



**Bristol City Council
Health and Social Care
Quality Assurance Monitoring visit to:**

**Cherry Orchards
Canford Lane
Westbury on Trym
Bristol
BS9 3PE**

Date of visit:	27 th April 2010
Visiting Officer(s)	Sue Rustill
Provider Representative	Mrs Valerie and Mr Stephen Sands

Registration category	Past or present alcohol dependence (21), Past or present drug dependence (21), Learning disability (21), Mental disorder, excluding learning disability or dementia (21)
Number of Beds	21
Beds funded by BCC	1

Bristol City Council work to a Quality Monitoring frame work to ensure the service meets the minimum requirements as stipulated in the Service Specification. Visits are conducted to ensure that Cherry Orchards provides appropriate provision to service users placed under contract by Bristol Health and Social Care (HSC).

The following sources of information have been used as part of the Quality Monitoring Framework:

- The latest CQC inspection report for the home
- The last Contract Compliance report
- A structured pre-visit questionnaire completed by the Manager.
- Tour of the home
- Feedback from Staff interviews
- Evidence from documentation viewed on the day of the visit

Additional comments:

In recognition of the preferred form of language employed at this establishment, and that its report will be shared at the daily gathering meeting of all the those living and working there, the terms *resident* and *community* are used in place of *service user* and *home*, wherever appropriate within the remainder of the report.

Service Type

1. Care Home (Community).

Latest CQC report dated 24th September 2009

2. CQC reports have been viewed in advance of the visit and any recommendations have been noted

The Quality rating for your Home is **2*star (good)** as rated on the above dated CQC report.

Environment

3. Cherry Orchards is a limited company with charitable status and is a member of the international Camphill Community. This is Christian based, and has an emphasis on the dietary and therapeutic principles of Rudolf Steiner and Dr Karl Koenig. Residents live as a community with their live-in carer "co-workers" in three detached houses on a secluded landholding set in 18 acres, however it is within reach of local shops and amenities. The community supports horticulture and livestock, farmed and raised organically and a large emphasis of the day-to-day living is based upon tending the land and the animals. There is a large landscaped garden with numerous areas to sit and relax. There is also a gardener and a part time therapist.

The community is registered by The Care Quality Commission (CQC) to provide accommodation and support to younger adults with complex health and support needs and offers time limited residential placements of up to two years. The number of registered places (21) includes all rooms inclusive of the co-worker's rooms. Voluntary co-workers live on site in the main buildings with the residents, providing 24-hour support.

The community offers a day programme placement of two days and over for adults who live outside the community.

Bedrooms are large with very pleasant views over the land. The ground floor is fully accessible. Communal areas are spacious, comfortable and furnished to a good standard throughout and the home is maintained to high levels of cleanliness.

Good interaction was observed between staff on duty and residents, it is evident that service users feel supported.

Residents

Information and evidence for this section is collated from care files and interviews

4. Care Plans:

1. Are Residents consulted in all aspects of their care?

Consultation with residents is progressive and continuous, from the application stage onwards. At the end of a four week assessment period, residents are consulted about the future shape of their care and development in a review process known as an ICPA (Integrated Care Programme Approach), ICPAs take place at least twice a year, or more frequently as required. Files were seen during the visit to substantiate this.

Residents are supported by a key worker system, designed to give maximum continuity of care.

The community meet informally every day at mid morning in a "Gathering". The focus of this meeting is on changes to normal routine, for example visits by tradesmen; works being done; Birthdays of staff and residents; the forthcoming arrival or departure of a resident or co-worker. And menus for meals are discussed. At the invitation of the manager I introduced myself to the gathering and briefly explained my role and the purpose of my visit. A birthday was celebrated with a home made cake cooked by a co-worker and pressed pear juice from the orchard, and

arrangements were made for an outing to go bowling on the Thursday of the next week. The daily gatherings are not minuted, this is to encourage residents to feel relaxed enough to contribute.

It was evident that service users are encouraged to communicate their needs and relate well to staff.

2. Are provider care plans in place?

Bristol HSC is currently funding one resident at cherry Orchards. This care file was viewed during the visit and contained a well written and detailed care plan coming from a person centred perspective. The care file also contained relevant and sufficient detail in respect of both health and social needs. The file evidenced that the information contained within the file is gathered from various sources and from the service user whenever possible.

5. Recording:

1. Do residents files hold relevant information?

The care file viewed during the visit contained details and professionals or services involved with the resident and held relevant information. I evidenced recording records which were informative and well written. The care plan reflected the residents need and detailed actions were recorded, they evidenced holistically detailed care plans that are clearly written and covered all aspects of care to the resident.

2. Is all recording up to date?

The care file viewed was up to date. Record keeping was found to be up to date and corresponded throughout. Language was appropriate and person centred and recording is well cross referenced.

6. Activities:

1. What activities are available that meet service users needs?

The communities statement of purpose I viewed prior to my visit makes clear that therapeutic activity is a key component of its integrated care plan approach (ICPA) for residents. Each resident is supported and encouraged to participate in an agreed programme of one to one and group activities. Most activities are based within the community "where they feel safe" including gardening, outdoor groups, stone carving, candle making, art, drawing and music for confidence. The community comprises of a small farm, organic garden, orchard and recreation areas. The community provides a high organic diet and harvest their own crops to provide seasonal activities, such as jam and preserve making, baking and freezing vegetables.

7. Cultural and Religious needs:

1. Are they being met?

Camphill is a Christian community - however residents follow their own faith. It is evident that individual faiths and specific cultural needs are met.

8. Risks:

1. How are risks managed and reviewed?

Risk Assessments are in place for specific hazards and are completed and appropriate as identified in the care plans and are reviewed and amended as required.

9. Service user views:

1. How are service users views incorporated into service delivery?

Comments from staff, documentation viewed and observations, evidenced good practices. Reviews are held fortnightly with the resident present and are recorded, residents sign their reviews. Staff showed that they had a good insight of residents individual needs and communication requirements. This was evidenced with staff engaging with the residents. Interviewed staff showed commitment and experience in their role.

10. Service users perception of quality:

1. Evidence from service users

It was not possible to hold structured interviews with the residents during the visit but I did have informal conversations with them. Comments included " I am happy to be here and I like it here. It is evident that the residents receive a good quality service

Staff Induction, Training and Service Delivery

11. Information and evidence for this section is collated from the homes files, Managers questionnaire and interviews

1. Are staff trained to do their job?

All staff, on commencement of their job, complete an induction programme and mandatory training is undertaken, in addition to this, staff are encouraged to undertake relevant additional training such as attending mental health seminars and sense of hearing, breath, sight and ego. Staff also have a "weekly learning space" that is documented. This was evidenced by three staff members who were interviewed, including a community manager, who stated that all training is available to them and they could request specific training to gain experience in various aspects of working with residents. Interviewed staff also stated that "training is very important" and "it is important that we keep up to date and keep improving", "learn new skills" and "helps with self knowledge".

2. Is training recorded?

All training is recorded including their weekly learning space and certificates are retained on individual staff files.

3. Do they consider service users choice and involvement?

Staff interviewed showed that they were mindful of their profession, particularly in regards to promoting choice and safeguarding them from abuse. Staff showed that they have a good knowledge of the social and health profile of the residents that they key work to, and engage with them in a humane and holistic way. Practical evidence of this approach was seen in their interaction with residents during the day, where residents were given focussed attention. The three staff members were interviewed and showed a strong commitment to choice enablement and support.

4. Are they experienced in care planning?

Interviewed care staff stated that they contribute to care plans by holding regular reviews with residents and adding and supporting any changes to residents needs. They are aware of what a care plan is and why service users must have a plan of care.

5. Is communication between staff effective?

Staff who were interviewed stated that they are very supportive of each other, listen and share information. A communication book is in place. Weekly meetings are well attended as is care circle meetings. Records were viewed of the minutes and evidenced that issues, training, changes etc are followed up. Staff stated that they have access to the minutes.

6. Is adequate supervision in place?

Staff receive regular supervision from a manager. Confirmation of this was provided by the staff interviewed during the visit. Staff also stated that support is available at any time from a manager to discuss any issues.

7. Is there sufficient staffing in place to to meets service users needs?

Staff rotas indicate that that sufficient staff are on duty at all times. This was also evidenced on the day of my visit and corresponded accordingly with the days rota and previous duty days.

Policies and Procedures

12. Information and evidence for this section is collated from care files, home files and interviews

1. Are accidents and incidents dealt with effectively and followed up as appropriate?

All incidents are recorded and filed appropriately and are reported to all relevant personnel. Evidence shows that they are dealt with effectively and followed through. Cross tracking care files and discussions with the manager showed that risk assessments are drawn up or amended as necessary.

2. Does the home have a clear accessible complaints procedure?

Yes. The policy is in a clear format. A copy is given to residents.

3. Is there evidence to show the complaints policy being used?

There were no complaints on file and the manager confirms they have not received any. However interviewed staff showed a good awareness of the complaints procedure and indicated how they would respond to residents complaints and how they would advise/assist them to make a complaint.

4. Is there evidence that lessons learnt from complaints effects change?

One complaint is recorded for this year and was resolved satisfactorily. No further complaints have been recorded.

5. Is there evidence that policies and procedures are in place and adhered to?

Interviewed staff showed that they are well versed in policies and procedures and in particular, to policies relating to safeguarding and abuse, all were aware of why policies need to be in place. and stated they would access a policy from the office or ask a colleague or the manager if they were unsure of any procedure. Staff use and refer to policies and they sign to say that they have read and understood the provider's policies and procedures.

The manager states that new policies and procedures are introduced to staff in staff meetings and supervisions.

Summary of visit

13.

I was shown every courtesy by the managers and staff during the course of my visit and also received a warm welcome from the residents. I would like to thank everyone for their cooperation and friendliness.

Both the managers and staff are very enthusiastic about maintaining continuity of support to progress towards the independence of residents living within the community. Staff who were interviewed were aware of their responsibilities as employees and co-workers, particularly in relation to following safe systems of work. It was evident that they are very committed to learning and are very well trained, they will however request relevant training to assist them to enhance their learning and improving to provide up to date knowledgeable care. Staff were also very aware of how to raise any concerns or issues that they might have that could have an impact on the quality of the services that they deliver. They also appeared to understand their role in assisting the service user to make choices.

The care quality commission have awarded Cherry Orchards 2* stars (good)The community fully merits its rating. The "care programme approach" is comprehensive and staff are well motivated. Recording is of good quality and support is of a high quality.

Report written by	Sue Rustill
Date	24 th May 2010
Planning & Commissioning Manager Paulette Blake	

