Cherry Tree Housing Association Limited

# Cherry Tree Housing Association - 5 Tavistock Avenue

## Inspection report

5 Tavistock Avenue
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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Requires Improvement** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 26 September 2017 and was unannounced. The last inspection was on the 5/10/2016 when the service was rated as requires improvement overall.

5 Tavistock Avenue is a small residential care home providing a care for up to three people with a learning and or physical disability. At the time of our inspection three people were living at the home. One person had recently been moved to the service from another service managed by the provider. This was to enable them to carry out some essential maintenance and refurbishment of the other property.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives told us that the care and support provided at the home was appropriate to meet their needs. However we found that people did not always receive the support they needed to access or engage in meaningful activities outside the home. Staff told us that there were not enough staff available to support people to meet their individual needs. Some activities had been provided on a planned basis, but this was limited to the availability of staff. People were provided with a choice of food and drinks. People were supported to access healthcare services to help maintain their health where appropriate.

There was a robust recruitment process in place to help ensure that staff were of good character and suitable for the roles they performed at the service. However the process for completing similar checks for agency staff were less robust.

People were able to communicate with us in a limited capacity but indicated that they felt safe living at the home. Risks to people's safety and wellbeing were managed. However versions of peoples risk assessments were not always dated. People's medicines were managed safely. Staff had received training in safeguarding people from potential abuse and were able to tell us the process for reporting concerns.

Staff had received training to help them to provide safe support for people however, for some staff the training had expired and they required refresher training. There were no assessments undertaken to assess the knowledge and competencies of the staff team.

Staff felt supported by the management team, and the new registered manager was in the process of introducing new systems and processes to help ensure support arrangements were more consistent. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) but were not always clear on their responsibilities and people's rights under the Act.

Record keeping was not always robust. Peoples care records did not always demonstrate that people were

involved in the planning and making decisions about how and when their care was provided. People's dignity was not always respected or considered. Care records were not always dated and there were several copies of similar documents so we could not tell which the current care record was. Reviews were also not consistently completed and where changes had happened, care plans and risk assessments did not always reflect the changes.

There were no recent quality monitoring records and the provider's systems were not robust and had not identified shortfalls we found during our inspection. The registered manager had only been working at the service for a short time and had identified some areas which required improvements. However these had not yet been implemented.

There were no systems in place to obtain regular feedback from people who use the service. Although people were invited to individual reviews of their care, it was not evident that anything changed as review documents recorded 'no change'. Meetings were not held to enable people the opportunity to discuss the wider issues in a supported group environment and so did not empower people.

Relatives of people who used the service told us that they felt the home was generally well run. However there had been several changes of management which meant there was a lack of a consistent approach to managing the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

There were insufficient staff available to meet people's needs at all times.

Robust recruitment practices were followed to help make sure that permanent staff were of good character and suitable to work at this type of service. The assessment of agency staff was less robust.

Staff were able to demonstrate they knew how to report safeguarding concerns.

Risks to people's safety and wellbeing were managed.

People's medicines were managed safely.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) but were not clear on their responsibilities and people's rights under the Act.

Staff had received training but did not have their competencies checked to ensure they had the skills to support people effectively.

Staff felt supported by the management team.

People were provided with a range of food and drink choices.

People were supported to access healthcare services to help maintain their health where appropriate.

### Is the service caring?

**Requires Improvement**

The service was not always caring. Although individual staff were.

People's support plans did not detail personalised aspects of the

support in particular choices around dignity.

People were not always supported to express views about how their care and support should be provided.

People who used the service were positive about the relationships they had formed with staff and the care they received.

People's relatives said that the staff were kind and caring.

Permanent staff knew the people they were caring for and supporting.

People's confidential records were stored in the office in order to maintain the dignity and confidentiality of people who used the service.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People did not always receive the support they needed to access activities and do things they enjoyed outside the home.

Staff told us and we observed that there were not enough staff available to support people to meet their individual needs and preferences.

Some activities had been provided on a planned basis. However this is subject to the availability of staff.

There had been no formal complaints recorded since the last inspection. There was a process in place to record complaints and people knew how to raise concerns.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The provider did not have any quality assurance systems in place to monitor the service.

Records were not accurately maintained or updated.

There was no process in place to ensure people's views were captured and that anything changed as a result.

The service was not always inclusive and did not empower

people.

Relatives told us that generally the service was well run.

The registered manager was new and had not yet implemented actions in response to the shortfalls identified.

# Cherry Tree Housing Association - 5 Tavistock Avenue

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and carried out by one inspector on 26 September 2017.
Prior to the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to tell us about. We also looked at information included in the provider information return (PIR) which the provider had submitted to CQC to inform us about the service and any improvements or development they were planning to improve the service. We received information from service commissioners.

During the inspection we spoke with three people who used the service however due to their complex health needs they were unable to fully express their views. Therefore following the inspection we spoke with three relatives to obtain their views and experience of the service. We spoke with three staff members, two of whom were permanent staff and one agency staff member and the registered manager. We received information from service commissioners. We viewed information relating to two people's care and support plans. We also reviewed records relating to the overall management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not give us detailed feedback about their experiences due to their complex health needs.

Requires Improvement

# Is the service safe?

## Our findings

People told us that they felt safe living at the home. Relatives also said that they felt their family members were safe. However we found that there were insufficient staff available to meet people's needs at all times. There were three people living at the home. One person had recently moved from another service managed by the provider. However the staffing levels had not changed. For example prior to the third person coming to live at 5 Tavistock there was one staff member on duty and this remained the same despite the third person who was now living at 5 Tavistock Avenue.

Staff told us that they were able to manage to support people to meet their basic needs but not to provide personalised support to people or to assist people in a timely way. For example, people were not supported to go out to social activities and were not supported in a way which supported their independence and autonomy. Staff told us one person had not been out socially for three weeks due to there not being sufficient staff to support him despite him previously enjoying regular social activities. People were also not always able to have same gender care staff to support them with personal care. Furthermore staff told us that while they were assisting one person the other two people would be left alone with no interaction which could lead to tension because of their differing needs and abilities.

Staff were also regularly working alone for in excess of 24 hours which put them under pressure. One staff member told us "There is always something to do in the house, shopping cooking, cleaning, completing daily records, checking people's personal money, its continual". The staff member told us "We get up three or four times in the night to check on [name] or if we hear any movement, we have to make sure [name] is safe. You are never really off duty when you are working back to back shifts.

Staff told us that they were aware that there were not enough staff at the current time and so knew they had to work extended shifts. They were aware that the registered manager was trying to recruit additional staff. Staff told us they did the shopping for people using the service, supported people with laundry and did the cleaning. In addition they monitored people's money and completed records.

The registered manager told us they were trying to recruit some additional staff to reduce the pressure on the two permanent staff and told us that the rest of the shifts were covered by agency staff. Staff told us that the agency staff did not know people as well as they had only worked at the service a short time. Staff told us that if agency staff arrived late staff had to wait until they or a replacement arrived. Staff told us that if any kind of an incident happened they would be able to get back up from managers by telephone but would not have staff on site to assist. Also if there was an accident or incident overnight staff would not be able to manage it safely. Although this had not happened with the additional person living at the home there was an increased risk.

There were insufficient experienced staff available to meet people's needs at all times. This was a breach of regulation 18 of the health and social care act 2014.

The recruitment process for permanent staff was robust. We saw that disclosure and barring checks were

completed, references were obtained, full employment histories had been completed and identity checks undertaken. However the process for the vetting of agency staff was less robust. The provider was not able to demonstrate how they made sure agency staff were competent and skilled in the areas necessary to provide support for people living at the home.

Risks were assessed, reviewed and managed effectively. Where risks to people were identified actions were put in place to mitigate and reduce the risks where possible. Risks assessed included individual risks to people such as going out in the community as well as environmental within the home for example within the kitchen environment when food preparation and cooking was being cooked. However it was not always clear which was the current version as documents were not always dated to reflect when the reviews and had been completed.

People's medicines were managed safely. Staff had been trained in the safe administration of medicines and we saw that staff completed medicine administration records consistently. People confirmed they received their medicines regularly. The system for ordering, storage and disposal of medicines was appropriate.

People told us as far as they could that they felt safe. For example we asked people if they felt safe within the home environment and with the staff that supported then and they indicated that they did and this was confirmed by family members. We observed people interacting together and with staff and they looked comfortable with each other. Staff had received training about safeguarding people from potential abuse and were able to tell us the process for reporting concerns.  Staff were aware of the whistle blowing policy where they could elevate concerns both internally and externally if this was required.

Requires Improvement

# Is the service effective?

## Our findings

People were unable to tell us if staff asked for consent before supporting them. However we observed staff explaining how they supported people. Relatives also confirmed that they felt that staff did seek consent and would respect people's views if they refused support. We saw that consents had been recorded in people care plans. We observed a staff member offering to assist a person when they returned from day care and later offering them a choice of drinks and snack.

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.

At the previous inspection we found that mental capacity assessments were not always carried out for people who may have lacked capacity to make decisions regarding their daily care needs. Best interest decisions were not always documented to evidence the options considered before a decision was made in people's best interests.

At this inspection we found that in the case of two people MCA assessments had been completed two years ago but none had been completed since then and there were no reasons documented as to a change in their circumstances. We could not be assured that people were always able to articulate their preferences due to their medical conditions and for example due to reduced verbal communication. One agency staff member was unable to confirm how obtaining people's consent related to MCA principles. The registered manager and permanent care staff understood MCA and how they would obtain consent from people and how to respect people's choices and right to refuse care or medicines or anything they did not wish do. Although staff and the registered manager told us the three people could make decisions about day to day choices. However there was no written evidence in the care records about a person who had moved into the home from another service and how their consent and that of the other people living there had been sought. Relatives told us that the registered manger had contacted them to tell them it was happening and that they had not been involved in the decision making.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Although the registered manager told us people were not restricted in anyway and could leave the home when they wished there was no evidence that people did go out alone and people told us staff supported them when going out. Staff also confirmed that people could not be left alone in the home so could have been subject to constant supervision.

People and their relatives had mixed views about the skills and abilities of the staff working at the home. One relative told us, "The regular staff have mostly left and it is mainly agency staff these days which is unfortunate because we don't know about their training or experience." A staff member told us "I get a lot of

training through my other job so am up to date with all my training and show them (registered manager) my certificates. However the registered manager told us that staff completed specific training as part of the company's policy. We did not see evidence of staff competency checks for the two permanent staff or for any agency staff. We also noted from the staff training matrix that training was overdue for refresher training which was provided to help ensure staff knowledge was kept up to date.

Staff told us that they felt well supported by the registered manager. We saw that there had been recent team meetings which were recorded. One staff member told us, "I think things will start to improve now we have [name] registered manager. They also said that "Supervisions are now starting to happen regularly over the last couple of months". Staff had worked at the service for some time and told us they had completed an induction when they started working at the service both permanent staff were experienced care workers. However the induction record for an agency staff member was blank. We spoke to the registered manager about this and they told us they must have brought the wrong file. However we did not see the completed induction record and the staff member concerned could not remember what the induction had consisted off. Staff told us that they would shadow the regular staff to make sure they were confident to work unsupervised.

People spoke positively about the food saying it was good and there was a choice. We saw a menu on the wall and staff told us it changed every week. People were offered a variety of foods. On the day of the inspection we observed one person helping themselves to drinks and snacks and other less able people being offered drinks and snacks. Food was home cooked by staff and looked and smelt nice. People's weight was monitored and if any concerns about people's nutritional or hydration intake were noted they would be monitored and if concerns continued would be referred to their GP or a specialist such as a dietician.

Staff told us they supported people to attend health related appointments such as GP, dentist and a range of other health care professionals when required. They demonstrated they were knowledgeable about the health need of the people they supported. One staff member told us, "We [staff] make appointments for them and when required and also attend appointments with them for example if they were having a health of medicine review.

Requires Improvement

# Is the service caring?

## Our findings

The service was not always caring. Although people and their relatives told us individual staff members were kind and caring. People's support plans did not detail personalised aspects of the support in particular choices around dignity. We received limited feedback from people who used the service in relation to being supported to make choices about how and when their care was provided and by whom. Their individual support plans also did not demonstrate that people's dignity had been considered. For example people were not asked about preferences in relation to the gender of staff who supported them.

People's support plans failed to detail the individual support people required to support them to retain and where possible to increase independence and did not identify goals or measure any achievements towards independence. There was little evidence that this aspect of peoples support had been discussed or considered in relation to how they were supported for example in respect of daily living such as supporting people to clean the house and individual bedrooms, doing their laundry, being involved in menu planning. For example we saw from records reviewed that people's daily records detailing what they had done and how their day had been were not consistently completed suggesting that this was not regularly monitored and was not considered a priority.

People were not always supported to express views about how their care and support should be provided. Staff told us that peoples support had changed recently because of a change to the number of people living at the service. There was no evidence that peoples preferences had been taken into account in relation to the times of their support and when speaking with the registered manger it was clear this had not been considered. Care and support was primarily task led and not personalised

People who used the service were positive about the relationships they had formed with staff and the care they received. However because of the high use of agency staff and a turnover of staff people did not always have the opportunity to build meaningful relationships with the staff that supported them. For example an agency staff member told us "I am still getting to know the people, it takes time to know them as individuals and to understand their different personalities and routines.

People's confidential records were stored in the office in order to maintain the dignity and confidentiality of people who used the service. People's relatives told us that they were able to visit the home at any time and were always warmly welcomed.

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Requires Improvement

# Is the service responsive?

## Our findings

People did not always receive the support they needed to access activities and do things they enjoyed outside the home. This was because there was only one staff member on duty and they could not access individual activities with one person. If they wanted to go out of the home it would mean the other two people would have to go along even though it may be an event or activity of which they have no interest in or do not want to attend.

Staff told us that one person had not attended any weekend activities or events for three weekends since they moved into the home as there were no staff available to take them out. We observed one person mainly spent time in their bedroom relaxing. Another person listened to music and the third person watched television in the lounge. At dinner time one person was assisted by a staff member with preparing the vegetables for the dinner while the other two people entertained themselves with the staff member popping in and out to check that they were alright.

Staff told us and we observed that there were not enough staff available to support people to meet their individual needs and preferences. For example a staff member told us that because people had to be supported to get ready for day care they needed to be got up by 6.30am. There was no evidence on the persons care plan that this was their choice or a need and staff confirmed before the person moved into 5 Tavistock the shift started later as the other person was assisted by another member of staff at the service where the person was living across the road. Staff told us one person was very slow so they assisted them first then the next person and the third person when they were available.

A staff member told us if a person needed help with personal care during that busy period in the morning it would delay them supporting the other two people get ready for the day. The registered manager was aware of the staff shortages and said they were trying to recruit staff. However we did not see any evidence of the recruitment and the registered manager did not provide us with information requested so that we could assess the interim arrangements to make sure the service could be responsive to people's needs.

We reviewed the activities records for the three people and saw that in the past 14 days their activities records had been completed inconsistently and there were days for all three people when no activities had been recorded at all. When we checked this with staff they confirmed that when there is only one of them to the three people it was not possible to always do activities. This fitted in with our observations when people were largely not engaged most of the time but were left to entertain themselves. We spoke to the registered manager about the accurate completion of these records. We noted that the activities recorded said 'watched TV or listened to music on several occasions. This was not in accordance with people hobbies and interests as staff told us people enjoyed going out of the home but they did not feel it was appropriate for one staff member to take three people as this did not support their individual choices.

There had been no formal complaints recorded since the last inspection. There was a process in place to record complaints and people knew how to raise concerns. Relatives were aware that they could speak to staff or the registered manager of they needed to raise any concerns.

Requires Improvement

# Is the service well-led?

## Our findings

The service was not consistently well led. The provider did not have any quality assurance systems in place to monitor the service. We saw that some record based audits had been completed by a senior staff member at the service up until January 2017. However there were no quality monitoring systems or processes currently in place and the last feedback survey was completed two years ago. This meant that we could not check if anything changed as a result of people's feedback, or that the registered manager had identified where improvements were required through their own system of auditing and review. We spoke to the registered manager about the monitoring of the service and they told us they would be implementing the quality assurance processes but had to prioritise work to complete and because they had been there such a short time had not yet completed this work.

Records were not consistently maintained and we saw that records were not dated and there were duplicates which made it confusing for care and support staff as they could not tell what was the latest or current version of the document. This was of particular concerns given the amount of agency staff that was being used and who did not know people as well as the permanent staff.

The lack of established quality monitoring systems and processes to monitor the quality and safety of the service is a breach of regulation 17 of the health and social care act 2014.

The service was not always inclusive and did not empower people. People were not always given choices about how they spent their time. One person who had recently moved to the service had no personal items other than clothes and toiletries. We saw that all their personal items and stuff that the person could interact with had been left behind in their previous home which was managed by the provider.

Relatives told us that generally the service was well run. However we found shortfalls which had not yet been addressed and we did not see any action plan prioritising how these shortfalls would be managed. The registered manager was new and although they had identified some areas which required improvement an action plan in response to the shortfalls identified was not in place at the time of our inspection.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not have systems and processes in place to monitor the quality of the service. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There were insufficient staff available to meet peoples needs at all times. |