcome of the most recent internal quality assurance report and progress on action points, information about the Care Quality Commission and important contact details and fundraising events. The registered manager also sent regular emails to people's relatives to inform them of the dates where the provider's senior management team would be visiting the home so they could have the opportunity to meet with them or discuss any issues they may have. Relatives had also been provided

with the names and contact details of the senior management team.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The registered manager submitted monthly audits to the provider's service manager who then carried out visits to the home to monitor and highlight on any areas for improvement. The findings at the most recent audit had been positive. We looked at the action plans which had been developed from two recent visits. These demonstrated the registered manager had been pro-active in addressing areas for improvement.

The provider reviewed their policies and procedures to make sure they remained in line with current legislation and practices. The registered manager told us they were always informed of any changes and these were cascaded to staff and implemented without delay. In April of this year the home was reaccredited with the Autism Accreditation status. To achieve this; the service had to demonstrate they met a detailed set of standards which focused on all aspects of the quality of life people with autism received and of the knowledge and understanding of the staff team. Re-accreditation takes place every three years.

The deputy manager told us significant incidents were "very few and far between." This was confirmed by the records we read. They explained any incidents were entered onto a computer system which senior management would monitor for any recurring traits. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.