We inspected the following standards as part of a routine inspection. This is what we found:

- **Consent to care and treatment**: Met this standard
- **Care and welfare of people who use services**: Met this standard
- **Safeguarding people who use services from abuse**: Met this standard
- **Requirements relating to workers**: Met this standard
- **Complaints**: Met this standard
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Cherry Orchards Camphill Community Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Managers</td>
<td>Mr. Stephen Sands</td>
</tr>
<tr>
<td></td>
<td>Mrs. Valerie Sands</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Cherry Orchards is registered to provide accommodation and personal care. Cherry Orchards is a therapeutic community and is part of the Camphill Community. The aim is to help adults recovering from the debilitating effects of any life crisis. This may include mental health or psychological problems, learning difficulties, individuals recovering substance or alcohol misuse and any form of emotional distress.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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**Summary of this inspection**

**Why we carried out this inspection**

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

**How we carried out this inspection**

We looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations, carried out a visit on 20 November 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with staff and talked with stakeholders.

**What people told us and what we found**

We spoke with the four people living in Cherry Orchards about their experience of the care they received. We spoke with four members of staff including the registered managers.

People told us they were involved in making decisions about the care they received. Weekly meetings were organised to enable the person to discuss their care and support needs. Care was tailored to the individual and person centred.

People had a choice of activities that they could participate in as part of their therapeutic programme.

People said they were aware of the rules and boundaries that were in place and these had been discussed with them prior to them moving to Cherry Orchards. Individuals told us they were consulted about the service and felt able to raise concerns to the management team and staff.

Comments from people using the service included "I feel safe and I have made a good recovery since being here", "I like the structure that is in place, I now have a purpose to my day". Another person said "the staff are supportive; they listen and enable me to make decisions about how I want to be supported". Two people indicated that this was the life line they needed in respect of the support they were receiving and that they did not want to return to hospital.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✔ Met this standard</td>
</tr>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. People told us that prior to agreeing to a placement at Cherry Orchards they were given a copy of the contract of the community. This detailed the expectations of the service.

People were aware of the contract and the boundaries that were in place in respect of what they had to do and how the community would support them. We saw that the individuals and their representative had signed a copy of the contract in their care record.

People we spoke with told us they had attended an interview prior to agreeing to a placement, where their care needs and support was discussed. This formed part of the assessment process and the gathering of information about the support needs of the individual. We were told a four week probationary/assessment period was offered to enable the person to make a decision on whether the community was the right place for them.

We spoke with the four people accommodated at Cherry Orchards. All confirmed that they were regularly involved in the planning of the care and support. They told us that they had a circle of support from a small group of two to three staff (key worker group), who met with them on a weekly basis to discuss their care and support needs. We saw that care plans had been signed by individuals living in the home confirming their agreement.

A person told us "the community is strict, there are expectations that you will get up at a certain time, participate in meals and the group sessions". However, the person said that the strict boundaries were assisting in their recovery and that they benefited from the structure that was in place.

The manager told us that the community was committed to involving the person in all decision making in respect of their care. We were told this was informally on a day to day basis and more formally through their weekly key worker meetings. Records were maintained of the weekly meetings and the agreements that were in place. People had
signed the records to confirm their involvement.

Co-workers (staff) had received training on the Mental Capacity Act 2005. This is the legal framework that protects people where they do not have the capacity to consent. Co-workers demonstrated an understanding of how the legal framework impacts on the support for the people living in the home.

Co-workers told us that presently everyone accommodated has the mental capacity to make decisions, although considerations had to be taken into account in respect of their mental well being in relation to decisions made. Co-workers told us that where a person lacked capacity then decisions were made involving other professionals involved in the care of the person or their representative and best interest meetings would be held.
Care and welfare of people who use services

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us they were involved in the planning of their care. This was on a day to day basis and through their weekly key worker meetings and care reviews. A person told us that after the four weeks probationary period a meeting had been organised with them, a family member and their placing authority to determine whether they wanted to remain within Cherry Orchards. Another person who had been there longer said they had recently had a meeting to review their care and their family had been involved. This means that the views of the people using the service were sought at periodic intervals.

We reviewed the care records of two people living in Cherry Orchards to determine the support that was in place. Care records included clear information how the person was to be supported and in what areas. It was evident that the person was encouraged to be as independent as they were able.

The care file contained the initial assessment information completed by the management at Cherry Orchards. This included gathering information from the person, their family and relevant professionals involved in their care. Copies of the placing authority care plan and assessment were seen on file. Care files contained information about preventative and relapse so that the co-workers knew how to support people and contact external professionals where relevant.

We saw written risk assessments had been completed that showed potential risks, and how they were rated. Specific activities and support had been risk assessed and showed what action should be taken to ensure that people were safe without restricting their independence.

During the visit we discussed the potential risks relating to people who had historically made accusations about the staff and how this was managed. The provider may wish to note that whilst it was evident safeguards were in place there was no documented support plan for the person to assure their protection or that of the co-workers. Co-workers told us that changes to care were routinely discussed with the individuals at the key worker meetings and at staff meetings on a weekly basis. This meant that co-workers were informed of any changes to people's needs and any risks and ensured continuity of care.
We saw records of weekly key worker meetings. Co-workers and people who use the service told us this was a time when the person using the service could plan forthcoming goals, look at any interventions that were happening and where relevant celebrate success.

People had a choice of activities that they could participate in as part of their therapeutic programme. These included tending to the garden, arts and crafts, preserving the produce of the land, baking, pasta making, a communications and drama group to name a few. On the day of our visit people confirmed they had participated in a creative writing group. Other people were accessing the local community, either independently or with co-workers support.

During our visit we saw that people were being spoken with and supported in a sensitive and respectful manner. People were treated with respect and co-workers were kind, caring and friendly. The community held a daily meeting for people who use the service and staff to discuss the plan of the day. This included planning activities and any planned visitors to the home. Everyone was encouraged to participate so that everyone in the community was aware of who was on site and who planned to go out.

Meals were at set times and there was an expectation that people would participate. This was confirmed in the conversations with people who use the service. People commented positively about the menu and the healthier options that were available to them. We were told that people were offered alternatives, for example a meat free option. Nutritional advice was given to the people living in the home and they were encouraged to take daily exercise. There was an onsite gym and a sauna for people to use.

We shared the lunch time meal with some of the people living in the home including the manager, two co-workers and a student. It was evident people were provided with a fresh and healthy diet. We were told people were involved in the planning of the menu, but food was seasonal as much as possible and was either home grown or sourced locally. People told us they assisted with the preparing, cooking and clearing away and this was done on a rota system. One person told us they could cook their own evening meal and this was enabling them more independence in preparation for moving on.

We saw people living in the home were supported with their physical and emotional health care needs. We saw records of when people saw specialist services in helping to monitor this and on going records that monitored peoples' general well being. People confirmed they had access to a GP, opticians, dentist and other health professionals. People told us they could either attend appointments on their own or with co-workers support. This was confirmed in care records. People told us they had regular contact with their care managers and other professionals including psychiatry.

Comments from people using the service included "I feel safe and I have made a good recovery since being here", "I like the structure that is in place, I now have a purpose to my day". Another person said "the staff are supportive; they listen and enable me to make decisions about how I want to be supported". Two people indicated that this was the life line they needed in respect of the support they were receiving and that they did not want to return to hospital.

People told us that their spiritual needs were being met and they could participate in regular bible readings and a fortnightly Christian service if they wanted. We were told that people could follow their own faiths.
Safeguarding people who use services from abuse  ✔  Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us they liked living in Cherry Orchards and they felt safe. Two people told us that the community had 'strict' rules in respect of participation and how people conducted themselves within the community. However, they told us that they were aware of the 'rules' prior to moving to the service and had signed to say they would adhere to them. People told us that they could come and go as they pleased and access the local community with support or independently and there were no restrictions relating to their movement around the service.

We spoke with two co-workers on the arrangements that were in place to safeguard adults that were at risk. They had a good awareness of what constituted abuse and the reporting mechanisms that were in place. They confirmed there were policies and procedures in place to guide them, and that they had attended safeguarding training. This was confirmed in the training records seen during our previous visit in February 2012. Safeguarding adults training was provided to all staff annually.

Co-workers we spoke with confirmed they had recently received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager told us this had been completed in response to a recommendation from Bristol City Council's contract and compliance visit in August 2012.

Co-workers told us about the training they had completed and how this informed their practice in supporting the people living at Cherry Orchards. From conversations with staff and the people using the service, it was evident that they were empowered to make decisions about how they wanted to be supported. People were aware of their rights in respect of the care they were receiving.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person’s best interest. We asked whether anyone in the service was subject to a Mental Capacity Act deprivation of liberty safeguard authorisation (Dols). These safeguards make sure that people who lack capacity are not deprived of their liberty unlawfully and are protected. We were told there was no one at this time, but clear guidance was available for staff to follow. People confirmed that there were no restrictions in place in relation to their movement around the community or accessing the local community.
People told us they looked after their own money. We were told by co-workers that all the people living within the community had mental capacity and were able to manage their own finances.
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the recruitment records for the two most recently appointed members of staff. Files contained evidence that a robust recruitment process had been completed.

There was a completed application, two references and a criminal record bureau check on file. Staff told us that potential staff visit and stay as part of the community, as part of the interview process. We were told this enables the community to get to know the applicant and vice versa. Staff confirmed they had visited the community as part of the interview process.

Staff told us that the recruitment checks were completed on both permanent staff and volunteers. Where staff had been employed prior to a criminal record bureau check, we were told they worked supervised and not with people using the service. We were told the staff member would complete an induction and training prior to commencing work with people who use the service.

The provider may find it useful to note that the application form only requested minimal information in respect of the applicant. There was no declaration in respect of a criminal record, employment history or supporting information on why the applicant would like to work at Cherry Orchards. This means the provider would not be able to make a decision on whether the applicant was suitable, prior to interview or check any gaps in employment from a review of the applications. We were told that the interview would be the forum to check out whether staff had the appropriate skills and qualifications for the role.

Staff we spoke with were knowledgeable about the needs of the people they supported. We were told that weekly learning circles were organised to enable staff to build on their knowledge and skills in supporting people. Staff told us they were supported to attend external seminars and workshops in relation to supporting people with their mental health and general wellbeing. This learning was then cascaded to other staff within the community.
Complaints

Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People using the service knew how to make a complaint if they needed to, could talk about how they felt and knew that action would be taken. There was a written complaints policy and procedure available for guidance. People were given a copy of the complaints procedure on admission.

People told us that they could speak with their key workers, the manager or their relatives if they had any concerns about the care they were receiving. People told us they could contact their care manager (placing authority) for support, if they remained concerned. People told us that they had weekly key worker meetings were they could raise any concerns and complaints.

People told us they were supported to talk about their concerns and anxieties. They told us co-workers responded appropriately and were sensitive to their needs. One person indicated that one member of the staff had been 'short' with them and this had been discussed within the community. They were happy with the way the community had responded. People we spoke with confirmed that where conflict had developed between either staff or other people receiving the service these were dealt with positively to reduce any negativity.

We looked at the complaints file. There had been no complaints since our last visit.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- **Met this standard**
  This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- **Action needed**
  This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- **Enforcement action taken**
  If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

**Essential standard**

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Outcome</th>
<th>Regulation</th>
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<td>Care and welfare of people who use services - Outcome 4</td>
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<td>Meeting Nutritional Needs - Outcome 5</td>
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<td>Cooperating with other providers - Outcome 6</td>
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<td>Safeguarding people who use services from abuse - Outcome 7</td>
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<tr>
<td>Records - Outcome 21</td>
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**Regulated activity**

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
Contact us

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<tr>
<th>Contact Information</th>
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<tr>
<td>Phone: 03000 616161</td>
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