

Cherry Orchards (Camphill) Community Limited

Cherry Orchards Camphill Community

Inspection report

Canford Lane
Westbury-on-Trym
Bristol
BS9 3PE

Tel: 01179503183
Website: www.cherryorchards.co.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

About the service:

Cherry Orchards is registered to provide accommodation and personal care. Cherry Orchards is a therapeutic community and is part of the Camphill Community. The aim is to help adults recovering from the debilitating effects of any life crisis. This may include mental health or psychological problems, learning difficulties, individuals recovering substance or alcohol misuse.

People's experience of using this service:

People received safe care. Staff were trained and understood the principles of safeguarding people. This meant they knew how to recognise abuse and how to report it.

Each person had a detailed risk management plan. These were to protect and promote their safety. Accidents and incidents were analysed. This was to find out if there were lessons to be learnt. These were shared with the staff team to reduce the risk of reoccurrence. People's needs and choices were assessed and their care provided in line with their preferences.

There was enough staff at any time to keep people safe. The provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in accordance with best practice guidance. Staff and people at the service followed the systems that were in place to ensure that everyone was protected by the prevention and control of infection.

Staff were well trained and completed a full induction process when they first commenced work at the service. The team also received ongoing training to ensure they could provide care based on current practice when supporting people.

People were well supported to eat and drink enough. They were very well supported to use and access a variety of other services and professionals in the community.

People were supported to access health appointments when required, including community mental health nurses and doctors.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People were supported by staff who were kind and caring. People were encouraged to make decisions about how their care was provided. Staff ensured they protected and promoted people's privacy and

dignity.

People had built up positive relationships with staff who had a good understanding of their needs and wishes. People's needs were identified and plans were in place to meet them. This was with the involvement of the person and or their family members.

People told us how they were encouraged to view themselves and others as part of a community. The community provided them with care and support. There was also access to a range of local facilities. These were relevant to the needs of the people at the services. They included classes and workshops.

People told us how they valued the extensive grounds. They also said they took an active role in growing vegetables. People could decide to what extent they wanted to take part participate in these activities.

People were well supported to be part of the wider community and attend colleges and other social events in the local area. People lived and worked alongside each other and were actively involved in the day to day chores of running a home. People and staff told us this promoted a real sense of community.

Staff promoted and respected people's cultural diversity and lifestyle choices.

Care plans were very personalised and provided staff with in depth guidance about how to support people and meet their preferred outcomes in their day to day life. There were innovative ways to ensure communication was accessible to people in a format that met their needs.

Rating at last inspection:

The service was last inspected in January 2014. This was because it had not been in scope during the last four years. This means the service had not been providing personal care to people. However, it recognised that people's needs had changed and it was now in scope to be registered and inspected by us.

We inspected the service on 10 February 2019. The inspection was unannounced. Cherry Orchards Camphill Community provide personal care and support to people living within the Cherry Orchards Camphill Community. It is a community setting. There were very spacious gardens with different animals cared for by the community.

At the time of our visit there were two people being supported with personal care in Cherry Orchards Camphill Community. This service provides care and support to people living on the same site so that they can live as independently as possible.

Why we inspected: This was a planned and scheduled comprehensive inspection of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cherry Orchards Camphill Community

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:

The service was registered to provide accommodation and personal care to up to six adults with mental health needs. This included caring for people whose rights are restricted under the Mental Health Act, eating disorders, learning disabilities, and substance misuse problems.

The service is a care home . People in care homes receive accommodation and 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.

What we did:

Before our visit we asked the provider to complete a Provider Information Return (PIR). This is a form that

asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, these provide information about important events which the service is required to send us by law.

After the inspection we received response from four different community mental health professionals who had contact with the service. We reviewed the information they gave us.

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.

Systems and processes to safeguard people from the risk of abuse

- There were systems, processes and practices in place to safeguard people from the risk of harm and abuse.
- People told us they felt safe. One person said, "I definitely feel safe here. I can talk to staff about anything. Another person told us, "I feel safe here." Staff also told us that they understood what to do if a person felt unsafe. People told us they were encouraged to raise concerns if necessary. Staff told us that people were always offered an advocate to help them do this if required.
- People were encouraged to speak up and share any concerns they had .
- People told us they felt able to raise concerns and felt they would be listened to and actions would be taken.
- Safeguarding and abuse were regular subjects at house gatherings, which were meetings held for all the people who lived in the community. This ensured people had the knowledge and awareness about how to raise concerns.

Assessing risk, safety monitoring and management

- Risks to people were assessed and safety was monitored and managed.
- This was done in the least restrictive way for the person.
- This helped ensure people were supported to stay safe, while having their freedom respected.
- People were also involved in planning and making decisions about how identified or possible risks to their safety were managed.
- This meant that people could continue to make choices and it gave them control in their lives.

Staffing and recruitment

- People were protected because the process that prospective staff underwent was thorough and robust.
- New staff did not start working with people at the service until checks had been completed, such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in the care sector.
- Staff records contained up to date information showing staff were safely recruited.
- The same procedures were also used for the staff who came from overseas and volunteers.

Using medicines safely

- People's medicines were managed safely. Up to date records were kept of all medicines received and given to people.
- Where discrepancies had occurred, these had been investigated fully. Some people were responsible for their own medicines.
- Staff had completed a check with the person to make sure they could do this safely.
- Staff were trained in medicines management.
- Staff who gave medicines to people were checked at least annually and had attended update training.

Learning lessons when things go wrong

- To help the team learn, all accidents and incidents were recorded and fully reviewed.
- This included information about incidents such as who was involved and where it happened.
- This information was analysed to see if there had been trends or themes. If anything was preventable, actions to reduce risk were put into place.

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.

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

- People spoke positively about the staff .
- Comments included, " I like all the staff, they listen and offer advice", and "I like the staff ". We saw people seeking staff out for support.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started work for the service.
- Records showed training was undertaken by the team.
- This was confirmed by staff.
- The training included food hygiene, infection control, first aid, moving and handling, safeguarding children and adults and fire training.
- Staff went on courses about the needs of the people they supported. This included understanding eating disorders, and other complex mental health needs.
- Staff told us the induction training programme was very good and helpful.
- Staff were very well supported and supervised. There were regular group support meetings for the team.
- The meetings were used as a time to reflect and learn.
- Staff spoke very positively about the management who they said were very supportive always.

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

- The meals were made up of healthy balanced meals.
- People told us they discussed the menu at house meetings.
- People took it in turns to cook meals for each other.
- Some people received dedicated one to one support hours with cooking skills.
- People and staff sat together at meal times.
- People told us they always had enough to eat and drink.
- We were told that most of the vegetables were grown on site.
- There was a plentiful supply of fresh produce in the kitchens if people wanted anything to eat or drink .

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

- People were registered with a GP and attended appointments with health and social care professionals

when needed.

- People had access to the local community learning disability team including speech and language therapists, occupational therapists, psychologists, a psychiatrist and community nurses.
- Referrals were made when people's needs had changed.
- A mental health professional told us via emails how responsive, skilled and positive the support was at the service.

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

- There were two shared houses at the Community.
- People shared their home with staff. There were large communal areas, workshops and very spacious grounds which people looked after as part of their daily activities.
- The main office was situated in the grounds.

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

- People were registered with a GP and attended appointments with health and social care professionals.
- Records were kept of health appointments and action that was required.
- People had a health action plan which described the support they needed to stay healthy. People had had access to the local community mental health team including speech and language therapists, occupational therapists, psychologists, a psychiatrist and community nurses.
- A professional told us people were very well supported at the service with their full range of needs.

Ensuring consent to care and treatment in line with law and guidance

- 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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA. The staff we spoke with were aware of the MCA and some of the impacts it could have on their role. All the staff we spoke with had received training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent. There was no one at the service who did not have capacity.

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.

Ensuring people are well treated and supported; equality and diversity

- People regularly went up to staff and the management for social conversation.
- We heard laughter and warm exchanges between people and staff through the day .
- People told us staff listened to them and offered help when needed.
- People told us they could choose to spend time in their bedrooms or meet with people in the shared lounges.
- One person told us they sometimes ate their meals on their own because they preferred to. They told us this was respected.
- Care records included information about people who were important to those who lived at the service.
- People told us they could receive visitors and were supported to visit friends and family.

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

- Staff knew people's routines and ways they preferred to be supported.
- People told us they were asked how and where they wanted to be supported.
- One person had preferred routines at mealtimes and staff respected these.
- People told us staff engaged with them in meaningful discussions. For example, one person was being supported to get a voluntary job.
- Staff conveyed they took a real interest in each person, their hobbies and wishes.
- Staff talked about people in a positive way focusing on their positive outcomes. The staff did not focus first on behaviours that may challenge.
- Staff told us they had built up positive relationships with people.
- People were observed seeking out staff.
- We saw people looked comfortable with the staff.

Respecting and promoting people's privacy, dignity and independence

- People told us they could keep in contact with friends and family.

- Relatives confirmed that this had happened and felt this had been very positive.
- People told us staff respected privacy and really wanted them to build up their independence.
- Staff spoke to people with a respectful tone and polite manner.

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.

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

- People received care and support responsive to their needs.
- Staff had a good awareness of the needs of the people they supported.
- The staff knew what was important to people.
- People each had a care plan setting out their care and support needs.
- Care plans set out the support people needed with their mental health needs and with other needs.
- People knew about their care plan and what was in it.
- People actively contributed and consented to information held about them.
- One person told us they sat with staff and talked about their needs and if the care plan reflected them.
- To help plan person centred care, daily handovers took place.
- A handover meeting is where important information is shared between the staff. Staff told us this was to make sure all the team knew about changes to people's care .
- These meetings were also to ensure a consistent approach.
- Weekly meetings were also held to update staff.
- These were an opportunity to discuss future social events, plan menus and talk about any changes.
- Daily records were kept where people were supported with personal care and where a person was unwell or an incident had happened.

Improving care quality in response to complaints or concerns

- People were very much encouraged to be involved in the day to day running of the service. There were weekly house meetings where people could make suggestions.
- People's views were sought through workshops, surveys and regular care reviews.
- People could access independent advocacy services. This was when people wanted extra support.
- Information was available to people on how they could get hold of an independent advocacy service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- □ There were detailed audits of looking at quality of care staff, training and the environment and other areas.
- The registered manager told us the service was now registered with a quality checking scheme. This is known as the Community of Communities and is organised by the Royal College of Psychiatrists.
- □ Audits were carried out on the service that were independently completed by another manager in this scheme.
- □ A detailed and very positive audit of the care and service had just been completed
- □ The registered manager and other senior people in the organisation worked alongside the manager and senior staff.

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

- □ People and staff had positive interactions with the manager and were comfortable talking to her.
- □ The manager was very knowledgeable about the service.
- □ The manager said they would act on issues and comments made.
- □ A quality assurance questionnaire was completed for people, relatives and staff.
- □ Comments made in recent feedback were very positive about the service and how it was run.
- □ Two relatives commented by email about how well the service was run and how staff were kind, caring and supportive.
- □ There was a clear management structure promoting a person centred culture.
- □ Both people told us they would recommend living at the service.

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

- □ There was a very positive culture and this helped put people at the centre of the service.
- □ Staff meetings were held regularly.
- □ Staff said they were always able to feedback to the registered manager and management team.

- ☐ Staff and people knew how to raise concerns to other organisations.

Continuous learning and improving care

- ☐ The provider had in place an effective system to monitor their own service.
- ☐ The provider and Trustees undertook regular service reviews.
- ☐ Reports were kept of these visits. They provided a clear narrative of the provider and trustee observations during their visits. They spoke with people and staff.
- ☐ Reports also covered outcome areas around quality and safety.

Working in partnership with others

- ☐ The service worked closely with other organisations.
- ☐ On the day of our visit a person went to receive further support from a mental health services team.
- ☐ The service also sold its produce at local farmers market. This was a collaborative activity that people and staff took part in together.