

Care In Mind Limited Cherryhurst

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 ●

Summary of findings

Overall summary

About the service

Cherryhurst is a residential service providing care for up to five people aged between 16 to 30 with complex mental health needs. At the time of our inspection, four people were living at the service.

People received care from a team of residential support staff based at Cherryhurst. This was supported by a multi-disciplinary mental health team based at a nearby 'hub'. The role of this team was to support and advise the residential team and to provide clinical and therapeutic support to the people living at Cherryhurst.

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

The care delivered to people was person centred. Without exception, people we spoke with were positive about the care provided and told us how this helped them to plan a future of independence. 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.

Risks to people's physical and mental health were safely identified, monitored and reviewed. This included where people needed support with prescribed medicines. There were positive working relationships with professionals responsible for people's care and people living at the service were fully involved in making decisions affecting all areas of their life.

People were also supported to maintain relationships with friends and family; and encouraged to participate in leisure activities which were important to them. Educational needs were also considered and people were supported to enrol at local colleges.

Checks were in place to ensure the safe recruitment of all workers at Cherryhurst. Staff described a positive culture of working and felt supported by their immediate managers and the wider provider's clinical team.

Effective systems were in place to assess and monitor the safety and quality of the service. This was overseen by the registered manager.

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

Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide Cherryhurst with its first CQC rating.

We looked at infection prevention and control measures under the Safe key question. 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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherryhurst

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Cherryhurst is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two young people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, members of the wider management team, a clinical nurse specialist, a senior support worker and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with and received feedback from four professionals involved in the care of young people living at the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse; policies and procedures supported this. Staff had completed safeguarding training and knew how to raise concerns.
- People told us they felt safe living at Cherryhurst. One person said, "I feel safe. There is always someone to talk to."
- Systems were in place to record accidents and incidents. These were reviewed regularly by the registered manager and the provider to look for any trends; and identify whether future incidents could be prevented. Reflective sessions were completed with staff to encourage a supportive learning culture.
- Accidents and incidents were also reviewed with people through structured meetings. These meetings encouraged the person to reflect on the incident and develop alternative strategies to manage risks. One person spoke positively of this and said, "It's going great. I do grounding techniques I have learnt with staff. I do a lot of mindfulness and relaxation."

Assessing risk, safety monitoring and management

- The provider had a policy in place which described its approach to supporting people who experienced mental distress. This was supported by clear procedures for staff to follow when people presented with risks which could cause harm to themselves or others.
- This policy was applied when assessing risks. Detailed care plans had been developed to safely manage identified risks.
- Professionals involved in commissioning packages of care spoke positively of the provider's approach to managing risk and told us they were responsive to changes in people's needs. One said, "The provider operates on a therapeutic/clinical model which seeks to encourage their clients to take responsibility for health and welfare where possible; but also showed they were able to adapt this at a time of heightened risk."
- Staff told us they felt supported by the provider and the immediate management team when responding to risk situations. One staff member said, "The clinical team are there for support and advice including on call. They are really good."
- Routine checks on the environment and equipment were maintained. Certificates and audit documentation supported this.

Staffing and recruitment

- Staff were safely recruited. Appropriate checks had been made on new staff members before being offered employment.
- Rotas demonstrated safe staffing levels were maintained to meet people's needs.

- We were told there had been a number of changes within the clinical team. The provider was actively recruiting a new psychologist to work with people. We discussed this with the registered manager who informed us interim cover had been organised to ensure consistency of care to people.

Using medicines safely

- Medicines were managed safely. Records of administration were well maintained, in line with best practice.
- Medicines were stored securely, and only administered by staff who were suitably trained.
- People were supported to be independent in taking their medicines when appropriate. People also confirmed they had an understanding of the medicines they were prescribed. One person told us, "[Staff] discuss my meds and how I am doing. I know what I take and why."

Preventing and controlling infection

- We were partially assured that the provider was admitting people safely to the service. We have signposted the provider to resources to develop their approach when admitting people from other Care in Mind locations.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed. Care plans reflected advice and guidance provided by other health professionals.
- Detailed transition plans were developed to support people moving into Cherryhurst.
- People confirmed they were able to meet staff and visit before moving to the service.

Staff support: induction, training, skills and experience

- Staff received appropriate training; and received an induction when they started working at the service. One staff member told us, 'My training was very thorough. I could ask loads of questions and my induction was very thorough. I never felt rushed to understand everything.'
- One staff member told us they felt additional training would be beneficial in regards to specific mental health diagnoses. However, other staff told us they felt the training and insight they received into individual support needs was sufficient and felt specific diagnosis training could create an adverse effect of stereotyping people. We were told by one staff member, "Training gives us the skills to approach people's risk and help people address things differently."
- We discussed this feedback with the registered manager who told us they would always source additional training if needed. An example of this was recent autism training provided to staff. We were also told the provider was reviewing the training programme delivered to staff.

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

- People's nutrition and dietary needs had been assessed and were being met. Staff were aware of people's needs and this was reflected within care plans.
- People were supported to plan menus, purchase their own groceries and cook their meals to develop their independence skills.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services and support; care records showed referrals were made to other agencies when specialist advice was required. One person told us, "I have my regular doctor and I see them [at the surgery]."
- Relatives told us they felt well informed about people's health and felt people's health needs were being met. One told us, "Care in Mind have been very good helping [name] with [their] physical problems."

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

- People had the equipment they needed to be supported effectively and were encouraged to personalise their own bedrooms and communal areas of the service.
- We observed Cherryhurst to be a relaxing and homely environment. Recent improvements have been made to the gardens. The registered manager told us of additional plans to create a relaxation room which the people were involved in.

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 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.

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People living at the service had capacity to consent to the care they received.
- Policies and procedures appropriately reflected the principles of the MCA. Care plans developed with people identified circumstances when staff would consider people's capacity during risk situations.
- Throughout our inspection, we observed staff asking people for consent before they delivered care. We also discussed the MCA with staff who confirmed they received training; and were able to describe what this meant in practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed respectful interactions between staff and people receiving support. People were supported by staff who knew them well and committed to supporting people to move on to further independence. One staff member told us, "The best bit of my job is seeing the difference in the young people. Some people come in really vulnerable and it is heart-warming seeing people get better."
- People spoke positively about the caring nature of staff. We were told, "The staff are so lovely. They have helped me so much. I have made so much progress," and, "I think the staff are all good. They try their hardest." A relative added, "I think the care is good. They encourage autonomy and independence and I think they are fair. Staff are helping [name] with independence."
- People's diverse needs were known and respected, including any characteristics under the Equality Act 2010.

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

- We observed people being offered choice and encouraged to make everyday decisions.
- People were supported to discuss their care and express their views about their future goals and aspirations through a series of planned meetings with members of the provider's clinical team and their team of residential support staff.
- Care plans were reviewed on a regular basis and people felt fully involved in this process. One person told us, "My care plan is up to date. I built my care plan. I have a core team who help me to make changes. Staff are so supportive, I can talk about anything."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were person centred, reflected people's personal preferences and detailed people's support needs. People we spoke with confirmed this. We were told, "The help has been good. It has made me realise self harm is not the way". One relative also told us, "The care approach works well for [name]. It teaches [name] responsibility and encourages [name] to be more independent."
- Staff told us care plans were "good". One staff member added, "We have to read them a lot as constantly getting updated."
- Communication needs were assessed. Care plans identified support needs around this.
- Information about the service was available in different formats and languages upon request. A video was also available which enabled people to view the home 'virtually' before making an in-person visit.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People living at the service participated in a wide range of educational, social and leisure activities which they had an interest in. People confirmed staff supported them when this was needed. One person told us, "Staff will support me to go out if I want them to."
- People confirmed they were supported to keep in touch with friends and family when unable to visit in person.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was readily available. Records were maintained.
- People confirmed they knew how to raise a complaint and who they would complain to.

End of life care and support

- The service does not support people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Working in partnership with others

- The registered manager ensured the care and support provided achieved good outcomes for people. They told us, "We have a really good culture of promoting a positive atmosphere."
- This was supported by feedback from people using the service who described the registered manager as, "lovely," and "so understanding." One person also told us, "I would recommend Care in Mind to others."
- Staff spoken with were also committed to creating a positive, person centred culture. One told us, "I love my job. I feel very supported and we have an amazing team. My managers will always make time."
- Professionals involved in people's care spoke positively about working relationships. One told us, "They are on the whole a very communicable service." We were also told the registered manager kept them informed through regular updates and invitations to meetings to discuss and review people's care.
- One staff member did describe some frustration when recently challenged by other agencies and emergency services who they felt didn't fully understand the approach the provider took when supporting people to manage risk situations. We discussed this with the registered manager who recognised the importance of effective multi-agency working. We were assured plans to further develop relationships were already underway.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- Governance systems in place demonstrated the registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service.
- Records demonstrated a clear understanding of duty of candour and when people had been informed if things had gone wrong.
- Regular audits and checks were undertaken to monitor the quality and safety of the service. These were effective in identifying improvements.

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

- Relatives we spoke with told us the management team were approachable, open and transparent. They felt well informed and able to share their views about the service.
- People were also encouraged to feedback their views through regular house meetings. There were also a

number of provider level initiatives available for people to engage in. For example, during periods of lockdown imposed during the COVID-19 pandemic, a number of groups and meetings were held using video calls. There were put in place to encourage people to feel involved and share their views and experiences.

- Regular team meetings and supervisions were in place. Staff felt engaged with these processes and well supported. One told us, "Supervisions are good. They are very structured and make us reflect on the values. We also have monthly reflective practice and staff support sessions which are really good."