

Gloucestershire Group Homes Limited

Cherry Tree Close

Inspection report

3 Cherry Tree Close
Nailsworth
Stroud
Gloucestershire
GL6 0DX

Tel: 01453835023

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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 Close is a residential care home. It provides accommodation and personal care for up to two adults with learning disabilities and autistic spectrum disorder. At the time of the inspection there were two people living at the service.

People's experience of using this service: The service has been developed and designed in line with the principles values that underpin Registering the Right Support and other best practice values. 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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

- People's support focussed on them having as many opportunities as possible for them to gain new skills and become more independent.
- People were supported by a small but consistent team of long-term staff who were kind and caring. Because people had lived at the service for many years and staff had worked there for a long time, staff had good relationships with people and knew them well. Staff knowledge in relation to people's condition, their needs, and how to support them was thorough.
- Care plans were person centred and included people's personal goals for the year. There was a focus on providing people with a clear timetable and consistent support. This resulted in people being relaxed and being able to enjoy doing things they wanted to do.
- There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.

Rating at last inspection: Good

At the last inspection the service was rated Good (This report was published on 17 September 2016)

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Cherry Tree Close

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

Cherry Tree Close 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 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:

We gave the service 24 hours' notice of the inspection visit. We wanted to ensure the people living in the home were available for us to speak with and to provide them with assurances about our visit. This was because some people with autistic spectrum disorder can become anxious when in the company of unfamiliar people.

What we did:

We reviewed information we had received about the service since the last inspection in July 2016. This included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with two people living at the service. We spoke with one member of staff and the registered manager. We reviewed two people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

After the inspection, we spoke with a family member of a person living at Cherry Tree Close and one health and social care professional who had regular contact with the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes I feel safe. I go out on my own but can call the staff or they can call me if they have any concerns."
- People were supported to stay safe. When people went out alone, staff ensured they had a mobile phone so that they could contact staff or staff could contact them. Where people required support to manage their money, this was provided by staff.
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. Where risks were identified, people's care plans provided clear guidance for staff on how to reduce the risk of harm to people. People's care plans covered risks for when they were at the service or when they were accessing the community.
- The environment was regularly checked and assessed.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills.

Staffing and recruitment

- Safe recruitment processes were followed and people were supported by staff that had been appropriately vetted.
- One staff member told us potential new staff were invited to visit the service so they could meet the people living there and get to know them.
- People were supported by staff they had known for many years. Although staff worked across the provider's other services, people told us they had consistent support from staff they knew well.

Using medicines safely

- Medicines were stored safely. The temperature of the medicine storage area was regularly taken and reviewed.
- Staff had received training on how to manage medicines safely.
- Medicine Administration Records (MAR) were signed by staff to indicate people received their medicines as prescribed.
- People told us they were happy with how their medicines were managed.

- The service had a process for managing errors in the administration of medicines. The registered manager told us staff would be re-trained and their competency re-checked following an error. The registered manager also told us staff would always seek immediate medical advice in the case of a medicines error.

Preventing and controlling infection

- The service was clean and tidy. People told us they helped to keep the home clean by helping with housework or helping to tidy their bedrooms.
- People were supported by staff to do their own laundry.
- Staff had access to personal protective equipment such as aprons and gloves to minimise the risk of the spread of infection.

Learning lessons when things go wrong

- There was a process for reporting accidents and incidents. These were reviewed regularly by the registered manager and lessons shared to prevent recurrence.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. One person said, "The staff know what they are doing."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were regularly reviewed. Care plans detailed people's personal goals for the year ahead and these were also reviewed to see if they had been met.

Staff support: induction, training, skills and experience

- There was a comprehensive induction programme in place for new staff.
- Staff had been trained to carry out their roles. There was a training plan in place which highlighted when refresher training was due. The registered manager had a matrix to monitor staff training to ensure this was up to date. We saw that where staff training was due, they had been booked on to the appropriate training course.
- Staff had regular one to one meetings with a line manager to provide support and identify learning needs.

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

- People were supported by staff to plan their meals and go shopping for food.
- People told us that in the main, staff prepared their meals. The registered manager told us people would support staff with meal preparation at times.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments. One person said, "The staff will help me to see the doctor if I become unwell."
- Health action plans were in place. These are documents that state what is needed for a person to remain healthy, including what the person needs to do themselves, who will help and when this will be reviewed. Annual health checks took place and were reviewed monthly.
- Records showed people accessed the local GP, dentist and optician.

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

- The home was pleasantly decorated.
- There was a garden which people told us they enjoyed in warmer weather.
- People told us they could choose how their bedrooms were decorated. One person said, they had items

related to their hobby and had designed their room around their hobby.

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.

- Staff were knowledgeable about the principles of the MCA.
- Where there were concerns around people's capacity to consent to specific decisions relating to any aspect of their care or daily life, their capacity in relation to these decisions had been assessed. Staff told us they would discuss with people regarding what they would like to do to ensure people were consenting to this.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

- People told us staff supported them in the way they wanted. One person said, "The staff listen to me and do things the way I want them to be done."
- People told us staff were, "kind." One person said, "Yes they (staff) are kind and care about me."
- The atmosphere was friendly and calm. People were relaxed around staff; they were smiling and engaging with them.
- Staff had received training around equality and diversity to ensure people were all treated as equals regardless of age, gender, religion and culture.

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

- People were actively involved in making decisions, and setting their own goals for the coming year. People told us staff would spend time with them to discuss their needs and set goals for the year.
- Surveys had been carried out previously, but this no longer happened. The registered manager told us people could speak up whenever they wanted to. They could speak to staff at the service, or could go into the main office and speak to someone there. People told us they could discuss any issues with the registered manager or any of the staff.
- People's care plans contained details of their likes, dislikes and preferences. People told us they were involved in reviewing their care plans.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff respected people. People had been informed of our visit to reduce any anxiety about a stranger being in their home.
- When people chose to speak to us on their own, this was respected. The member of staff closed the door and left us in private.
- People told us staff knocked on bedroom doors before entering.
- People were supported to be as independent as possible. Care plans detailed when people might need staff support. One member of staff said, "(Name of person) is able to do their own laundry. We just need to remind them sometimes."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were person centred throughout. We saw, and people and relatives told us they had been actively involved in developing their plans and had regular meetings with staff to review how things were going.
- We saw that relevant health professionals had been involved in the planning and review of people's care where required.
- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines. For example, people's care plans included their preferred routines around when they would like to have a bath.
- Staff understood people's need to live in a low arousal environment and supported them to do this.
- People told us they could participate in activities of their choice. There were activity planners in place. One person said, "I like watching the trains and am supported to do this."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the previous 12-month period.
- People told us they knew how to make complaints and felt confident raising issues with staff or the registered manager.

End of life care and support

- End of life plans were not in place. These are plans which detail people's choices and preferences for how they want to be cared for at the end of their lives and any special wishes they might have.
- The registered manager told us they had previously tried to discuss with people but they did not want to discuss end of life care at the time. The registered manager told us this was something they were discussing as a team to identify the best way to continue discussions with people.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider's values were embedded in the service. The registered manager told us how they provided a specialist service for people living with Asperger's syndrome and Autism and how staff received training to build their knowledge about these conditions. The registered manager told us they worked hard to ensure the staff provided a consistent person-centred approach where people always came first.
- There was an open culture where staff were encouraged to speak up. The registered manager told us there was an open-door policy and staff were given the confidence to raise any issues. Staff we spoke with confirmed this.
- People used words such as "Excellent" and "Great" to describe the registered manager.

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

- The registered manager was aware of how the service was performing. There were a range of quality assurance processes in place to enable the registered manager to gauge service performance. This included regular audits of medicines, health and safety and the environment. Actions arising from these fed into annual improvement plans.
- The registered manager understood their responsibilities to notify us of certain events.
- The rating of the previous inspection was displayed as required.
- Areas for development were identified and reviewed to ensure improvements were made. For example, an action to implement health action plans had been completed.
- The provider held regular meetings to discuss all their services. We saw the minutes of these and saw that learning was shared and improvement plans discussed.

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

- Although the service had previously undertaken surveys of people, relatives and staff, this no longer happened. The registered manager said this was because the return rate was so low. However, they discussed at length how they engaged with people, families and staff.
- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and

able to speak up and contribute to discussions.

- Staff told us they were lone workers or pairs but had 24-hour access to a manager by phone.

Working in partnership with others

- The service had good links with the local community. A manager met regularly with the local GP practice to discuss the needs of the people using the service so that people could receive effective healthcare and any issues addressed at the earliest opportunity.
- The service was a member of the Gloucester Care Providers association which enabled them to network and share ideas around best social care practice with other service providers in Gloucestershire.