

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?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection took place on 22 and 28 September 2015 and was unannounced. At our last inspection on 24

January 2014, the service was found to be meeting the required standards. 5 Tavistock Avenue provides accommodation and personal care for up to three people with learning disabilities.

Summary of findings

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

On the day of our inspection, there were 3 people living at the home. The people being supported by the service had different types of learning disabilities.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted and so DoLS authorizations were not required.

People told us and we saw that there were safeguarding protocols in place to keep people safe and people told us that they felt safe, and were well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns. However we found that safeguarding procedures were not always followed and this put people at risk of unsafe care practices.

We saw that the recruitment process were thorough and ensured that only suitable people were recruited to work at the service. There were sufficient numbers of suitable staff employed and deployed to work at the service to ensure they were able to meet people's individual needs.

Checks were in place by the manager and senior support staff to ensure the environment and risks to individuals were appropriately identified and managed. People were supported by trained staff to take their medicines safely.

We received positive feedback from relatives of people who used the service. Staff also spoke positively about the management support arrangements that were in place. Staff demonstrated they knew people well and supported them in a kind and caring way. People were supported to continue with hobbies and interests both in the home and in the community.

People's privacy and dignity were respected and maintained. People received personalised care and were involved in the planning and review of their care.

People were offered a range of healthy and nutritious foods and were involved in planning the menus. People were supported to see GP's and other healthcare professionals when required.

Information for people was available in an easy to read format supported by pictorials. People were asked for consent before support was provided and this was recorded in their care plans. People were involved in all aspects of the service. People and their relatives were able to access local advocacy services if they wanted to obtain independent advice.

People knew how to make a complaint if they needed to. There was a complaints policy and procedure in place, however the investigation into the complaint and outcomes were not always recorded in line with the policy guidance.

There were systems in place to monitor the quality of care provided, to undertake regular audits and to achieve continual improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Concerns were not always referred under the safeguarding procedure to local safeguarding authorities.

The recruitment process was effective in some areas. However references were not validated.

There were sufficient numbers of staff available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Possible risks to people's health and well-being were identified and managed effectively.

Requires improvement



Is the service effective?

The service was effective.

People were asked to give consent before support was provided and consent was recorded.

MCA assessments had been completed and where required best interest decisions were recorded in line with MCA requirements.

Staff had been trained and had the required skills to meet people's needs effectively.

People were provided with a varied and balanced diet which met their needs.

People had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People's relatives were invited to contribute in planning the care for people and regular reviews.

People were treated in a way that promoted their dignity and respected their privacy.

People and their relatives were able to access independent advocacy services if required.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive.

People's care and support was person centred and met their needs and gave them choices.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People were supported to pursue hobbies and social events, relevant to their needs.

There was a complaints policy in place. However complaints were not always investigated and outcomes recorded in accordance with the policy.

Requires improvement



Is the service well-led?

The service was well led.

There were effective quality monitoring systems in place to manage risks and to strive for continual improvement.

People who used the service and staff spoke positively about the management of the service.

Staff had clear roles and responsibilities and were well supported by the management team.

Good



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 2012, 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 carried out on 22 and 28 September 2015 by one Inspector and was unannounced. We reviewed

information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with three people who lived at the home, two relatives, three members of staff, the manager and the chief executive. We also received feedback from the commissioner's contract monitoring report. We looked at three care plans, two staff files, and other documentation relating to the monitoring of the service.

Is the service safe?

Our findings

One person told us, “I am safe here; the staff are here to help me”. Another person said “the staff are nice and make sure we are safe”. “When we go out, they look after us and make sure we get home safely”. Staff were able to demonstrate they had received training about how to safeguard people from avoidable harm. Overall staff knew how to raise concerns and report potential abuse when necessary.

However we saw that on two occasions incidents had happened which had not been referred to the local authority safeguarding team. On these occasions the process had been partially followed and the manager had taken some action however this was not in line with the locally agreed safeguarding procedures. We discussed this with the manager and they told us what they had done at the time and why they had thought the action taken was sufficient. They told us they realised they should have referred the incidents to the local authority and would learn from these incidents.

There were posters displayed in the home to inform staff how to recognise the signs of potential abuse and report concerns. Contact details were also on display. We saw that information was available in an ‘easy read’ format that was supported by pictures so that people who lived at the home could clearly understand. We saw that staff had received safeguarding training and the staff we spoke with were able to demonstrate a good overall knowledge of their role in safeguarding people. Staff told us that people’s safety was always a priority and we saw that there were risk assessments in place for all aspects of the people’s lives. A relative commented, “I have no concerns about [family member’s] safety, they are well looked after, the staff are wonderful they make sure they are kept safe.”

We saw that there were safe and effective recruitment procedure in place to ensure that people who were employed at the service were of good character, and were suitable and fit for the roles they were employed for. However part of the process around the validation and checking of references had not been completed. This meant their authenticity could not be assured.

We also saw that dates and periods of employment were not cross referenced with application forms. In some cases we saw that these did not always match and this should have been picked up and explored during the recruitment process. We spoke to the manager about this and they agreed that they would review the process to ensure they strengthened the process. The staff who were employed at the service had worked there for many years and so the recruitment process and references we saw were historic.

We saw that there were enough staff available at all times to meet people’s needs safely and effectively. People told us there were always one or two staff on duty at all times. One person told us “I help with preparing the dinner sometimes”. We saw that staff supported and supervised people with tasks to make sure they were completed safely.

We saw that medicines were ordered, stored and administered safely by staff who had been appropriately trained. There was a system in place for the safe disposal of medicines, when they were no longer required. Staff were given information on how to support people with their medicines in a safe way.

Risk assessments were in place for the three people who lived at the home and we saw that these were reviewed monthly or more frequently if there was a change in people’s abilities, or needs. We saw that people were encouraged to take positive risks and were supported to do so. This approach supported people to be as independent as possible and continue with their lifestyle choices as much as possible.

People were encouraged to participate in different social events. The risks associated with these activities were assessed and managed to ensure that they remained safe when away from the home as well as in the home and garden environment.

There were plans in place to assist staff with any emergencies including fire evacuation. Accident and incident forms were completed and used to assist in the management of risks. Information was used to assess people’s mobility and also to consider any related physical healthcare conditions which may impact of peoples physical abilities.

Is the service effective?

Our findings

We saw that staff were effective in responding to people's needs at all times. Consent was obtained verbally and we saw that various consents had been recorded in people's care and support plans. For example we found that people were asked to give consent for their photograph to be taken.

People told us that the staff always asked them if it was ok before delivering care or support. We observed that people were offered choices. For example on the day of the inspection two people were going into town for shopping. They were asked what time they wanted to go, and if they wanted to change their clothes. People told us they were involved in discussions about their care and had signed the care plans to show their agreement.

We spoke to staff about their responsibilities under the MCA act and how this legislation might impact on the people they supported. Staff told us they had received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were able to demonstrate a good understanding of when the DoLS would be required. We saw that assessments had been completed for people living at the home although no one was restricted in anyway other than to ensure their continued safety.

We saw that staff worked closely with people to understand their individual needs and requirements. For example they knew how to communicate effectively with people who had some difficulties in making themselves understood. We saw that staff supported people in a non-hurried way and waited for people to respond before moving on. People had lived at the home for many years and the routine was relaxed, flexible and focused on each person as an individual. This demonstrated effective and person centred care was evident in the way staff supported people.

Feedback from family and relatives was very positive about all aspects of the service and staff. One person said, "Staff are very kind and supportive." Another person said they always found staff to be helpful and knowledgeable about their relative's specific needs.

We saw that staff had completed induction training when their employment commenced and this covered topics relevant to their roles, as well as other specialist topics relevant to people they supported. For example staff had training in how to support people with behaviour that was difficult to manage at times. Staff also received on-going training and updates in a range of topics including safeguarding people, food safety, and administration of medicines. Staff told us they felt the training was relevant to their roles. Staff were also encouraged to complete additional training to support their personal development.

Staff told us they felt they were well supported by the management team and were consulted and involved in decision making about how the home was run. They attended regular team meetings and had regular one to one supervisions with their line manager. This was an opportunity to discuss all aspects of their work and development. Staff told us they really enjoyed working at the home because it was homely.

People who lived at the home also had a say in how things were run. They had regular meetings and also one to one time with their keyworkers when they had opportunities to talk about anything they wanted.

People and staff prepared meals together as well as eating out whenever they decided. Staff spoke about encouraging people to eat a nutritional balanced diet and although menus were discussed and planned, these often changed if people decided they wanted fish and chips or to go to a restaurant to eat. We observed people coming to the kitchen to help themselves to drinks and snacks. There were no special diets required by people who lived in the home however staff said these would be catered for if people needed them. If staff were concerned about people's diet or food and fluid intake they were referred to a specialist dietician for support.

People were supported to manage and maintain good health. For example they attended to GP appointments, dentist or opticians. Hospital appointments and more complex healthcare needs were also identified and people were supported to attend these appointments. Information relating to health was recorded in people's care and support plans to ensure everyone was aware of people's current health conditions.

Is the service caring?

Our findings

People told us they were very happy living at the home. One person said, "Staff are the best. They [staff] are lovely." Another person said "I like going shopping and the staff take me when I want to go". A relative told us, "It is so homely, they [staff] are all lovely". We observed staff were kind and considerate in their approach to people in their care. Staff spoke fondly about the people they supported and we saw that people were comfortable in the company of staff. We saw on several occasions staff put a reassuring hand out to people when they appeared a little anxious. Staff demonstrated that they were very familiar with their needs, likes and dislikes.

We saw that people were treated in a way which respected their dignity and privacy. We saw well developed and meaningful relationships between staff and people who lived at the home. There was positive interaction between people and staff and we often heard them laughing together. Staff described people's likes and told us what they enjoyed in such detail it was clear they were passionate about working with these people and achieved the best possible outcomes for the people in their care.

We saw visitors being welcomed at the home and staff told us they encouraged people to maintain meaningful relationships with family and friends. Staff told us people enjoyed having visitors and often went out with their visitors which they looked forward to. One person told us the staff helped them to choose "nice clothes that were matching". This demonstrated the staff's attention to detail, and that they cared about how people looked and wanted to support them to look their best.

People and their family had been involved in the care planning process and were also invited to contribute to regular reviews. Staff told us people told them how they wanted their care to be provided and documented what they could do for themselves to enable them to retain independence in as many ways as possible. Staff told us they wanted people to be empowered to take decisions and supported them to achieve objectives.

Staff ensured that records relating to people were only made available to people who were authorised to look at them. Records were stored securely. People could access independent advice from a local advocacy service and they told us they were aware of these. However nobody at the service needed to access these.

Is the service responsive?

Our findings

We saw that people were supported in a personalised way. They received care and support that met their individual needs. Staff told us about people's lives and how this contributed to their care and support plan and enabled them to provide care that was responsive to people's needs. Staff had access to detailed information, which was supported by pictorials so that people could be fully involved and understood the content of their care plans.

Staff told us about people's care and support requirements and we saw that care plans included detailed information about people's routines and how they liked to be supported with their care. We saw that all aspects of people's daily living had been captured in a personalised way. For example whether someone preferred a bath or a shower, their preferred time for getting up and going to bed and detailing what toothpaste a person prefers to use.

We saw that the information included 'when' and 'how' details and this gave staff practical information about how to assist the person in a way that they wanted. There was further information for staff about 'triggers' to changes in people's behaviours and how to support and reassure people if they were concerned or unhappy about something. This gave staff an early indication so they could intervene and prevent the situation from deteriorating. This helped staff to be responsive to people's needs in a timely way.

Staff told us that they considered and discussed any specific cultural and religious needs that people may have and include these in people's care and support plans. For example a person was supported to attend a local church when they wanted to.

People were supported to attend and be involved in a range of suitable activities, hobbies and social events. People spoke enthusiastically about what they enjoyed doing, where and when the events happened and who they

met or went with. There were opportunities for everyone to be supported with activities outside the home, but one person told us they wanted to stay at the home and watch TV and Films. Another person said they collected key rings and enjoyed baking cupcakes. People also attended day care activities which they enjoyed. One person said, "I meet all my friends there, we have fun". People also talked about various holidays they had been on which they liked. Staff also had a well-developed knowledge of the local community and activities which were available for people to attend, from dancing to arts and craft, gardening and social clubs. A staff member told us, "There is so much going on people are so busy because they like to go to as much as they can." The ladies were having their nails done before going into town on the day of our inspection.

People who used the service told us they knew how to make a complaint as this information was contained in the 'service user guide'. We saw that there was a complaints and comments policy and procedure in place and that there had been several complaints since the last inspection. Although the complaints had been acknowledged in writing, we did not see evidence that they had been investigated and the outcome recorded and that the person making the complaint had been asked if they were satisfied that the matter had been addressed and resolved to their satisfaction.

We spoke to the manager about this to help us to understand why the procedure had not been followed. The manager told us what had been done and that in both cases they had contacted the person to discuss what had been done. However this had not been documented and the timescales were not adhered to as per the policy. The manager told us this would be reviewed and they would ensure that in future all complaints would be responded to in writing and all stages would be recorded in accordance with the policy. They would ensure there was an audit trail and be able to demonstrate that they welcomed and took complaints seriously and used them to learn from them and as a way to improve the quality of the service.

Is the service well-led?

Our findings

The feedback we received from staff, people who used the service and relatives was all positive about how the home was managed. People told us the name of the manager and said they see them all the time. One staff member said, "Management have a presence in the home" and that they were well supported by managers. Staff talked about team working and a sense of 'belonging'. Another said, "We are all here for the good of the people who live here, that's all that matters as long as they are alright."

Staff described the manager as being approachable and supportive. People told us that they liked the manager and she always took time to speak to them. People and staff told us about regular meetings and opportunities they had to discuss how the home was run. Staff told us the manager consulted on matters and this was good for morale.

The manager demonstrated a strong and visible leadership and had a clear plan for the future of the service. The manager had only been employed for a few months, but staff told us they had already started to make noticeable improvements involving people who used the service in all aspects of what went on in the home.

We observed that people were encouraged to make choices about their lives and the manager and staff did not let any disabilities get in the way. People were supported to live full and meaningful lives and to retain as much choice and independence as possible.

The manager told us that this year, as they were the new Care Services Manager they had engaged the services of a local organisation to undertake some of the monitoring for them. They viewed this as an opportunity to get a benchmark to enable them to see where they needed to invest their time and resources to ensure they were targeting the right areas for continual improvements. They had provided a range of questionnaires for service users, family members, professionals and staff members to complete.

Once these questionnaires were completed they were posted back directly to the HCPA who will then collate the information, produce a report and provide the manager with the outcomes of the report.

By undertaking this exercise it is completely impartial and the manager was confident it will give a true reflection on the service is doing. This was in progress but not complete at the time of our inspection. Any actions will be put into a plan following completion of the exercise.

Other ways that they currently monitored the standards of the service were through regular Health and safety audits, spot checks and proprietor's visits. Regular Staff Supervisions were already in place and they had introduced Staff Appraisals, which were all completed this year.

Staff understood their roles and were clear about their responsibilities and what was expected of them. The manager was very knowledgeable about the people who lived at the home and what their needs were. Staff told us the manager was open and explained things as they were so that everyone got the same message and communication was effective.

The manager told us that they supported staff development and gave staff opportunities to attend training that was of particular interest to them to assist their personal development.

The manager, staff and people who used the service all had an equal voice about how the service was run. The home was well maintained and had recently been redecorated and new furniture had been bought. People and staff had all consulted on the décor and the furniture that was bought for the home. People's bedrooms were personalised and people's individual personalities were evident.

We saw that the audits and checks that were in place to identify, monitor and reduce risks were effective. A recent medication audit had been completed, along with other audits. Records were kept up to date and were consistent. The range of audits and checks ensured a consistent team approach to continual improvement.