

# Community Places Limited

# Cherry Garth

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 4 April 2018 and was unannounced. At the last inspection in February 2017 we found the provider was not meeting legal requirements in three areas. These related to management of medicines, supporting and training staff, and governance arrangements. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe, effective and well-led to at least good. At this inspection we found they had made improvements and were meeting legal requirements.

Cherry Garth is registered to provide personal care and accommodation for up to two people. The home is a bungalow with two bedrooms, two bathrooms and a communal lounge and dining kitchen with an enclosed garden. At the time of the inspection one person was using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

The person who used the service told us they felt safe, and received good care and support. They were very complimentary about the staff who supported them and had a good relationship with the registered manager. Care planning and risk assessment was focused on the person and ensured their needs were identified and met. Activities were person centred. Systems were in place to make sure the person's health and nutritional needs were met. Choice was promoted and the person was involved in making decision about their care and support.

Staffing arrangements ensured the person received appropriate support from consistent workers. Staff received training and supervision to help make sure they understood their role and responsibilities. Recruitment checks were carried out before staff commenced employment such as proof of identity and criminal record. The provider obtained references but we found, for one member of staff recently appointed there were discrepancies with dates from referees and information provided in the application form. The registered manager followed these up promptly.

The provider had effective systems in place to monitor the service. Everyone was encouraged to share their experiences to help improve the service. The person who used the service said they did not have any concerns about the service and would feel very comfortable raising any issues with their keyworker, the registered manager or the senior management team who they said visited frequently.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The staffing arrangements ensured people were safe and their needs were met.

Risk to people who used the service was assessed and managed.

Systems were in place to manage medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported in their role and received training that equipped them with the knowledge and skills to carry out their job effectively.

Choice and decision making was promoted.

Systems were in place to make sure health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

The person was very complimentary about the care they received and said they were treated with respect.

Staff were confident the service provided a very person centred service.

Information to help keep people informed was accessible.

### Is the service responsive?

Good ●

The service was responsive.

The care planning process was person centred.

Social activities enabled the person to live a fulfilling lifestyle.

Systems were in place to deal with complaints and concerns.

### **Is the service well-led?**

The service was well led.

Everyone was given opportunity to share their views about the service.

The registered manager was knowledgeable about the service.

The provider had systems in place for assessing the quality of the service.

**Good** ●

# Cherry Garth

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the information we held about the service and contacted relevant agencies. The provider was asked to complete a Provider Information Return (PIR) in March 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This comprehensive inspection took place on 4 April 2018 and was unannounced. One adult social care inspector carried out the inspection.

During the visit we spoke with the person who used the service, one member of staff and the registered manager. We looked around the service and reviewed documents and records that related to care planning and delivery, and the management of the home.

## Is the service safe?

### Our findings

At the last inspection we reported that the provider did not manage medicines safely. Medicines were not always administered at the times prescribed, accurate records were not maintained to help ensure topical creams were applied correctly and protocols were not in place for 'as required' medicines. At this inspection we found medicines were managed safely and the provider was no longer in breach of this regulation.

We observed staff supporting the person with their medicines. They followed safe medicine administration practice, for example, ensured medication was administered before the medicine administration record (MAR) was signed. The person used a nasal spray and inhaler independently. We checked MARs and saw these were well completed. Body maps were used for topical applications and protocols were in place for medicines which were prescribed 'as required'. This ensured staff understood how to administer medicines as the prescriber intended. We carried out checks of medicines and found stock was correct.

Systems were in place to safeguard people from abuse. The person who used the service told us they felt safe. They said they were comfortable talking to staff and the registered manager about any issues and concerns. The member of staff we spoke with had a good understanding of safeguarding and whistle-blowing procedures, and knew they should report any concerns to the management team. They were confident any issues would be acted on promptly. The registered manager said there had been no safeguarding incidents since the last inspection. Training records showed all staff had completed safeguarding adults training within the last 12 months.

The provider had effective arrangements in place to manage risk. We looked around the service and saw the environment was clean and well maintained. Certificates and records confirmed checks had been carried out to make sure the premises were safe.

Risks to the person had been identified, assessed and managed through the support planning process. We saw from care records that risk assessments identified risks to the person, what were the benefits to the person, action to reduce potential risks and the level of risk after assessment planning. This helped ensure the person was safe and risk was minimised. Although risk assessments covered key areas such as finances and medicines, we found a potential risk when accessing the community was not properly assessed. The registered manager wrote to us after the inspection and confirmed they had reviewed this area of risk and involved other professionals to ensure risk management ensured safety and the person's freedom was respected.

Staffing arrangements were appropriate and care was provided by a consistent workforce. The person who used the service told us they always had enough staff to support them during the day and night. They said they liked to go out into the community and could do this whenever they chose because staff were always available. The member of staff told us staffing worked well and regular staff worked at the service so the person received continuity of care. The registered manager told us they had a minimum of one member of staff on duty at all times and they had always met this requirement.

Only one member of staff had been recruited since the last inspection. We saw checks had been carried out before the member of staff commenced employment such as proof of identity and criminal record. The provider had obtained references although some discrepancies with dates from referees and information provided in the application form had not been followed up at the time of recruitment. It was also unclear when the application form was completed because it was not dated. The registered manager wrote to us after the inspection and confirmed they had gathered additional information and all dates now corresponded. They also told us the provider previously asked candidates to complete the application after the interview but had changed this practice.

## Is the service effective?

### Our findings

At the last inspection we reported that staff did not receive appropriate training and support to help them understand how to do their job well. The provider's training programme did not ensure staff were trained appropriately and there was a lack of formal supervision. At this inspection we found improvements had been made around support to staff and the provider was no longer in breach of this regulation. The member of staff we spoke with told us they felt very well supported. They said, "We all work really well together."

The registered manager was based at the service and worked alongside staff. They provided support on a day to day basis. They told us, "I'm here every day and will also pick up shifts. I'm accessible and all staff know they can ring me."

We reviewed records relating to training and supervision. These confirmed staff had completed training that was relevant to their role and responsibilities and included areas such as record keeping, fire safety, infection control, autism, food safety, medication and safeguarding. All staff had received supervision but this was not always as often as the provider's supervision agreement stated. The registered manager wrote to us after the inspection and confirmed they would be introducing a supervision tracker and had reviewed their supervision agreement and guidance.

The 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff we spoke with had a good understanding around mental capacity and decision making. They understood they had a responsibility to provide guidance and advice where appropriate, and respect people's rights to make decisions even when these were unwise.

Choice was promoted and the person who used the service was involved in making decision about their care and support. The person told us they decided when to get up, when to go to bed, where to go and what to eat. Records we reviewed confirmed this.

The person told us they followed a diet plan. They said they received good support and encouragement from staff, and went out shopping for provisions with staff support. They also told us they were completing a 'cook and eat' course at college. During the inspection we observed staff talking to the person about healthy eating and explaining to the person how they were meeting the diet plan requirements for the day. A food record was maintained to ensure nutrition was monitored.

The person told us they received good support with their health needs and staff assisted them to attend

regular appointments. They said, "[Name of registered manager] makes sure I get all my appointments." We saw a range of other professionals had provided support to make sure the person's health and social care needs were being met.

The person was very comfortable in their environment. They chose to spend time in their room or communal areas. They showed us their room which was personalised with posters, photographs and bedding

## Is the service caring?

### Our findings

The person told us they were very happy living at Cherry Garth. They told us they liked all the staff who worked at the service and the registered manager. They said, "I get lots of peace and quiet. My [name of family] visits me and my friend. I go out a lot and go on the bus with staff which is just around the corner. Gary the cat lives with me and I like feeding him."

During the inspection we observed the person who used the service was very comfortable with the member of staff who was supporting them and the registered manager. Staff knew the person very well and were respectful at all times. The person initiated discussions with staff around meal planning, activities, medication and staffing. They received positive responses throughout and were encouraged to make decisions where appropriate. Staff and the registered manager also explained things when the person was unsure. For example, the person requested additional painkillers but the required period between doses had not lapsed. The member of staff went through the time they received their last dose and the time they could receive their next dose.

The registered manager and staff told us the service provided a very person centred service and our observations confirmed this. They provided examples of how they ensured privacy and dignity were respected, which included ensuring the person had opportunity to spend time on their own if requested.

The person was given information to help them understand what they could expect from the service. This included a service user guide which explained staff were there to support them, and they would have an individual care plan, which 'is yours and you can look at it whenever you want' and 'you will have your bedroom which you can lock if you want to'. A pictorial complaints leaflet provided examples such as 'people not being kind' and 'things you would like to do but cannot'. The information documents had been signed by the person and they confirmed had been discussed.

## Is the service responsive?

### Our findings

Care planning was focused on the person, and ensured they had control and the appropriate level of support. The person told us they were involved in planning their care and said, "I have two care plans. I like talking to my keyworker. [Name of keyworker] has gone through my care plans with me."

We reviewed the person's care plan and found this was detailed and covered areas of care which included dressing, personal care, nutrition and eating, sleeping pattern and health. Personal outcomes were also identified, for example, to build skills and knowledge around maintaining a well-balanced diet. The person had signed the record confirming their agreement. Not all sections of the care plan were signed. The person's keyworker explained they were going through each element with the person to make sure they fully understood and agreed with the content.

Activities were person centred. The person told us, "I choose at the beginning of the week what to do. I like swimming, going to Wakefield and Hemsworth, bingo and shopping." They said they also enjoyed longer outings and was planning on going to Bridlington and another holiday to Blackpool. Daily records evidenced the person's care and social needs were met.

During the inspection we saw the person carried out some tasks around the house such as feeding the cat and also asked staff to carry out other tasks such as making drinks and getting things from the fridge. The person told us, "I wash pots, make my bed and put my washing in". Information around daily living skills was not included in the care plan. The registered manager agreed to review this aspect of the care plan to ensure independence around the home was being promoted.

The person said they did not have any concerns about the service and would feel very comfortable raising any issues with their keyworker, the registered manager or the senior management team who they said visited frequently. The provider had a formal complaints' procedure, which had been produced in an easy read, pictorial version. The registered manager told us no complaints had been received.

## Is the service well-led?

### Our findings

At the last inspection we reported that the provider's quality management systems were not effective. They did not have appropriate auditing processes and issues at the inspection had not been picked up through their monitoring systems. At this inspection we found governance arrangements were in place and the provider was no longer in breach of this regulation.

The service had a registered manager. They were present at the inspection and it was evident from our observations they knew the person well and had a good relationship with the person and the member of staff on duty. They were knowledgeable about the provider's systems and processes, and their responsibilities as a registered manager. The person told us they were comfortable talking to the registered manager. They said, "[Name of registered manager] is here and does work on the computer." They also said they spoke with senior managers when they visited. They said, "[Names of senior managers] visit and talk to me."

The provider submitted a PIR prior to the inspection. This provided examples of how the provider ensured the service was safe, effective, caring, responsive and well-led. They told us how they had improved the service since the last inspection, for example, having a registered manager solely based at Cherry Garth. They told us monthly audits were completed by the registered manager and covered fire safety, health and safety, medications, daily session book, care plans, and equipment audits. We saw records that confirmed this.

The provider completed 'monthly compliance audits', which reviewed how the service was meeting the required standards. We reviewed the report from January/February 2018 and saw they had checked areas such as duty rotas, medication, training and activities. They had also noted that the registered manager had instigated a number of actions which included house meetings.

The person who used the service and staff had opportunity to share their views. We saw a house meeting was held in February 2018. Discussions were held around the person's experience of living at Cherry Garth and ideas to improve the service. They were complimentary about the staff team and very happy that 'Gary the cat' lived at Cherry Garth. Staff had provided positive feedback through a provider survey. We reviewed the summary which stated staff enjoyed coming to work and would recommend the service to a friend or relative, and as a place to work. They felt the provider took positive action on health and well-being, and would address any concerns.

Providers have a responsibility to notify CQC about certain significant events such as serious injury and police incidents. Before the inspection we checked our records and found we had not received any notifications. The registered manager told us no notifiable incidents had taken place. They also told us there had been no accidents or incidents.