

Broad oak Group of Care Homes







Cherry Tree Cottage

Inspection report

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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	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Cherry Tree Cottage provides accommodation and personal care for up to five people. On the day of our inspection five people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The service was last inspected on 3 March 2014 and at this time the provider was meeting the essential standards of quality and safety in the outcomes we inspected.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. This requires providers to submit applications to a 'Supervisory Body' for authority to do so. We found the provider was meeting the requirements of the MCA and DoLS.

People told us that they felt safe living at the home. The management team made safeguarding referrals when

needed so that they could be investigated and staff knew how to respond to incidents if the manager was not present. This meant people were protected from the risk of abuse.

Staff had the knowledge and skills to care for people safely. Referrals were made to health care professionals for additional support or any required intervention when needed. This meant people would receive support from the appropriate people when their needs changed.

We observed people were treated with dignity and respect. People who used the service told us they felt staff were always kind and respectful to them. This meant people's privacy and dignity was respected.

There were audits and customer satisfaction surveys carried out in the home and where issues were identified action was taken to address these. This meant there were effective systems in place to monitor and improve 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.

Is the service safe?

The service was safe.

People told us they felt they were able to make decisions and had the freedom to do as they chose. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that appropriate steps had been taken to ensure people's rights were protected.

The manager had made safeguarding referrals and staff were clear about the process to follow if they had concerns about people's care and welfare, in the absence of the manager. This meant people were protected against the risk of abuse and incidents were managed appropriately.

Good



Is the service effective?

The service was effective.

Staff had received the appropriate training and support to carry out their roles to ensure people received their assessed care and support in an appropriate way. This meant staff knew how to care for people safely.

People were supported with nutrition and health needs and referrals were made, where appropriate, to health care professionals for additional support. This meant people were supported when their needs changed.

Good



Is the service caring?

The service was caring.

People told us staff cared for them well and were kind to them. We observed staff treating people with kindness and compassion and staff were mindful of people's privacy. This meant people were supported by staff who respected them.

People told us they were encouraged to make choices about their care and support and we observed staff empowering people to become more independent. People were encouraged to write their own care plan informing staff how they would like to be supported. This meant people were supported to remain independent and staff used creative ways to involve people in making choices about their care.

Good



Is the service responsive?

The service was responsive.

Care plans were up to date with the needs of people and informed staff how to monitor people's health conditions. This meant staff had the information they needed to meet the needs of people.

People felt comfortable to raise concerns and records showed that complaints were dealt with appropriately. This meant people were supported to raise concerns and were confident they would be acted on.

Good



Summary of findings

Is the service well-led?

The service was well led.

People knew the registered manager and the general manager and felt comfortable approaching them. This meant the management were open and inclusive.

There were audits and customer satisfaction surveys carried out in the service and where issues were identified action was taken to address these. This meant there were effective systems in place to monitor and improve the service.

Good



Cherry Tree Cottage

Detailed findings

Background to this inspection

We visited the service on 12 August 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise supporting people with a learning disability.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted Commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed 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 plan to make.

During the visit we spoke with four people who lived at the service, two members of care staff and the registered manager. We observed care and support in communal areas. We looked at the care records of three people who used the service, as well as a range of records relating to the running of the service including staff files and audits carried out by the provider.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Four people using the service told us they felt safe and happy at the care home. One person said, “I feel very safe and I like living here at the cottage. I like all the staff and I get on with them all”. Another person said, “I always feel safe here. Staff pop up to my room to see if I am OK”

Staff had received training in the safeguarding of adults. Staff we spoke with had a good knowledge of what constituted abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The registered manager demonstrated that they had made safeguarding referrals to the local authority following incidents in the service. This meant people could be sure that safeguarding concerns would be reported appropriately.

One person who used the service told us that they had improved since moving into the service. They said they used to display a certain behaviour but that with support from the staff, this had stopped. We saw three people sometimes displayed behaviour which staff may find challenging. Staff had been given training in how to use recognised distraction and de-escalation techniques. A care plan was in place for each person informing staff what the triggers might be for each person’s behaviour and how to recognise and respond should it occur. This meant staff had the information they needed to reduce the risk of people coming to harm from themselves or others.

Risks to people’s safety were appropriately assessed, managed and reviewed. We looked at three people’s care

records and saw they had assessments in place that related to their own individual circumstances. Assessments had been made to support people to go out into the community alone when they wished to and we saw this happening in practice on the day of our visit.

The registered manager told us there was no one living at the service who was currently subject to a DoLS. There was a policy in place on the MCA and DoLS and staff we spoke with understood the principles of this. This meant the provider understood their responsibility in relation to DoLS.

We saw that the service applied the principles of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. The two staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions. Care plans held information relating to people’s capacity to make decisions and this was written in a format to support people who used the service to understand. One person told us, “I do know what my rights are. Staff talk to me and remind me.”

The registered manager told us that they would increase the number of staff on duty if people’s needs changed or more people were admitted to the service. Staff told us they felt there were enough staff working in the service to meet the needs of people. One person said, “We do have a lot of staff here.” This meant sufficient staff were available to meet people’s assessed needs.

Is the service effective?

Our findings

People we spoke with told us they felt they were cared for well by staff who knew what they were doing and they felt staff supported them to be healthy. One said, “I do have regular health checks. I visit my dentist regularly and see my GP. Staff support me to do this.”

Records showed that staff had received training including, safeguarding, infection control, medication and moving and handling. Training had also been given in relation to people’s specific needs such as diabetes, mental health and autism. The registered manager told us that the autism training was centred on the people who used the service and their individual needs. Staff we spoke to were very knowledgeable about the people they cared for. This meant staff had the training and understanding they needed to support the people living in the service.

Staff we spoke with told us that they had regular support and supervision with the manager, where they were able to discuss the need for any extra training and their personal development.

On the day of our visit all of the people who used the service went out to different places for lunch and so we were not able to observe the meal. However one person told us, “I do have a menu planner and that is in the kitchen for everyone to see. I sit and get choices with the menu planning and I go shopping for the food with staff.” Another person said, “I get choices when shopping and we have a weekly menu planner, which is in the kitchen.”

People were regularly weighed, with their permission. This helped staff monitor their nutritional intake. We saw two people had been noted as gaining weight and staff had supported them to devise a healthy eating plan to try and control the weight gain. A referral had been made to the GP and dietician for one person when staff were concerned about their weight. Drinks and snacks were available for people throughout the day and we observed people making themselves drinks in the kitchen when they chose to. This meant people were supported to maintain their nutrition and hydration.

We saw evidence that staff sought advice and intervention from a range of external professionals such as dieticians, diabetic nurse and psychologists to support people with their health care. Records also showed that when people became unwell staff arranged for them to see their doctor. There was information displayed in the service informing people how to manage their health. This meant people’s health needs were monitored and responded to.

We saw in the care plans we viewed that there was a ‘traffic light assessment’ in place which gave a summary of each person’s needs and what they liked and disliked. This document was designed for people to take with them if they moved to another service, such as the hospital. This meant people’s needs and preferences would be known to other health professionals if the person moved between services.

Is the service caring?

Our findings

We observed there was a relaxed and homely feel to the service. Staff and people who used the service interacted with each other in a relaxed and friendly way. We saw people chatting and laughing with staff and staff were responding to people with care and warmth. One person told us, "I am very happy living here. I get on with all my housemates."

Staff we spoke with talked with kindness about the people they were supporting. We asked a member of staff what they thought was the best quality of the service and they said, "People get to go out all the time."

Staff responded to choices people made and explained what they were going to do prior to giving people care or support. Staff also supported people to be independent and involved in daily living skills. Care plans detailed how staff should support people with choices and to develop their independence. One person had moved into the service several months ago and staff told us they had to work with the person to develop daily living skills. We saw this person felt empowered enough to offer hot drinks to visitors and other people who used the service throughout our visit.

People told us they were supported to make choices. One person said, "I do make choices and decisions for myself." Another person said, "I get choices when we go shopping."

We saw that following one person moving into the service, they were supported to make the decision as to whether to live there long term. Staff had supported them to write a list of positives and negatives about their life in the service. The person had written positive comments such as, "I like my bedroom and can have it decorated how I want." This meant the person was supported to make a choice about living in the service and they were aware of the choices available to them there.

The registered manager told us that the people who used the service had planned meetings and we saw the minutes of the last two meetings. People who attended the meeting discussed whether they were happy in the service, their health, what activities they would like to do and what holidays they wished to go on. One person said, "We have regular house meetings here. Sometimes my family come to them if I invite them."

When we spoke with two members of staff and it was clear they knew people's needs and how they should be supported. Each person was assigned a key worker (a named member of staff who was responsible for that person's care plan and for making sure the person was involved in making decisions about their care and support).

We found care plans were person centred in that they were written for the individual they were designed for and gave a vast amount of information about their personal preferences and abilities. The registered manager told us there were plans to make them even more person centred with the introduction of 'Active Support'. This is a recognised tool designed to empower and motivate people, changing the focus of support from caring for to supporting and working with.

We saw that people had been supported to write some of their own care plans. For example one person had written their own plan in relation to their behaviour, which at times staff may find challenging. The person had written information for staff informing them of why they sometimes got angry and what would make them calmer. Another person had written a plan in relation to how autism affected them and how staff could support them. Another person had delivered a talk to staff during autism training. They had explained to staff how this affected them as a person and how they would like staff to support them. This meant people were involved in planning their care and to be in control of how they were supported.

The registered manager told us that there was not anyone currently using an advocate but that advocates had been used in the past when people needed advice or someone to speak on their behalf. We saw information displayed within the service informing people of how they could speak with an advocate if they wished to.

People we spoke with told us they felt staff were caring when they delivered care and support to them. One person said, "Staff are very good and care for me here." Another person said, "Staff respect my privacy and knock on my bedroom door before they walk in." A third person said, "I do feel looked after here and staff care for me very well."

People we spoke with told us they were treated with respect by staff. The two staff we spoke with had a good understanding of how they should support people in relation to their privacy and dignity. Care plans we saw also contained information on how individuals should be

Is the service caring?

supported with their privacy and dignity. The manager carried out observations to ensure staff were adhering to the values set out by the provider. This meant people's privacy and dignity was respected.

We saw that staff sometimes went the extra mile to provide care and support to people using the service. For example, we observed a member of staff who came into the home on their day off and asked if a person using the service wished to go to the park with them.

Is the service responsive?

Our findings

People told us they were supported to go out into the community and to do activities. One person told us, “Staff help me to keep in touch with my family. I visit them regular. I do something every day if I can. I enjoy bowling, sky diving and horse riding.” Another person told us, “I do enjoy going out to day trips to the seaside and shopping with staff.” A third person told us, “I keep in touch with my family and stay the weekends. Staff support me to use the telephone so I can chat to them [family] when I want to.”

We saw people had individual activity plans which linked into their preferred interests and social preferences. On the day of our visit all of the people who used the service went out into the community at some point during the day. One person was supported to go and take part in a sport which they enjoyed, two people went out for lunch with staff and another went to a local café. The provider had purchased a minibus since we last inspected and staff told us they were now able to take groups out more regularly and had the week prior to our visit taken everyone to the seaside. One person told us they were supported to go out every day apart from Sunday which they used as a, “Chill out day.”

The provider had made improvements to the garden since we last inspected and there was now a decking area for people to sit out if they wished. One person who used the service told us they enjoyed the garden more and sat out when it was warm.

We spoke with staff and asked them if they could name an example of when they had made a positive difference to the lives of people they were supporting. Both members of staff had examples and one member of staff told us how they had supported a person to write about their needs and to devise a poster for their bedroom which had helped them to take more control of their emotions. They told us this had a positive impact on the person and their behaviour and they were now able to go service for visits

with their family. The staff member had also sourced further education for the person. This meant staff worked with people to be more self supporting and recognised the value of helping people to achieve their goals.

Individual care records we looked through informed staff of the current needs of people and how much support people needed. There was information on people’s health conditions and how staff should monitor these. For example one person had a health condition and there was an extensive care plan in place informing staff what the signs were that the condition was deteriorating and how to respond and manage this.

One member of staff told us they had been working hard to help this person understand their specific health condition. They told us this was working and the person had received a health check the week prior to our visit and the condition was much better than when they moved into the service. This meant people were supported with their healthcare and staff had the information they needed to care for people appropriately.

Staff we spoke with knew how to respond to complaints if they arose and people we spoke with said they felt comfortable to speak with staff if they wanted to raise any concerns. One person said, “I do know how to make a complaint but I haven’t had to make one. I would know who to go to if something was upsetting me.”

We looked at the complaints records. There was a clear procedure for staff to follow should a concern be raised. There was a procedure for people who used the service to follow should they wish to raise any concerns. This was written in a specific format to support them to make a complaint. There was also information displayed telling people what sort of care and support they should expect to receive.

We saw one complaint had been raised and this had been documented, investigated and resolved with the person raising the complaint. This meant that people knew how to make complaints and could be assured they would be acted on.

Is the service well-led?

Our findings

We saw people were comfortable approaching the registered manager during our visit and one person said, “I would feel very happy to talk to a manager with any concerns I may have or if I was feeling unhappy here at the cottage.”

Staff had opportunities to contribute to the running of the service through staff meetings. The registered manager and staff told us there were regular meetings held for the care staff and staff felt they were listened to at the meetings. We observed staff were comfortable approaching the registered manager throughout the day and saw that they were given support and direction.

The staff we spoke to told us that they felt supported by the management team and said that they were approachable. The two staff we spoke with told us they enjoyed working in the service. One member of staff said they had developed a good relationship with the management team and they liked the ‘mission values’ in the service. They told us the manager was a ‘hands on’ manager who worked with the support workers on a daily basis. The other member of staff told us, “They are good managers, they are open and tell us what is going on.” Both members of staff said they would

feel comfortable approaching the managers if they wanted to report any poor practice or raise concerns. This meant the manager recognised the importance of an open and transparent culture.

The provider had conducted an annual survey in February 2014 and sought the opinion on the quality of the service from people who lived there. The survey had been written in a format designed to support people who used the service to understand the questions asked. The results of the survey had been analysed and were mainly positive. The results had been shared with people who used the service and their relatives. There was no action plan formulated to inform people what action would be taken to address the only area of concern raised by one person. However we spoke with the registered manager and they told us this had been resolved with the person.

Records we looked at showed that the Care Quality Commission (CQC) had received all the required notifications that must be sent by law in a timely way. We saw that audits had been completed by the manager in areas such as; medication, infection control, health and safety and the environment. When issues had been identified, these were addressed. This meant there were effective systems in place to monitor the quality of the service people received.