

Broadoak Group of Care Homes

Cherry Tree Cottage

Inspection report

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Tel: 01949823951

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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 Tree Cottage provides accommodation and care for adults with learning disabilities and autistic spectrum disorder. The service accommodated people in one building and was registered for the support of up to seven people. At the time of the inspection six people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles 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.

People's experience of using this service and what we found

People received a positive experience of living at Cherry Tree Cottage. People told us they were happy living at the service and with the care and support they received. Improvements had been made to how the service was monitored, and action had been taken to improve the external and internal environment.

People were protected from risks associated with the environment, and risks related to their health and welfare, had been assessed, planned for and were regularly monitored. The service was clean and hygienic. Staff were aware of their responsibilities and the action required to safeguard people from avoidable harm. People received their prescribed medicines and they were stored and managed in accordance with national best practice guidance.

People told us there were enough staff to care for them and they regularly accessed their local community with the support of staff or independently. People led active and fulfilling lives, this included a person having a volunteer role in the community. People were also supported to pursue social activities, interest and hobbies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received an induction on commencement of their work and ongoing training and support. Checks were completed on staff's suitability to care for people.

People had a choice about what they ate and had enough food and drink. People were supported with their health care needs and had access to healthcare when they needed it. Staff sought advice from specialist health professionals when required to support people effectively.

People were supported by staff who were kind and caring and who knew them well. Staff involved people as fully as possible in decisions about their care, they respected their right to privacy and treated them with dignity and respect.

People had access to the provider's complaint procedure. People's wishes regarding end of life care required further discussion to ensure staff understood their preferences.

There were systems and processes in place that monitored the quality and safety of the service. People received opportunities to be involved in the development of the service.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 17 April 2018) and there was one breach in regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 good.

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 Tree Cottage

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

This inspection was carried out by one inspector.

Service and service type

Cherry Tre Cottage is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed any notifications we had received from the service and information from external agencies such as the local authority. We also contacted Healthwatch this is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider had shared in the Provider Information Return (PIR). This is information we require providers to send us to give key information about the service.

During the inspection

We spent time in the company of people living at the service and received feedback from four about their experience of the service. We also spoke with the registered manager, two team leaders and a support

worker. We reviewed records related to the care of three people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints and three staff files. We looked at documentation related to the safety and suitability of the service and spent time observing interactions between staff and people within the communal areas of the service.

After the inspection, we contacted external professionals for feedback and received information from two adult social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse and avoidable harm. Staff had received safeguarding training and had access to the provider's policies and procedures.
- People told us they felt safe living at Cherry Tree Cottage. They felt confident to raise any concerns about their safety with staff and knew who the registered manager was. People told us they had a key to their bedroom and this was important to them, in keeping their personal possession safe.

Assessing risk, safety monitoring and management

- Risks associated with people's health needs were assessed, planned for and monitored. Staff were provided with guidance of how to support people safely to reduce known risks. This included risks with nutrition and health conditions such as diabetes and epilepsy.
- People had individual behavioural support plans and risk assessments. These provided staff with guidance and strategies to use to manage periods of heightened anxiety which affected people's mood and behaviour.
- Staff were knowledgeable about known triggers and explained how they used diversional techniques to safely, and effectively to support people and reduce risks.

Staffing and recruitment

- There were enough staff available to meet people's needs and ensure their safety. The registered manager told us how people's dependency needs were assessed, which informed staffing levels required. Staffing levels were flexible and dependent of people's needs and any appointments people had. Short notice absences were covered by the staff team.
- At the time of the inspection, the provider was actively trying to increase the number of staff employed. Staff told us how they worked well as a team, supported each other and how they were dedicated to their role. However, they did say the employment of additional staff would be supportive and relieve the pressure from them in covering staff shortfalls.
- People told us they received support from staff when they needed it and how staff spent time with them and supported them to regularly access the community. On the day of the inspection, staff were seen to spend positive time with people, staff supported in both internal and community activities, including attending a health appointment with a person.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service.

Using medicines safely

- Medicines systems were safely organised, and people were receiving their medicines when they should.

Staff were following safe protocols for the receipt, storage, administration and disposal of medicines.

- People confirmed they received their prescribed medicines safely. A person said, "Medicines stay locked in the office, staff give us them at the same time, and they stay with people to make sure they have taken them."
- Staff had guidance about people's preference of how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required'. Staff told us they had completed training in medicines management and administration. They also had competency assessments completed to check they followed national best practice guidance.

Preventing and controlling infection

- The service was clean and well maintained. Staff had received training in infection prevention and control and how to prevent the spread of infection.
- The Food Standards Agency had inspected the home in 2019 and given it a food hygiene rating of three, which means the hygiene standards are generally satisfactory. We observed the kitchen area to be clean and well maintained and staff followed food hygiene procedures. Recommendations made by the food agency had been completed.

Learning lessons when things go wrong

- Overall, lessons were learnt when things went wrong. Incidents were recorded, reviewed and discussed with the staff team. However, further work was needed to ensure opportunities to learn from behavioural incidents were not missed

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant 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

- People received effective care. Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People told us they regularly discussed their support plans with staff. Staff had good knowledge about people's diverse needs.
- The provider had up to date policies and procedures that reflected national best practice guidance and current legislation to guide staff practice. Recognised assessment tools were used for the care and management of people's needs, such as managing behaviour that could be challenging.

Staff support: induction, training, skills and experience

- People were supported effectively by staff who had received an induction on commencement of their work and ongoing training and support. Staff confirmed improvements had been made in the training and support they received. A staff member said, "Training is more regular, and supervisions are monthly which are helpful and supportive."
- The staff training plan confirmed staff had received relevant training in relation to people's health conditions and care needs. This included diabetes, epilepsy, autism and learning disability awareness and managing behaviours.
- Staff's experience and skills were considered in the deployment of staff and staff handover meetings and staff meetings gave staff the opportunity to discuss their work, development and training needs.

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

- People's nutritional needs and preferences, including any religious or cultural needs in relation to their diet, had been assessed and planned for. Staff were knowledgeable about people's individual support needs. For example, some people required support to monitor their food due to having diabetes or they required encouragement to eat healthily. People's weight was also monitored to enable staff to refer to the GP, if concerns were identified with weight loss or gain.
- People had access to the kitchen and were encouraged to make drinks and snacks independently and we saw people doing this. People told us how they were involved in weekly menu planning, shopping and food preparation and cooking.
- Food stocks were good and stored following best practice guidance. People had access to fruit and snacks and a menu informed people of the meal options.

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

- People had an 'NHS Hospital Traffic Light Assessment' that was used in the event of an emergency

admission to hospital. This shared information with others about the person's ongoing care needs and health information.

- The registered manager told us how they worked with other agencies, such as health and social care professionals when additional guidance and support was required.

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

- The premises and environment met people's individual needs. People's bedrooms were personalised to their individual tastes and needs. Assistive technology was used effectively to promote people's independence whilst managing their needs. For example, an epilepsy monitor was used to alert staff if a person had a seizure during the night. In addition, a sensor was used to alert staff when a person was up and walking around independently.
- Since the last inspection the service had some refurbishment work completed. This included some areas that had been decorated and new furnishings replaced. The garden to the rear of the property had been improved upon. People told us they were happy with their environment.

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

- Staff supported people in monitoring their health and well-being needs. This included people accessing health services such as the optician and dentist, and specialist outpatient appointments. People confirmed staff supported them to attend health services. On the day of our inspection, two staff supported a person to attend an hospital outpatient appointment.
- People had health action plans that recorded their health needs, appointments and support needs. These are recognised tools and seen as best practice guidance in supporting people with learning disabilities.

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 when this is in their best interests and legally authorised under the MCA. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our inspection, the registered manager had submitted applications where required, but these were awaiting assessment by the supervisory body.
- We saw examples of MCA assessments and best interest decisions in relation to a person's medicines, health and wellbeing and in the management of their behaviour. Least restrictive options had been considered.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated respectfully by staff who had developed positive relationships and knew what was important to them. People told us staff had time to spend with them and how they were happy with how the staff cared for them. A person said, "The staff are all nice." Another person said, "We all like living here."
- People were treated as equals and staff were responsive and caring in ensuring people's individual needs were met. For example, a person told us how they recently celebrated their birthday, staff organised a birthday party and a meal at a restaurant that served the person's favourite food. Some people had cultural needs in relation to their skin and hair care and staff supported people with these specific care needs.
- We saw people were relaxed within the company of staff, jovial exchanges and laughter were shared. People were fully involved in discussions and decisions and this showed people they mattered.

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

- People were supported as fully as possible in their care and support. This included opportunities to discuss with staff their needs and review their support plans. Resident meetings were also arranged to enable people to share their views and be involved in the development of the service. A staff member said, "Support plans are reviewed with people every couple of months, we make sure they are happy with everything and if they want any changes making." A person said, "Staff ask us what we want to do, I've seen my support plan, we talk about it."
- Staff encouraged people to make day to day choices in the way they received their care and people's choices were respected. We saw how staff supported people with choices such as their meals and drinks, where they spent their time and the activities they participated in.
- We saw staff used good communication and listening skills when communicating with people. This included using several different methods to communicate with people based on their individual needs. Staff consistently showed great respect, they were patient, caring and made sure they understood people's responses.
- Independent advocacy information had been made available for people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Respecting and promoting people's privacy, dignity and independence

- People received care from staff that respected their privacy, dignity and independence. People's support plans provided staff with guidance about maintaining people's dignity at all times. Staff completed a dignity challenge self assessment they discussed with their line manager. This was a method used to continually monitor staff's values and approach to care. People confirmed staff treated them with respect.

- Independence was fully promoted. Staff told us how each person was encouraged to participate in domestic tasks and we saw people involved in some cleaning such as washing pots. A person proudly told us how they had cleaned their bedroom and showed us what they had done.
- Staff told us how they respected people's privacy. This included knocking on people's doors and waiting for a response before entering. Dignity was respected by staff being sensitive and discreet when supporting people with personal care. Staff understood the importance of promoting independence and enabled and encouraged people to do as much as they could for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Before people moved to Cherry Tree Cottage, a pre-assessment was completed to ensure the person's needs could be met and to identify if additional training and resources were required. Staff told us since the last inspection, improvements had been made to the consideration of compatibility of people who used the service.
- Individualised support plans provided staff with detailed guidance of people's diverse needs and support required. A person told us how they were involved in the development and review of their support plans. Staff told us since the last inspection, improvements had been made to care records. a staff member said, "Documentation is much better, you can find information easier and daily records are more clear and detailed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs had been assessed and staff had detailed guidance of people's communication preferences. We saw staff used effective and personalised communication methods with people.
- Information had been made available for people such as the provider's service user guide and complaint procedure in easy read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain contact with relatives and friends, there were no restrictions on people receiving visitors.
- People were supported with activities, interests and hobbies and were active citizens of their local community. One person had a voluntary job in the local community they attended twice a week independently. Another person had expressed a wish to work in café. Staff had developed a plan of what they needed to do to achieve this.
- People told us about social and recreational activities they were supported to do. This included; going bowling, trampolining, the cinema, shopping, parks, eating out and recently, people had been to the visiting fun fair. The service was situated in a rural location and had a limited public bus service, at the last

inspection we were informed that the provider's mini bus was frequently not working impacting on people accessing the community. At this inspection, people told us and staff confirmed the mini bus had been kept in good working order and had not prevented people using it when required.

Improving care quality in response to complaints or concerns

- People knew who the registered manager and home manager was, and told us they felt confident to raise any concerns with the either manager or staff.
- The provider's complaint procedure had been made available for people, and people told us and staff confirmed, concerns and complaints were a standing agenda item at resident meetings.
- At the time of our inspection the provider had not received any complaints.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. People had end of life books to complete with staff, about their personal wishes about the care they wished to receive. The registered manager, assured us these discussions and plans would be discussed with people.

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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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection, the provider had failed to ensure that systems and processes were established and operated effectively to ensure compliance with regulation this was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

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

- The home manager and registered manager, had ensured the audits and checks that monitored areas such as health and safety of the environment including the premises, medicines and care records had been kept up to date. Any shortfalls identified during the completion of audits and checks a action plan was developed to show what improvements were required by whom and by when.
- Since the last inspection improvements had been made to the safety of the rear garden and to the internal environment, such as some areas being decorated and new furnishings purchased.
- The provider had up to date operational care policies and safety procedures that reflected current legislation, and best practice guidance and set out what was expected of staff when supporting people.
- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were happy in their role and were seen to apply the provider's set of care values; they had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities. Staff confirmed there was good communication systems in place and felt positive they worked well as a team. Our observations confirmed this.
- People were happy with the care and support they received. One person told us that since moving to the service they were happier and had more opportunities to access the community and this was important to them.
- People were supported to achieve good outcomes and to lead active and fulfilling lives. Independence was promoted and people were supported to gain voluntary work placements and to be active citizens of their local community, This showed an inclusive and empowering supportive approach to care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they felt valued, listened to and were positive about the leadership of the service and the staff who cared for them.
- The provider had met their registration regulatory requirements of notifying us of certain events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.

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

- The management team had an inclusive approach in ensuring people were involved as fully as possible in their care and development of the service.
- People received ongoing opportunities to share their views and experience about the service. This was during individual meetings with staff, resident meetings and an annual questionnaire. Additionally, people received daily informal opportunities to express their wishes and staff involved people as fully as possible.

Continuous learning and improving care

- The registered manager kept their knowledge about up to date best practice guidance by receiving alerts from the local authority and CQC.

Working in partnership with others

- The management team worked positively with external health and social care professionals, when required to support people to achieve positive outcomes. Feedback received from external professionals was positive about communication and approach of staff.