

## Local Solutions

# Cherry Tree House

### Inspection report

95-119 Cherry Tree Road  
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Wirral  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 02 February 2018 and was unannounced. The inspection was carried out by two adult social care (ASC) inspectors.

This was the first inspection of Cherry Tree House since it was registered with the Care Quality Commission (CQC) in July 2016 with Local Solutions as the provider of the service. Prior to July 2016 the service had been operating under a different provider. Staff including the registered manager transferred to working for Local Solutions when it registered to provide this service.

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service. People using the service lived in their own flat within a block of purpose built flats.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service were positive about the support they received. They told us "They look after me well," and "I get on well with everyone. It's a nice place to be."

Relatives were also positive about the service telling us "This place is a breath of fresh air. You couldn't drag [relative] out of here with wild horses. [Relative] says 'I am not moving'," and "The staff are very good. The care is excellent. If there are any concerns they respond straight away."

People told us that they felt safe with the service they received. Staff had received training in safeguarding adults at risk of abuse or neglect and potential concerns had been identified, reported and acted upon.

Staff knew how to manage people's medications safely and people received the support they needed with this.

Staff were experienced, knew people well and provided the support they needed in a timely manner. Training was provided to staff to keep them up to date and help them prepare for future needs of people they supported. Regular meetings and supervisions were held with staff along with checks on their work and their medication practices. This helped to support staff and check they were supporting people safely and well.

Robust recruitment procedures were in place for recruiting new staff. At the time of this inspection the majority the staff team had worked there for several years and knew the people receiving support well.

In addition to supporting people with their personal care staff also supported people with their lifestyles. One person explained "It's really relaxed. I enjoy being independent and am happy." If people chose to they received support to occupy their time, learn new skills and become a member of their local community.

Staff also provided support to people to maintain relationships with their families. Relatives felt involved in people's lives, were happy with the care staff provided and felt involved in planning their relatives care and support.

People received support if they needed it with their healthcare and with managing their meal preparation and food shopping. Staff provided support when needed to encourage people with their eating and drinking.

We saw that people felt very relaxed around the registered manager and staff team and activity sought their company. Staff were quick to respond to people's requests for support or to spend time having a chat with people.

Systems were in place for dealing with any concerns or complaints and everyone we spoke with told us that they had confidence the registered manager would listen and act on their concerns.

The provider had a series of systems in place for checking on and planning improvements to the quality of the service provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe with the support they received. Systems were in place to monitor any risks to their safety and reduce the risk of these occurring.

Staff were safely recruited. Enough staff were available to support people in a safe, unrushed manner.

People's medication was safely managed.

### Is the service effective?

Good ●

The service was effective.

Staff were experienced and received training to understand and meet people's needs.

People were supported to make choices for themselves as much as possible and to consent to their care.

People were supported with their meals and nutrition and encouraged to be as independent as possible.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and took time to communicate with them in a way the person understood.

People liked and trusted the staff team and actively sought their company.

Staff supported people to maintain their relationships with their families.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to occupy their time and to engage with their local community.

People received individual care based on their needs and choices.

People felt confident to raise any concerns or complaints that they may have and these were dealt with.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager was liked and trusted by people using the service, relatives and staff. She knew people well and spent time talking with people, promoting a culture of respecting that it was people's own home.

Systems were in place for assessing the quality of the service and planning future improvements.

# Cherry Tree House

## **Detailed findings**

### Background to this inspection

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

This was the first inspection of Cherry Tree House since it was registered with the Care Quality Commission (CQC) in July 2016 with Local Solutions as the provider of the service. Prior to July 2016 the service had been operating under a different provider. Staff including the registered manager transferred to working for Local Solutions when it registered to provide this service.

This inspection took place on 02 February 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

We used information that we held about the service and the service provider. This included any contact we had had from the service, people using the service or their relatives.

Cherry Tree House was providing personal care to nine people at the time of this inspection. We spoke with four people who were using the service and met another two people. We also spoke with two of their relatives. We spoke with six members of staff who held different roles within the service including the registered manager and head of homecare. We looked at a range of records including recruitment and training files for three members of staff. We also looked at care records for three people receiving personal care.

# Is the service safe?

## Our findings

People told us they felt safe with the support provided to them. One person said "I feel very safe, staff are A1." A relative told us "She's safe, very well looked after."

Staff were aware of safeguarding procedures and how to report any concerns that they may have. Policies were in place to advise staff on how to identify and report potential incidents of abuse. One referral for a safeguarding investigation had been made by the service to the Local Authority. On request the service had carried out a robust investigation into this incident.

A whistle blowing policy was also available which provided staff with information about reporting any concerns they may have that they considered were in the public interest.

Information about how to respond to emergencies was available within the service. This included a business continuity plan to be implemented in the event of an emergency arising. Individual personal evacuation plans had also been completed for people using the service.

One of the people using the service told us staff helped them with their medication including making sure it was safely stored, that they took it on time and checking it when it was delivered. Another person told us they were happy with the way staff supported them with their medication.

A relative commented "We are happy that medication is well managed and administered correctly, we check."

A comprehensive medication policy was available which guided staff on how to support people with medications including creams, eye drops and liquids. Staff had received training in supporting people with their medication. Their competency to deal with medications was assessed regularly by a senior member of staff.

One person agreed to us looking in their flat at how staff looked after their medication on their behalf. We saw that it was safely locked away and that staff signed a Medication Administration Record (MAR) to show the person had taken their medications.

An audit of people's medication was carried out each month by the manager to check that the medication delivered for the person was correct and that the amount received was also correct. Most people received their medication pre-packed into blister packs; however some medication cannot be stored in this way. MAR records did not record the amount of medication that came in a box that was carried over from one month to the next. This meant it was harder to track whether the person had received the medications as prescribed. We brought this to the attention of the registered manager who stated they would ensure this was done in the future.

A clear system was in place for dealing with any accidents or incidents that people had. This included the staff completing an accident form which was then reviewed by the registered manager and sent to a senior

health and safety advisor within the organisation. The registered manager had recently introduced a folder for storing individuals accident forms so that they could support the person by checking for any emerging patterns.

People using the service had access to care 24 hours a day. There were two staff available Thursday to Sunday and every night and three staff available Monday to Wednesday during the day. During our inspection we saw that there were sufficient staff available to meet people's needs. This meant that people who were unwell or spending a lot of time in their flat were checked upon regularly. We also saw that staff had time to chat with people and answer any queries that they had.

A policy was in place advising how to recruit new staff safely. We looked at files for three existing members of staff and found that the appropriate checks had been carried out. This had included obtaining references and a Disclosure and Barring Service check (DBS). The robust recruitment process helps to check staff are suitable to work with people at risk of abuse or neglect.



# Is the service effective?

## Our findings

Relatives told us that they had confidence in the knowledge and abilities of the staff team. Their comments included, "The care is very good. I have confidence in them. They seem well trained. They all know what they are doing."

Staff told us that they had received the training they needed to undertake their role. They also told us that they had regular supervision with their manager. One member of staff explained ""If we have any problems we talk with [name] one to one at these meetings."

Regular supervision sessions with the manager had included spot checks of staff's work. Formal supervision sessions give staff and their manager the opportunity to discuss their work, any concerns they may have and any future training needs. The spot checks also enable the manager to check that staff are providing support in a suitable manner.

We looked at records for staff meetings that had taken place in September 2017 and January 2018. A variety of areas had been discussed. Staff had been given the opportunity to contribute to the agenda by means of written suggestions prior to a meeting as well as during the meeting. This showed us that staff were listened to and felt able to express their views.

Certificates in staff files showed that they had undertaken a variety of training courses to help them understand and support the people using the service. This had included training in care practices, medication, supporting people at the end of their life, understanding mental health and safeguarding adults at risk of abuse or neglect. Staff had also undertaken an extended course on understanding dementia.

Training was also planned to provide for possible future needs of people using the service. For example staff had recently undertaken training in catheter care and had an up-coming training session booked on stoma care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). In community care settings applications to deprive people of their liberty must be made to the Court of Protection. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

Where people had appointed someone to make decisions on their behalf this was recorded within their plan of care. Information about the persons' ability to make decisions was also recorded. People or their

representatives had signed to show their consent to care and treatment including medication.

As people lived in their own flat their food was generally bought by themselves or their family, if needed staff would provide help to order or buy their meals. Staff supported people with meals by cooking or preparing them in the person's flat as required. Within the flat complex there was a communal lounge and dining room with a small domestic kitchen that people could use if they chose. Staff told us that on occasion they cooked a bigger meal in their kitchen that people shared and enjoyed eating together. We heard one of the people using the service ask a member of staff if they would prepare a shared meal later in the week as they enjoyed this.

Information about the type of meals people preferred or required for their health was recorded within their care plan and daily records showed that this support had been provided.

One of the people using the service told us that staff gave them the support they needed with their health care. They explained "They help me with medical appointments all the time." A relative told us "Staff make sure all [relative's] health needs are met."

Information about people's health care needs was recorded within their care file. For example one care file contained clear instructions on how to support the person in pressure sore prevention and how to use equipment safely and correctly in order to minimise risk to the person. Daily records showed that staff had supported the person with their skin integrity by regularly visiting them to help them reposition themselves and reduce pressure on certain areas of their body.

## Is the service caring?

### Our findings

People being supported by the agency told us that they liked and trusted staff and found them caring. Their comments included, "Staff are nice and kind. They don't give you a hard time," and "It's lovely here. I get on well with all of them [staff]."

Relatives had a similar view of the care and support provided. One commented, "This is one of the best places in my opinion. The staff are warm and caring. I have confidence in them." Another relative told us "The care here is first class. Compared to other places it's like sent from heaven."

We saw and heard of several examples where staff had supported people above and beyond providing the support they needed with their personal care and lifestyle. One person was in hospital at the time of our inspection and staff were looking after the person's pet, ensuring not only that they met its basic needs but providing company and reassurance also. A relative told us "Recently [my relative] was upset, staff sat with [them] for a couple of hours overnight and we were informed afterwards."

The manager told us how they supported one person to maintain contact with their family by inviting them to tea and carrying out tasks for the person's relative in a way the person would do themselves if able. A relative told us "They are very caring. They treat Mum like she was their Mum." Another relative said "This place takes the pressure off our family. So when I visit [relative] it's a social visit as things are taken care of."

We saw that when people were unwell and in bed, staff popped in and out of their flat regularly to check on them. We met one person who was unwell and in bed and saw that they had been made comfortable and cosy by staff. The registered manager told us that they had liaised with the person's family to move the person's bed into their lounge so that when staff were in the open plan kitchen preparing the person's meals they could also chat with them and keep them company.

Staff knew the people they supported well and were able to explain their different needs and how they communicated. They told us "We are proud of what we do." and "It's important for people to live as normal a life as possible."

People told us that they were consulted about the support they received and felt listened to. One person said "They always ask my opinion. I have a care plan, they asked me questions about it. I'm always asked something." Relatives agree with this with one explaining "There is good communication."

We saw that staff respected the fact they were visiting people in their own home and were respectful of their right to privacy. People living in the flats and some of their relatives had a fob to access the front entrance. However staff did not as the registered manager explained it was not their home and would therefore be inappropriate.

One person told us "Staff knock on the door, I ask them in." Another person said "They treat me with respect and knock on my door." During our visit we observed that staff always knocked on people's doors and waited to be invited in. If the person was unable to respond staff knocked, let themselves in and called from

the hallway to let the person know they had arrived.

Care records were locked away in an office so that they remained confidential. Information was available within care files to inform people of who had the right to access their file. This showed us that the provider was being open and transparent with people regarding confidentiality of their information.

People told us that staff supported them to be as independent as possible and to access their local community. One person explained "I come and go as I please. I just tell them where I am going." Another person told us that staff had helped them to find a volunteer job in their local community.

## Is the service responsive?

### Our findings

People told us that they were able to make their own choices with staff support. One person explained "Staff are very sociable. Never bossy. I make my own decisions."

A relative told us "They have responded to [relative's] needs." This was our experience during the inspection when we saw staff respond quickly to any requests for support that people made.

We observed part of a handover meeting that took place when staff changed shift. This was thorough and included a discussion of all of the people receiving support and how they had been that day. This helps to make sure staff have up to date information available to help them support people safely and well.

People supported by Cherry Tree House all had a care plan in place and where possible had discussed it with staff. A relative told us "[Relative] has an individualised care plan. We are involved in everything, we have many discussions." Another explained "We have been involved in planning. We have planned [relative's] care together."

Care plans contained some detailed information about the person and the support they required. This included information about how the person liked to be supported. Clear information was also recorded to guide staff on how to support the person with their personal care and any equipment they needed.

We found that care files contained some out of date information and were using some paperwork from the previous provider. The manager told us that she was carrying out a piece of work with Local Solutions to provide a new care plan format suitable for the service they provided to people living at Cherry Tree House.

All of the people using the service at Cherry Tree House received support with activities and occupying their time if they wanted it. The shared dining room had equipment for activities such as knitting, cards and games that people could use and staff would provide support with if needed. The registered manager told us that they regularly supported people to attend local day centres, go on day trips or holidays and to learn independent skills. For example one person was being supported to use public transport more independently and told us staff had supported them to get a volunteer job.

The registered manager was able to tell us how they adapted their approach to talking and communicating with people in a way the person could understand. They were in the process of obtaining 'flash cards' for one person to use to help them communicate. They also explained that the provider was looking at ways to make feedback forms given to people using the service easier to understand by the use of face pictures to denote emotions.

Information the service provided to people on support with activities was made easier to understand by the use of larger typeface and pictures. Care plans stated that they could be made available to people in different formats including braille, audio and large print if needed.

People had call bells fitted in their flats that could be used to summon help from staff if needed. One person told us they knew about this and had used it in an emergency.

One of the people using the service told us if they were unhappy about anything they would feel

comfortable raising it with the registered manager. They explained "Any problems I approach them. They sit down and we discuss it." Another person told us "Once I wasn't happy. I told the manager. She sorted it out. I've got no complaints at all."

Relatives also told us they would feel confident to raise any concerns or complaints. One relative explained "I would not hesitate to speak to the manager. I feel confident doing this."

Information about how to raise a complaint was available to people using the service and their visitors via a welcome pack in the foyer of the flats. A complaints policy gave clear information about how to raise a concern or complaint and the timescales within which it would be investigated.

One complaint was on-going at the time of our inspection. We discussed this with the registered manager and a senior manager from the organisation. They were able to explain the actions they had taken to investigate the complaint and to support and protect the people concerned.

## Is the service well-led?

### Our findings

The service had a registered manager who had worked there for several years including for the previous provider. This meant that she knew the people being supported very well.

People using the service told us they felt comfortable approaching the manager with one person explaining "The manager is great. I feel okay going to her and I can tell her anything." This was reiterated by relatives one of whom explained "The manager has got a presence here. She is always involved. She is very approachable, will always make time for you."

Staff told us that they felt supported by the manager telling us "I would feel comfortable going to the manager. I know she is sincere." They also told us that the manager was proactive and dealt with any concerns or issues that arose. One member of staff explained "She deals with things." Another told us "We can go to the manager about anything. If she can sort it out she will."

We observed throughout the inspection that people felt comfortable approaching the manager and she always took time to listen to them and help them with any questions or concerns that they had. A number of systems were in use for checking the quality of the service provided.

People told us that they were asked their opinion of the support they received and felt listened to. Relatives confirmed this telling us they were asked for their feedback and their opinion of the care and support provided.

Survey forms had been sent to people using the service and their representatives. Two of these had been returned to the provider who were in the process of analysing the results. The registered manager told us that they were reviewing the forms used for feedback as they had identified that they were not always easy for people living with dementia to understand. They therefore intended to introduce an easier to understand format.

The provider produced a six monthly progress report that looked at areas including complaints, safeguarding adults, serious incidents and feedback received. This had been completed for April to September 2017 and showed Cherry Tree House had good results in that timeframe. Systems were in place for planning any improvements that were identified during this audit. This included a lessons learnt exercise that identified concerns, action to be taken and who was responsible for taking action along with the timescales for improvement.

The provider had a set of strategic objectives for 2017 to 2020 that covered all of their homecare services including Cherry Tree House. They had also produced a Homecare risk document. This identified any risks to their services as well as strengths and weaknesses and how these could be reduced.

We met with the provider's head of homecare who explained that she visited the service regularly to check on how things were progressing and provide support to the manager and people living there.

We found that the manager had a good understanding of the service being provided at Cherry Tree House and was working with the provider to plan future improvements.