We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Cherry Orchards Camphill Community

Canford Lane, Westbury-on-Trym, Bristol, BS9 3PE
Tel: 01179503183

Date of Inspection: 18 August 2013
Date of Publication: October 2013

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✗ Action needed</td>
</tr>
</tbody>
</table>
## 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>Miss Gitte Hedegaard Knudsen</td>
</tr>
<tr>
<td></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.</td>
</tr>
<tr>
<td></td>
<td>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>
</tr>
</tbody>
</table>
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, carried out a visit on 18 August 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

At the time of our inspection there were four people living at Cherry Orchards. We spoke with three of them; they appeared happy and relaxed at Cherry Orchards and felt that whilst living there they had made good progress. We also spoke with four members of staff and examined records and minutes of meetings.

We saw that staff were familiar with people’s needs and gave them opportunities to make choices. A range of activities were provided for each person to promote their goals and independence.

We found that people living at Cherry Orchards had been involved in planning their care and staff were familiar with people’s needs. The support plans we saw provided details of people’s individual goals, wishes and preferences. Cherry Orchards had sought advice from external healthcare professionals where necessary and this was recorded in people’s care files.

The service had safe systems in place for the storing and administering of medicines and staff received appropriate training in this area.

Staff had received an appropriate induction and were also supported through a system of regular supervision and appraisals. Staff we spoke with felt supported by the management team particularly in furthering their skills and development.

The views of people living at Cherry Orchards and their representatives were taken into consideration. However, the provider did not have effective quality assurance systems in place to monitor the performance of Cherry Orchards.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 25 October 2013, setting out the action
they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

**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

Respecting and involving people who use services  🔄 Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

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Reasons for our judgement

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 and needs. Care was tailored to the individual and person centred. One person said "staff ask you what you want to achieve and I'm always happy to speak with staff if I need support".

People who used the service were given appropriate information and support regarding their care or treatment. People we spoke with told us that there were rules in place for living at the service but that they felt secure in knowing what the boundaries were. During the pre-admission process for Cherry Orchards people were told about the rules for living within the community in order that they were prepared for them. This was also provided to them in the form of a document called a community contract which set out the terms and conditions for living within the community.

People expressed their views and were involved in making decisions about their care and treatment. People told us that the management were open to discussion around rules. The people we spoke with had recently been involved in discussions around access to the internet and social media whilst living at Cherry Orchards. Following the discussions people had been asked to produce a policy which incorporated the values of the community contract but still allowed them access to the internet and social media. People told us this made them feel involved in the community and that their opinions were respected.

People were supported in promoting their independence and community involvement. People had a choice of activities that they could participate in as part of their rehabilitation programme these included art therapy, cookery courses, daily living skills, drama sessions, gardening and candle making. One of the people also told us about some voluntary work they had been doing which they felt had assisted their rehabilitation.
People's privacy, dignity and independence were respected. People told us they felt that their privacy was respected, we were told that staff knocked on their bedroom doors and did not enter without permission one person said "I feel totally respected, no one ever just barges into my room". People we spoke with also said that they were left to have private time as they wished outside of their rehabilitation programme.

People we spoke with were very positive about the progress they had made since coming to Cherry Orchards. People made the following comments "I'm very satisfied that I'm making good progress here", "I'm definitely changing, it's been a success" and "for the first time in my life I feel like a have a future, this place has saved my life".
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.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare.

Reasons for our judgement

We looked at the care plans for all four people living at Cherry Orchards. We found these were person centred and provided a clear and concise summary of each person's needs and identified their preferences and personal wishes. Each person had contributed information about their likes, dislikes and long term goals. People who used the service had also signed their care plans to agree their consent to the care and support given.

Each person met with their key worker on a weekly basis to discuss areas such as their rehabilitation, activities, emotional needs and goals. Care plans and activity timetables were updated as required to reflect any issues identified at these meetings. We saw evidence of this; care plans we viewed had been updated regularly to take into account people's changing needs. There were formal reviews of the care plans every six months and we saw that these had taken place as planned. The involvement of family members, advocates, professionals and partner agencies were also clearly recorded in the care plans. One person we spoke with said "I've seen my care plan, there are always plenty of opportunities to talk about changing things".

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. We saw that detailed risk assessments were in place for all the people in the home. These were comprehensive and covered all aspects of the people's safety and welfare when living at Cherry Orchards and when they went out into the community. The risk assessments took into consideration the likelihood and severity of harm to each person, the risk assessments were reviewed in line with the care plans.

People's care and treatment reflected relevant research and guidance. We saw records that demonstrated that guidance provided by health professionals in relation to people's behaviour was applied and used to form people's care plans. We saw examples of this in every care plan.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw the care plan of one person which clearly demonstrated how the person was supported to meet their religious needs.

We spoke with staff who explained how they involved people in the review of their care
and promoted their independence. Staff were also able to clearly explain how they recognised care plan changes were required.
Management of medicines

Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines

Reasons for our judgement

At the time of our inspection Cherry Orchards was administering medication for two people.

Appropriate arrangements were in place in relation to obtaining medicine. We found that Cherry Orchards had a system for ensuring medication and prescriptions were ordered in time. We saw that medication was checked weekly to ensure that medication did not run out.

Appropriate arrangements were in place in relation to the storage and recording of medicine. Cherry Orchards had a medication policy which covered areas such as, medication administration procedures, medication errors and missed doses.

Medicines were kept safely. The cupboard which was used to store medicines was kept locked and secure when not in use. We saw the boxes containing people’s medication were stored securely in there. We saw the sheets used for people’s prescribed medication, on which staff recorded the dosage and the amount received.

Any further prescriptions were added to the list when the medication was delivered. We looked at the medicine administration record sheets (MARS) for two people for the previous month and found that the MARS were completed and up to date. This meant that people were receiving their medication as prescribed.

Medicines were safely administered. We saw training records that showed staff had been trained to administer medications. We spoke with one member of staff who told us they had received appropriate training and described how they completed the MARS records and provided medication to people using the service. Medicines were disposed of appropriately. The staff could also recall the missed dose and medication error procedures and described how medicines were disposed of.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

People we spoke with felt there were sufficient staff to meet their needs. The care staff we spoke with were knowledgeable about the needs of the people in their care. They told us that they received appropriate training and development. We saw that the manager had a system for recording planned training and checking that it had been completed by the staff member. The provider may like to note that health and safety training was out of date for a number of staff.

The records demonstrated that staff had completed a range of training suitable to their role. Records showed that staff had been trained in topics such as the Mental Capacity Act, safeguarding and food hygiene.

Staff told us that received weekly supervisions and an appraisal every three months in their first year at Cherry Orchards. Following this appraisals were undertaken annually. Staff we spoke with said they felt able to discuss their roles and any issues they may have. We looked at staff supervision records; they showed that staff were supervised weekly by the registered managers.

Staff said they felt supported by the management team and were properly equipped to do their work. They told us that if they needed advice they could rely on the staff team and the registered managers to support them. Staff also voiced their concerns and needs with their colleagues at staff meetings and felt that they received appropriate support and guidance through this process.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. However, the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People's views were sought during their key worker meetings and during a daily gathering each morning except for Saturday's which had been agreed as a day off.

Residents meetings were also held weekly. These meetings gave people an opportunity to discuss their concerns and raise issues. We saw records of the minutes from these meetings.

Staff that we spoke with felt able to approach the management with concerns or suggestions. We saw the minutes of staff meetings held every two weeks which demonstrated that the registered managers had responded to matters concerning staff.

The service also kept a record of compliments received of which there were many from ex-service users, their families and staff. The service had not received any complaints in the last year. We did however see record of an issue which a parent had raised of being of some concern to them. We saw that the registered managers had addressed those concerns and had provided a satisfactory outcome for the parent.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Risk assessments related to people who lived in the home and their requirements in relation to behavioural risk were detailed in their individual care plans. These records were updated as part of weekly key worker meetings, care plan reviews or as and when the needs of the person concerned changed.

There was evidence that learning from incidents/investigations took place and appropriate changes were implemented. Incidents and accidents were recorded separately but were
cross referenced to the support files of people involved in the incidents and each other where appropriate. We saw that preventative measures were identified and changes were implemented where they were necessary to prevent further occurrences.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. The registered manager told us that the provider undertook monthly service reviews to perform quality assurance checks. These were the only quality assurance checks undertaken by the service other than gaining feedback from people who used the service and staff. We saw records that demonstrated that the provider monthly service reviews had not been taking place as planned.

We saw copies of the last two provider service review reports for June and July 2013. Visits which had been undertaken prior to June 2013 were last dated in 2012. The registered managers confirmed that there had been no provider visits in 2013 other than those in the June and July. The provider service review reports for June and July 2013 provided a narrative of what the provider had observed during the visits and feedback from people and staff. There were no quality assurance checks in relation to assessing and managing risks to the health, safety and welfare of people who use the service and others. The provider had not reviewed the documentation relating to risk assessments for people, health and safety within the home and its grounds, or ensured that the risk assessments had been reviewed as planned.

We looked at the records of risk assessments for the home. These were usually completed by the senior staff and included areas monitored such as: fire safety, the accommodation buildings, the garden building, outside workshops and garden areas. These risk assessments were due to be completed annually. We did however find that all of the risk assessments which were the responsibility of the senior staff had not been reviewed since they were last completed in November 2008. The failure to complete these risk assessments had not been reviewed by the provider during their quality assurance checks. The registered managers told us that care had taken precedence and that the home had fallen behind on their health and safety type risk assessments.
Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation for persons who require nursing or personal care</td>
<td>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</td>
</tr>
<tr>
<td></td>
<td>Assessing and monitoring the quality of service provision</td>
</tr>
<tr>
<td></td>
<td>How the regulation was not being met:</td>
</tr>
<tr>
<td></td>
<td>The provider did not have effective systems in place to identify, assess and manage the risks to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</td>
</tr>
<tr>
<td></td>
<td>Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010</td>
</tr>
</tbody>
</table>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 25 October 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
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 other services less often. 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.

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.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Enforcement action taken</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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:

<table>
<thead>
<tr>
<th>Regulation 17</th>
<th>Regulation 18</th>
<th>Regulation 9</th>
<th>Regulation 14</th>
<th>Regulation 24</th>
<th>Regulation 11</th>
<th>Regulation 12</th>
<th>Regulation 13</th>
<th>Regulation 15</th>
<th>Regulation 16</th>
<th>Regulation 21</th>
<th>Regulation 22</th>
<th>Regulation 23</th>
<th>Regulation 10</th>
<th>Regulation 19</th>
<th>Regulation 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Consent to care and treatment - Outcome 2</td>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Cooperating with other providers - Outcome 6</td>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Management of medicines - Outcome 9</td>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Requirements relating to workers - Outcome 12</td>
<td>Staffing - Outcome 13</td>
<td>Supporting Staff - Outcome 14</td>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Complaints - Outcome 17</td>
<td>Records - Outcome 21</td>
</tr>
</tbody>
</table>

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.