

Housing 21

# Housing 21 - Cherry Tree House

## Inspection Report

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# Summary of findings

## Overall summary

The ten people who lived at Cherry Tree House were tenants of Liverpool Housing Trust and the care and support is provided by Housing and Care 21. There are ten flats in the building, four on the ground floor and six on the first floor. We call this kind of arrangement supported living.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found that the service provided in people's own homes by Housing and Care 21 was person-centred. Being person-centred helps providers and their staff to find out what matters to a person so that they can take account of their choices and preferences.

The manager and the staff team working for this provider was well-established, most having worked there for some time. The staff team receives support from other agencies appropriate to the particular needs of the people who use the service.

The people who live at Cherry Tree House all have a diagnosis of dementia which can cause memory loss, confusion, mood changes and difficulty with day-to-day tasks. People living at Cherry Tree House enjoyed a high degree of independence because they can live in their own homes with the support of the Housing and Care 21 staff who are also based there. Their care is funded through Wirral Council.

During our inspection we saw that staff had undertaken a range of relevant training to help them to provide this support and that this was being refreshed to make sure that they were up to date. We noticed that this did not currently include training in the Mental Capacity Act 2005 (MCA). We thought that this was an area in which the service could improve given the future needs of people who use the service

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that the service provided at Cherry Tree House was safe. Staff had a good level of understanding of safeguarding adults. “Safeguarding” means taking steps to make sure that people who use services do not suffer abuse and responding appropriately if there are any allegations or suspicions of abuse. Staff we spoke to knew about safeguarding as a way of protecting people from abuse and knew what to do if they thought that anything was wrong with the care being provided.

There were good arrangements in place for recording people’s individual needs and preferences and organising care around these. This included assessing and responding to risks in a way that tried to balance individual rights with safety. We checked three staff files and saw that staff were subject to recruitment checks. These checks help employers make safer recruitment decisions and may prevent unsuitable people from working with vulnerable groups.

Monitored dosage systems were used which meant that medicines were prepacked by a pharmacist into the correct doses for each time of day and supplied to the people for whom they were prescribed in a sealed tray. This reduced the risk of too much medicine being taken or medicine being taken at the wrong time.

### **Are services effective?**

We found the service provided by Housing and Care 21 at Cherry Tree House was effective. We looked at three care records and saw that care planning systems were person-centred which meant that they identified the needs and preferences of each individual and planned care around these. Care records were up to date and took account of changes in people’s circumstances. People were involved in the development of their care plans.

In addition to the care provided by the staff at Cherry Tree House people had access to a range of additional care services. These included a local general practitioner. There was also a specialist team employed by the local NHS Foundation Trust which provided medical, nursing and social work services.

We found that there was a long-standing and stable staff group. This provided continuity of care to people who used the service. Staff were well trained and supported meaning. They were able to provide care tailored to the individual and specific needs of the

# Summary of findings

people who used the service. This included formal supervision and appraisal which are meetings that take place in private with the person's immediate manager to discuss their training needs and any issues of concern.

The people we spoke to and their visitors confirmed that people who lived at Cherry Tree House received care, treatment and support which achieved good outcomes and promoted a good quality of life.

## **Are services caring?**

We found that the service was caring. During our visit we saw that staff took an interest in the individual and personal needs of people and met these in a way that promoted dignity. The people who lived at Cherry Tree House told us that they were involved in decisions relating to their care

The staff and manager sought to maintain people's independence. One of the ways in which they did this was by making sure that assistive technology – items of equipment that help people to undertake the tasks of daily living – was available.

Care was taken to make sure that people were helped to settle into the service on arrival and the provider was conscious of the need to plan for when people needed to transfer to another setting. This included liaising with family members and other professionals as well as the person who used the service.

We saw that the staff involved people in their care and support and treated people who used the service with compassion, kindness, dignity and respect.

## **Are services responsive to people's needs?**

The service responded to people's needs and requirements and took the time to find out what these were. People who lived at Cherry Tree House had their own individual flats and enjoyed a high level of independence. We saw from records that staff promoted this by ensuring that people were involved in decisions affecting them and that they were asked to consent wherever this was required. The manager told us that if necessary people would be given time to reach important decisions. We confirmed that advocacy services had been obtained where these were required.

We saw that people who used the service had the opportunity to take part in activities either on an individual or a communal basis as they wished. Staff were available to provide help and support with these activities as required and also provided individual support on a one-to-one basis when required.

# Summary of findings

We saw that staff training at Housing and Care 21 did not include training in the Mental Capacity Act. We thought that this was an area in which the service could improve given the future needs of people who use the service.

## **Are services well-led?**

The Housing and Care 21 team working at Cherry Tree House was well-led. There was a registered manager together with a staff team most of whom have been employed there for some years. This meant that people received care from a consistent and stable staff team with whom they were familiar. There was a Statement of Purpose which stated the aims, objectives and values of the service provider and identified the kinds of services provided and the range of people's needs which those services intended to meet.

The manager received a range of feedback about the service that was provided. In addition to being provided by one-to one contact between staff and people who use the service, internal comments were collected from the relatives of people who used the service and periodic quality audits were undertaken to monitor the service provided.

This meant that the leadership and management of the provider assured the delivery of high-quality person-centred care.

# Summary of findings

## What people who use the service and those that matter to them say

People who used the service told us that staff respected their dignity and privacy saying “They always knock and wait for a reply” and that they could “approach any member of staff”. One person told us “I give this place 10 out of 10”. Both the people who used the service as well as their visitors described staff as “kind and compassionate”.

One visitor to a person who used the service told us “They’ve been fantastic – they provide care, love and attention. They see to their needs- my friend does not want for anything. I would put my own name down to come here – It’s a lovely place”.

We looked at three Family Feedback forms which were completed annually. The most recent of these had been completed in March 2014. This expressed satisfaction with the service provided saying that what was valued for their relative was “security” as well as the “safety and happiness” offered by the provider.

Other forms included comments such as “the staff seem to have so much patience and time” (October 2013) and “when we enter Cherry Tree House not only does it smell nice it is like a warm welcome home” (January 2014).

The provider used its own quality assurance system to collect feedback on a routine basis. We saw that the most recent of these included “Our mother has lived here for 6 years. As a family we are more than happy with the care and attention she receives. We feel secure in the knowledge when we have visited her that she is safe and happy. This is paramount to us as she is in her twilight years”.

Other comments included “The tenants are treated with dignity, respect by all the carers. Peace of mind Mum is so well cared for, has the independence of living in her own flat”, “Mum is being looked after staff that are appropriately trained to look after people living with dementia”, and “I have peace of mind that (my relative) is so well looked after”.

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## Detailed findings

### Background to this inspection

This inspection was undertaken by the Lead Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was inspected as part of the first testing phase of the new inspection process we are introducing for adult social care services.

The inspection included a review of documentation and information already held by the Care Quality Commission which was undertaken before the site visit. We used this information as well as the information from previous site visits to plan this inspection. The manager also provided us with a completed Provider Information Return which we had supplied to them in advance of our visit and which contained additional information about the service. We gave the provider 48 hours' notice of our intention to visit them to undertake the inspection. Our site visit lasted eight hours.

During the site visit we spoke with five people who used the service and four of their relatives or other visitors. We also spoke with three members of staff as well as the manager. We looked around the communal areas of Cherry Tree House and visited nine of the ten self-contained flats. We looked at documentation such as care records, staff files and the comments people had made about the service.

Following the site visit we reviewed all the information and evidence we had collected. We telephoned three of the agencies that worked with Cherry Tree House and asked for their opinion of the service provided there. This included the local authority which commissioned the service as well as the NHS team which provided support to the people who receive the service from Housing and Care 21.

We also contacted the advocacy service that the provider had used. We asked the provider to send us their most recent quality assurance documentation which had not been available during the site visit and we reviewed this when writing our report.

# Are services safe?

## Our findings

When we visited Cherry Tree House we saw that each of the people living there was a tenant of their own flat. This meant that people enjoyed a high level of choice and control over who came into their property and were also free to come and go from the building as they wished.

When we talked to staff we found that they had a good understanding of the meaning of safeguarding. Staff told us that they would report any concerns to the manager of the scheme and we saw that a copy of the safeguarding policy was displayed in the entrance hall. We saw that update training in safeguarding procedures for staff had been arranged to take place shortly after our inspection and we subsequently received confirmation that this had taken place. We also saw that arrangements for whistleblowing were displayed in the staff room.

When we looked at the care plans for three of the people living at Cherry Tree House. We saw that each of them had a risk assessment in relation to key areas of daily living including moving and handling. We saw each of these assessments had been reviewed recently so that risks could be managed appropriately.

We saw that the manager took care to balance risk with the rights of tenants to take informed risks. For example consideration was being given to new security measures around entrances and exits to the scheme with care being taken to ensure that these did not amount to an unnecessary restriction of liberty. At the time of our inspection people who lived at Cherry Tree House were

able to enter and exit the premises using their own key fob. This kept them safe and secure. We saw that tenants were asked on admission to consent to the management of their medicines through secure arrangements in each flat. Monitored dosage systems were in place.

People told us that they felt that staffing levels were adequate. Relatives valued the combination of independence for people who lived at Cherry Tree House together with the security and safety it offered. We checked the levels of staffing at Cherry Tree House and found that there were always three members of staff on duty during the day. This reduced to two members of staff in the evening and at weekends. There was one member of waking and one member of sleep-in staff at night. The manager was additional to these staff numbers and was available by phone when not present at the scheme. We were told that in cases of sickness absence existing staff would provide extra cover.

We checked three staff files and saw that appropriate recruitment checks such as photographs and proof of identity, full employment histories and employment references and disclosure and barring checks had been completed. This meant that people were protected from the possibility of unsuitable people working at Cherry Tree House.

We checked our records and found that there had been no notifications of safeguarding matters in the last year. We asked the manager if there had been any incidents and they confirmed that there had been none.



# Are services effective?

(for example, treatment is effective)

## Our findings

We were told that the staffing levels at Cherry Tree House allowed for a high level of individual support for people who used the service and we saw this support being provided during our visit. This meant the staff could keep in touch with individual changes in mood and well-being and respond accordingly. At intervals staff would complete a specially designed questionnaire with people so as to establish these changes.

We looked at three care files relating to people who lived at the service. Each file included an outline of the service to be provided and contained either a personal profile or a pen picture which identified how care needed to be personalised to that person. We saw evidence that family members were involved in and consulted about the care of their relatives where this was appropriate. All the relatives we spoke to confirmed that they had been consulted about care planning and review for their family member. This meant that the provider could be sure that the care provided would meet the specific and individual requirements of each person who used the service.

We saw that on each care file there was a completed outcome support plan and these were up-to-date and regularly reviewed. This meant that the care provided reflected people's current individual needs, choices and preferences. Care records were completed with recently reviewed risk assessments and daily records of events of importance. These records were complemented by a handover book which ensured that anything significant was brought to the attention of staff as they came on duty.

The manager told us that the people living at Cherry Tree House could all register with the same general practitioner for health care and that this meant that they benefited from same day home visits where required. People could arrange their own appointments or the manager would do this on their behalf. Relatives were informed where appropriate. People also received support from the local NHS foundation trust Adult Cognitive Assessment Service, a multidisciplinary team made up of medical, nursing and social work professionals. We contacted the team who confirmed that this was the case. They told us that they thought that Cherry Tree House offered a good service.

We checked that staff who worked at Cherry Tree House had the necessary support and training required to provide

appropriate care to the people who used the service. We sampled some staff files and saw that staff had completed a range of training including medicines administration, moving and handling, and equality and diversity but this did not include training in the Mental Capacity Act 2005 (MCA). This was because none of the people to whom Housing and Care 21 provided a service at this location were deemed as needing its provision since they were all considered to have capacity.

A recent quality assurance check had identified that staff training needed to be updated around safeguarding, nutrition and well-being and arrangements had been made to provide this. The staff team was of mixed gender to take into account individual preferences from people about how support might be delivered.

Staff told us they felt they received regular training and we were told that all staff members had either NVQ level 2 or 3. NVQ qualifications are competence-based which means that people learn practical, work related tasks designed to help them develop the skills and knowledge to do their job effectively. We were told that staff also held a qualification in dementia care. Training had also been made available in end of life care. This meant that staff had the knowledge and skills required to provide the care required by the people who received the service from Housing and Care 21.

We were unable to check induction records because these were retained at a central office elsewhere. We were told that this training was made up of two days classroom training following which new workers would shadow more experienced staff for a period. We were shown a record of this shadowing process. The staff we spoke to confirmed that they had received induction.

Most of the staff working at Cherry Tree House had worked there for some time with an average length of service in excess of seven years. We were told that sickness rates were low and there had been no recent instances of formal disciplinary action.

Staff told us that they felt well supported in their work. They said that an important component of this was the availability and willingness of the manager to provide this support. Staff told us that the manager was available when required and that "she's always there for you" and "if anyone's got a problem it's the manager's problem too. She'll do anything in her power to resolve it".

# Are services effective?

(for example, treatment is effective)

We saw from staff records that this support was reinforced with more formal systems such as periodic supervision meetings with staff as well as annual appraisal. We saw evidence of a recent staff meeting which had been attended by the area manager.

# Are services caring?

## Our findings

During our inspection we heard staff talking to people with respect and seeking their opinions before supporting them with care tasks. People told us that all the staff were kind and compassionate and that they respected people's privacy always knocking and waiting for permission before entering a person's home.

Staff that we spoke with showed a good understanding of the requirements of caring for people living with dementia and of the individual requirements of the people who used the service. People who used the service and their visitors confirmed that staff took the time to listen to people so as to take their preferences into account.

We saw that the service took care to respond to individual requirements. For example a foreign holiday had been organised for a person to whom travel had been important in the past with a staff member from the scheme accompanying and supporting them. We saw that where people had transferred to Cherry Tree House from other settings that the provider took care to support them so that they could take advantage of the greater independence offered by the provider.

The provider operated a key worker system meaning that each person who used the service had access to a consistent single member of staff who was able to develop an in-depth knowledge of that person's preferences around areas such as meals and food including mealtimes, times for getting up and going to bed, choices of clothes, and when and where they would like to do their food and other shopping.

A variety of forms of assistive technology were used within the scheme to enable people's independence. These included Lifeline alarms, door exit sensors, pressure mats, and a call system. We saw that one person had been encouraged to use a mobility scooter and visited the local shops whilst we were inspecting the scheme. They told the manager that they would be happy to assist any other person with shopping if this was required. We were also told that a hoist had recently been secured for another person where their mobility had become restricted.

We saw from records that staff were active in preparing for new admissions to the scheme once these had been matched and approved by an admissions panel on which the manager was a member. We also saw that care was being taken to plan ahead for the eventuality of people being unable to stay within the scheme perhaps because of increasing frailty. The manager sought to balance the individual right to live in one's own home with the need to ensure the availability of appropriate levels of support and services.

We saw that the Cherry Tree House buildings were being redecorated. The manager showed us how they had involved the people who used the service in making choices about the colour scheme for the decoration and furnishings within the service by making samples available to them in advance so that they could choose these. The provider was conscious that the environment could be adjusted so as to better support people living with dementia such as through decoration or the use of colour.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We were told that none of the people living at Cherry Tree House had been formally assessed under the Mental Capacity Act. This was because everyone was felt to have the capacity to make decisions for themselves. The manager told us that discussions of mental capacity took place with the multidisciplinary team which provided health and social work input to Cherry Tree House. Because people's capacity to consent can vary from time to time this meant the provider might postpone a meeting to discuss something until a person was feeling better able to participate.

The staff we spoke with confirmed told us how they made sure that people were happy and agreed with the care provided. They would ask people and their families about preferences and record these where appropriate. They would look for facial or other cues to confirm that people agreed with everything. Where something was refused and it was important staff might ask the person about it later. We saw that when staff were with people who lived at Cherry Tree House they sought to provide care always with people's consent. The people we spoke to as well as their relatives confirmed that they were involved in decisions and choices about their care.

Visitors we met told us that they felt encouraged to visit and were made to feel welcome. We were told that people who lived at Cherry Tree House had accessed advocacy services from the local Age UK Scheme. We talked to the local provider of these services who confirmed that three people had been referred to and used them for advocacy. This advocacy provider spoke very positively about their experience with Cherry Tree House and the service provided for the people who lived there. We were told that the service was seen as "outgoing" and that it provided stimulation and interaction for the people who lived there.

Because staff were able to spend time on an individual basis with people who used the service they were able to identify what was important to people and to provide care and support in accordance with this. We saw that people were engaged in individual meaningful daytime activities. One person was helped to continue their interest in golf and swimming. Several people were able to go shopping accompanied by a member of staff. We saw one person looking through a photograph album of their life with the help of staff and we were told that one person attended a day centre on some days of the week.

We also saw that there were organised events for those who wished to socialise with each other. During our inspection one person asked if the regular darts tournament would be taking place that evening, and we were told that there was a regular fish and chip dinner held in the communal area. We saw that people were free to move around the communal areas of the building as they wished. A pleasant garden area with a bench was also available. This meant that people had choices about whether the extent to which they took part in communal activities.

We saw that complaints procedures were available in the care plan files and in leaflets around the scheme. However the manager told us that there had been no formal complaints made within the scheme. They said they took a proactive approach seeking to respond to difficulties positively before they escalated. None of the people we talked with had any complaints to make directly about the care and support they received at Cherry Tree House. People and their visitors told us they felt that they could "approach any member of staff" if they had a complaint or concern.

# Are services well-led?

## Our findings

Leadership of the Housing and Care 21 staff team at Cherry Tree House is provided by the registered manager who has worked there for six years and holds the Diploma in Leadership for Health and Social Care. During our inspection we saw that the manager directly engaged with both the staff and the people who used the service. In this way they provided practical leadership and supervision. Agencies who worked with the provider told us that they regarded the manager as very proactive and passionate about the care of people living with dementia.

We saw that the provider had recently updated their Statement of Purpose and had provided this to the Care Quality Commission. We saw that the current Statement accurately reflected the service provided at Cherry Tree House.

We saw that the provider had recently collected comments from relatives as part of its routine quality assurance process. Comments included “The registered manager is very efficient and very approachable” and “The manager is always at hand with tenants and staff”.

Cherry Tree House is part of a large not-for-profit organisation which is a major provider of housing and associated services to older people including those living with dementia. We saw that this organisation provides a number of corporate services to support schemes such as Cherry Tree House and sets values across the whole organisation. These included empowering, caring, and individuality. We saw that these values were communicated by the organisation’s leadership through media such as staff magazines and awards ceremonies to recognise achievements as well as through local leadership. During our inspection we saw that staff acted according to these and other values when providing care and support to people. We saw that there were corporate policies in place and inspected those related to capacity, consent, and safeguarding.

We saw that the manager had recently reviewed staffing and had been proactive in applying for and been successful in increasing this to current levels. We checked the level of staffing against other information which compares staffing levels in different settings and found that these were at least comparable or better than in similar settings. The manager was reviewing the level of staffing in evenings at weekends as they wished to increase the level of individual support they could provide to people who lived at the service.

We were told that the provider had recently had the level of fees it received reduced by the funding authority but that the overall level of service had not been changed. We checked with one of the funding agencies involved with Cherry Tree House who confirmed that they had no concerns about the provider. They described the service as “remarkable” in the way it provided for the needs of such a specific group of people.

We saw the results of a quality assurance audit report which had been undertaken immediately prior to our inspection by the parent organisation of which Cherry Tree House was part. We were told that these reports were prepared periodically and provided to the manager on a regular basis. We saw that the checks on which this report was based were comprehensive and thorough and that the manager received recommendations for areas for improvement as a result of this and had acted on these. The latest report rated the service “green” but highlighted the need for refresher training which was due to be completed in the week following our inspection.

We also saw the results of family feedback forms. The manager told us that they issued these annually and took steps to make sure that where possible they were returned. We sampled three of these forms. Comments from relatives were overwhelmingly positive and suggested that they valued the safety for their relatives that was offered by Cherry Tree House together with the care provided by the staff. Relatives had graded the scheme either good or excellent.