

Ocean Community Services Limited

Cherry Tree House

Inspection report

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Date of inspection visit:
31 August 2022

Date of publication:
07 October 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cherry Tree House is a residential care home providing personal care and accommodation to up to 11 people. At the time of the inspection, nine people were living at the service. The service supports people with a learning disability, autistic people and people with mental health needs.

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

Right Support:

The service gave people care and support in a safe, clean and well maintained environment that met their needs. People personalised their rooms and had input into other areas of the home. The manager had plans in place to review the living environment to better meet people's wellbeing, sensory and physical needs in line with best practice.

People and their families or representatives were involved in discussions about how they received support. Staff supported people to make decisions in their best interests. People were supported to access specialist health and social care support to maintain their independence, health and wellbeing.

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

Staff avoided restricting people whenever possible. When there was no alternative, restrictions were documented, and staff learned from these incidents to avoid or reduce them in the future.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff, people and families worked together to assess and manage the risks people might face. Where appropriate, staff enabled people to take positive risks. People's support plans reflected their range of needs and this promoted their wellbeing and quality of life.

With the support of regular agency staff, there were enough appropriately skilled staff to meet people's

needs and keep them safe. Staff knew people and had the skills to understand and communicate with them in a way which met their individual needs.

Right Culture:

People received safe care and support because trained staff could meet their needs and wishes. Staff understood the strengths, needs or sensitivities people with a learning disability and/or autistic people may have. This meant people received support which was tailored to their needs.

Although there had been staff changes, a core team of staff knew people well and provided consistent support. The culture was positive, and people's wishes, needs and rights were at the heart of staff actions and service developments.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The manager was keen to develop a culture of improvement and transparency.

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

Rating at last inspection

The last rating for this service was good (published 21 April 2021).

Why we inspected

We received concerns in relation to the safety of people who lived at the service, restrictive practices and staff skills and training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from the concerns which had been raised. Please see the safe and well led sections of this full report.

The overall rating for the service has remained good based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherry Tree House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively and share good practice with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Cherry Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection a manager was in post who was going through the process of registering with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff. This included the manager and permanent and agency staff. We received feedback from two relatives and two professionals who had contact with the service. The views of everyone we spoke with have been incorporated into this report.

We reviewed two people's support plans and medicines records. We looked at four staff files in relation to recruitment, training and supervision. We were shown a range of documents relating to the management of the service such as incident records, audits, policies and training data.

We considered this information to help us to make a judgement about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of avoidable harm or abuse.
- Staff knew people well and understood how to protect them and support them to be safe. Staff had training on how to recognise and report abuse. We spoke to staff who told us they would act if they had concerns. Comments from staff included, "People are protected. If I see something wrong, I definitely would report it. I'd always escalate it. [Manager] would always take action" and "I had to raise concerns recently. It was dealt with sensitively. I was really impressed by the support I had to do it".
- The management team had raised concerns within the organisation, the local authority and with CQC when they felt they could not safely support a person at Cherry Tree House. The person had been admitted to the service but was moved to a more suitable environment within a few weeks. Staff worked as a team to protect the person and others from avoidable harm.
- The manager worked with other agencies to respond to and manage safeguarding concerns. A professional told us, "They've dealt really well with incidents. We have regular meetings and they give a consistent message".

Assessing risk, safety monitoring and management

- Assessments were carried out before people came to the service to ensure their needs could be met.
- People's records provided staff with information and guidance about risks and how to manage or reduce them. Assessed risks included aggression, physical health needs, self-injurious behaviours and safety in the community.
- Records were up to date, clear and personalised. This enabled staff to give people the support they needed. For example, the plan to support one person in an emergency situation, such as fire, advised staff about the objects of reference to use to encourage the person to leave the room.
- The living environment and equipment were regularly checked to ensure they remained safe and did not present unnecessary risks to people. Fire risk assessments, water checks and health and safety audits were all carried out regularly.
- Restrictions on people were only in place as a last resort and were regularly reviewed to ensure they were used for the shortest time possible.
- Any restrictions were documented, monitored and regularly reviewed to consider the person's best interests and what could be done to reduce restrictions in similar circumstances.
- Staff recognised signs that people were experiencing emotional distress. They knew how to support them to minimise the need to restrict their freedom to keep them and others safe. Support plans included personalised information about how to avoid or minimise restrictions on a person.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- Where possible, people were involved in decision making about their support
- People were supported by family members or advocates to ensure their best interests were considered.
- Staff knew how people communicated their decisions verbally and non-verbally.

Staffing and recruitment

- There were enough staff to support people safely, and staff knew people well. Agency staff were used to ensure safe staffing levels could be achieved. This meant people had the support they needed to take part in activities and be safe in their routines.
- Several agency staff had worked at the service for a long time. There was a core staff team who knew people well and provided consistency and experience to the people living at the service.
- A relative told us, "The staff on the whole are very, very good".
- Staff said, "We lost some experienced staff recently, but it's been good to see other staff stepping up" and "The team is really good. Some staff have been here for more than 10 years. They're still enthusiastic".
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Checks and ongoing monitoring were in place to confirm staff were suitable to care for people. The management team acted where necessary to address issues with staff performance.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's preferences for how they liked to take their medicines and information such as allergies were recorded. Details were up to date and clear.
- Staff shared information with healthcare professionals to ensure people's medicines were regularly reviewed. This made sure medicines met people's needs without negatively affecting their health or wellbeing. One person's medicines had recently been changed and staff noticed that the person seemed calmer and happier.
- Some people had medicines prescribed as required (PRN). People had appropriate PRN protocols and the medicines administered were recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was under review to ensure it was up to date.

Visiting in care homes

- Families and friends had been supported to visit in line with government guidance throughout the pandemic.
- A relative told us they had been able to visit the service in line with national guidance during the pandemic. They were aware that visiting restrictions were only in place when necessary for safety. When they had been unable to visit in person, staff had supported their family member to participate in video calls.

Learning lessons when things go wrong

- The manager and staff team reviewed incidents and accidents to ensure changes were made to practice and lessons learned where necessary.
- The service monitored and reported the use of restrictive practices. Restrictions on people were discussed in team meetings and daily handovers, and regularly reviewed.
- Staff recognised and reported incidents and accidents. Managers monitored and analysed these and there was oversight within the organisation. This helped keep people safe.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a new manager in post who was working to instil a culture of care in which people were empowered and respected and staff felt valued.
- Staff were positive about the manager. Comments included, "[Manager] really does have an open door. She's really approachable. She's the best person to go to with anything, big or small", "[Manager] is doing a great job" and "[Manager] is great if you have any problems. The support here is very good".
- The manager was visible, well known and approachable. They led by example and worked with staff in supporting people. They took an interest in what people, staff, families and others had to say.
- Relatives told us, "I've known [Manager] for more than five years. We have a very good rapport" and "Things seem a bit more settled now and [Name] is settling in".
- The manager and senior team were alert to the culture within the service. They strived to create a positive atmosphere with people's needs and wishes at the heart of the service. Staff told us, "We have time to engage with people here. I do the best I can to engage them in activities", "Everyone here is really focused on the individual and person centred" and "I love coming in to work. I love the service users".
- The manager encouraged staff to raise concerns and make suggestions. The team were keen to learn, improve and develop the service. The manager told us, "I have so many plans. I've got good support to develop things and I'm positive about the future. I believe in this home and the staff and want it to be the best".

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

- The provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. The manager received support from within the organisation to ensure they understood and met all requirements in relation to duty of candour. They were open and honest when things went wrong.
- There was effective communication with people, their families and other agencies when incidents occurred within the service.
- One relative was happy with the communication from the service. Another had been less satisfied with the updates they received about changes to the service. They felt this had improved more recently.

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

- A new manager had recently been appointed. They had worked at Cherry Tree House for several years and were well known and had the skills and knowledge to carry out their role. The new manager was in the process of registering with CQC.
- Staff were positive and motivated to provide good quality support which met individual needs.
- The provider had a purpose and vision which the staff team applied in practice.
- The provider had systems in place to monitor and improve standards and safety. Audits of subjects such as health and safety, infection prevention and control and safeguarding were carried out regularly. There was oversight from within the organisation which helped to hold staff to account, keep people safe, protect their rights and provide good quality care and support
- The previous CQC rating was displayed. This advises people, visitors and anyone seeking information about our judgments.

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

- Staff supported people to give feedback, make choices and suggestions on a day to day basis. Staff knew people well and were asked about their preferences and opinions.
- People and their relatives were involved in contributing to the service and their support plans. Relatives told us they attended regular review meetings and felt involved in decisions and plans.
- The results of a survey completed by relatives in March 2022 were positive. Comments included, "Going really well now", "Amazing" and "[Name] is so much more like themselves now". The manager planned to send out further surveys to relatives and staff soon.
- Staff meetings were held and used to cascade information to staff and gather their views. Minutes of a recent meeting showed topics discussed included personnel issues such as salary, staff breaks and dress code, as well as training and updates about the people who live at the service.
- Staff told us they felt able to raise issues and make suggestions at any time. One staff member said, "[Name] is the most supportive manager I've had. I can take anything to them".

Continuous learning and improving care

- The manager had been proactive in ensuring they had the support they needed to keep up to date with guidance, best practice and service improvements.
- The provider was supportive and invested in improvements at the service.
- A complaints process was in place, and feedback was encouraged, and action was taken when necessary.
- The manager and staff team were open to feedback and responsive during our inspection.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service which provided good outcomes for people. Comments from professionals included, "Communication is really good. They provide all information in a timely manner" and "We have a good working relationship".
- Staff promptly sought advice and guidance if there were changes in people's needs.
- Records showed people were able to access services including GP, dentists, community learning disability teams and social workers as well as specialist physical and mental health services.
- The manager engaged in a range of forums to ensure they remained up to date and well informed.