

Cherry Tree Housing Association Limited

Cherry Tree Housing Association - 12 Tavistock Avenue

Inspection report

12 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

12 Tavistock Avenue is registered to provide accommodation and personal care for up to 3 people who have a learning and/or physical disability. At the time of our inspection one person was living at 12 Tavistock Avenue. The provider also manages another home across the road from 12 Tavistock and the staff work at both services.

The last inspection was undertaken on 22 and 28 September 2015. We found that the service was rated 'good' and was meeting the required standards.

We inspected 12 Tavistock Avenue on the 28 September and 5 October 2016 and found that the service had continued to meet the standards.

The home did not have a registered manager in post. The registered manager had left the service six weeks before the inspection commenced. There was a new manager who was in the process of registering with CQC. 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.

At this inspection we found there were sufficient numbers of staff deployed to provide care safely to people living in 12 Tavistock Avenue. The manager had not informed us about incidents that required reporting which is required to help keep people safe from the risk of harm. The person was supported by staff who had undergone a recruitment process to ensure they were suitable to work in a care setting. However there were inconsistencies in the recruitment of staff depending on when they were recruited. We saw that when agency staff were used the manager did not always complete the same level of robust checks as they did for permanent staff.

Risk assessments were completed and reviewed to help staff to manage risks. Although the records were not always updated to reflect the current position. The person's medicines were managed safely and there was a process in place for the safe ordering, storage and disposal of the person's medicines.

Staff did not feel supported by the manager and felt that they were constantly being criticised about how the service operated and spoken to in a condescending way. Staff had received training but some of the refresher updates had not been provided. We saw there were arrangements in place for staff to have an induction when they commenced their employment to help support them to carry out their roles effectively.

The person's nutritional needs were met and their food and fluid intake and weight were kept under review. The person was able to choose what they ate from the menu. However the menu was under review at the time of our inspection as the new manager felt that more 'healthier options' should be introduced.

The person's relatives and staff told us they were supported to maintain their health and well-being and had

access to a range of health professionals. We saw that the person had a purple folder which contained a summary of healthcare appointments and records of key events.

Staff spoke to people in a kind, caring and compassionate way. We observed good interaction between staff and people and relatives confirmed this to be the case.

The person's dignity and privacy was maintained. However the person did not always get choices about how they spent their time.

The person received care that was responsive to and met their needs. Staff were aware of the person's individual needs and how to meet these, however due to management changes they were not always able to accommodate the person's needs and wishes. The person was provided with some opportunities to participate in activities mainly in the community.

There was a complaints policy and procedure in place and we saw evidence of one complaint from the other service which we say had been investigated and responded to by the Manager. There were no complaints for the person who lived at 12 Tavistock Avenue.

The person received care that was monitored appropriately by staff. The person's care plans were regularly reviewed. Audits were not effectively reviewed to ensure actions were completed, and notifications were not consistently sent to CQC when required.

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 always safe.

There were not always sufficient numbers of staff on duty to keep people safe.

Staff were aware of potential abuse and demonstrated they knew how to escalate any concerns. However concerns were not always reported by the provider.

The recruitment process was not consistently robust.

Risks to people's health had been assessed and reviewed but were not always updated to reflect the current risk.

People's medicines were managed safely.

Is the service effective?

Good 

The service was consistently effective.

People received care and support from staff who had received training which supported them in their roles.

People were supported to enjoy a healthy and balanced diet.

People were supported to access a range of health care professionals.

People were asked for consent before support was provided.

People were supported by staff who were aware of MCA requirements.

Is the service caring?

Good 

The service was caring.

Staff treated people in a kind and caring way.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's personal and private information was stored securely.

People were sometimes asked to be involved in the development and review of care plans.

Is the service responsive?

Good ●

The service was responsive.

Staff did not always receive training updates to ensure they continued to meet people's individual needs.

People's care was kept under regular review to help ensure their needs were met. However records did not always reflect this.

People were supported to engage in activities to provide them with engagement. However there had been recent changes which meant these were limited.

Complaints were responded to, however the process was protracted.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There had not been a registered manager at the service since June 2016 and they had recently deregistered.

A new manager had been in post for ten weeks and had started the process of applying to become registered with CQC.

The provider had limited systems in place to assess the quality of the service provided in the home however; these were not always effective in identifying areas that required improvement.

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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.'

This inspection took place on 28 September and 5 October 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with relatives, two staff members, the manager and the CE.

We requested feedback from colleagues within the local authority commissioning team, but had not received any feedback at the time of writing this report. 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 talk with us.

We reviewed care records relating to one person who used the service and other documents relevant to the person's health and well-being. These included staff training records, complaints, health and medication records and records relating to the overall monitoring of the service.

Is the service safe?

Our findings

The person was unable to tell us whether they felt safe living at 12 Tavistock Avenue. However relatives said they felt their family member was kept safe by staff. We found there was not always sufficient staff available on duty at all times to keep the person safe. We spoke with the manager and staff about the arrangements for people from the providers other home across the road to spend time at the home. Staff confirmed that on occasions the three people who lived at the provider's other home across the road came to spend time at 12 Tavistock Avenue. Staff told us this arrangement had recently been introduced and one staff member said, "It is not about what people want, but to reduce the staff hours." This meant that on such occasions there was only one member of staff available to support four people, which included support with social activities and appointments. In the event of an emergency the newly recruited manager told us they were able to call them for advice and or assistance. However on the day of our inspection the manager could not be contacted as they were attending to other business and there was a delay of more than an hour before contact was made. This could potentially place people at risk in the event of an emergency or a person becoming unwell.

We found that most of the staff had attended training in safeguarding people from abuse and were aware of how to raise concerns. However regular training updates had not been provided for two members of staff. We were unable to speak to them to assess their knowledge or understanding of the process. The staff we did speak with were aware of their responsibilities in relation to protecting people from the risk of abuse and how to report concerns. A member of staff we spoke with told us, "I would report to my senior if I was worried about anything". However we found that two incidents that had occurred before the inspection had not been reported to either CQC or the local safeguarding authority to enable them to investigate the concern appropriately. They had appropriately been reported to the manager by staff. We discussed these with the manager, who agreed they had not been properly processed in line with the provider's policy and procedures. The manager told us they would in future ensure that they had followed the correct procedure.

Staff spoken with were aware of how to elevate concerns and also how to refer to external organisations if they felt matters were not being addressed internally. A copy of the local authority guidance on safeguarding was available at the service along with the provider's own recording document.

The person was cared for in a safe environment. Staff carried out regular environmental audits and knew who to contact in case of an emergency such as maintenance staff. Risk assessments were completed for individuals and were kept under regular review. However risk assessments were not always updated to reflect the current risks. Risk assessments included going out in the community and travel.

We found that the recruitment process was not always consistently followed. Staff had been working at the service for some time but we found some of the documents could not be located. For example references were missing from two files. We discussed this with the manager who told us the recruitment policy was under review and that all files would be audited to ensure documents were both present and consistent. The records concerned related to staff who were in post before the current management team were in place and were historic. In four staff files we saw that appropriate checks had been completed prior to staff

starting their employment. This included Disclosure and Barring Service (DBS) checks. These checks were completed to ensure staff were suitable to work with people in a care home environment. However for the use of agency staff only a basic profile on the person was provided and this did not detail their training records. This was being addressed by the manager.

The provider had systems in place to help ensure the safe receipt, storage, administration and recording of medicines. Medicine administration record (MAR) charts were completed consistently and staff undertook regular checks on the quantity of medicines in stock to make sure it was accurate. We reviewed medication audits which confirmed that medication was being managed safely.

Is the service effective?

Our findings

The person was supported by staff who had received training to assist them to carry out their roles effectively. Staff told us, "We have had training". We saw from training records that staff had completed a range of topics relevant to their roles. Staff had also had some refresher updates including safeguarding, working with people with challenging behavior.

The manager told us that staff were supported through regular team meetings and one to ones. The processes were being developed since the arrival of the new manager. Team briefings had also been introduced in March 2016.

We saw that care staff had received regular support from their line manager who was a senior care worker. Staff told us they felt well supported from within the team and from colleagues however they were unable to say whether they were fully supported by the management team as it was early days and they had not yet all had one to ones with the manager. Team briefings had also been introduced in March 2016.

Staff were aware of the need to obtain the person's consent before supporting them and told us how they 'explained' what they were going to do before embarking on any support task. We saw that various consents had been recorded in the person's support records. For example consent to their care plan and consent to have their photograph taken. However consent was not always reviewed when the care plan was reviewed and this may have meant that the record did not reflect the current decision. Staff told us it was a recording issue and not that consent was not being obtained.

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 people 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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. We saw that one application had been authorised to help keep the person safe.

The person was well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. Staff advised that a planned menu was in place and this had been devised with the involvement of the person living at the service. The person's relative told us "they get to choose what we want to eat and then the meal chosen is provided for us, the [staff] prepare the food and they sometimes help if they can." A relative told us, "The food and menu is under review and as far as I know the manager

has told us that they want to introduce a 'healthier options menu". The persons relative told us that they enjoyed the food on offer and staff told us they sometimes ate out.

The person was supported to maintain good health and to had access to healthcare services. Care records and in particular the 'Purple folder' demonstrated that staff sought advice and support for the person from relevant professionals. This included GP's, attendance at Hospital appointments, dentists, opticians and chiropodists.

Is the service caring?

Our findings

The staff who worked at 12 Tavistock Avenue were caring and supportive. The person received care and support which was individualised and person centred from staff who knew them well.

We saw that where possible the person and their relatives had been involved in the planning and review of their care. Where the person was unable to articulate their wishes verbally, we saw that staff assisted them in a patient way and were able to demonstrate that they had gained their agreement and input through their preferred communication method. All the interactions observed between staff and people were positive. Staff engaged with people in social conversations and listened to what people had to say. Staff were kind, caring and compassionate in their dealings with the people they supported.

Staff and the manager told us that visitors were welcomed at any time. Staff told us they made sure where the person wanted the family to be involved that they were. One family member told us they had in the past been involved in the development and review of their relative's care and support plan, and as there had been a change of manager they wanted to be involved in future reviews to ensure their relative's needs and wishes were considered.

Staff told us that on occasions the three people who lived at the provider's sister home came to spend time at 12 Tavistock Road. We found that the person had not been consulted about this arrangement, however staff said they did not object to the arrangements. We spoke with the manager about this.

Staff were knowledgeable about the persons life histories and their likes and dislikes, and were able to demonstrate they knew the persons individual needs and preferences very well. a relative told us, "The staff are so kind and caring, really wonderful, they are a great team."

We observed staff show people kindness and compassion throughout our inspection. We observed people's privacy and dignity being respected, for example, staff knocked on people's doors, and waited for the person to respond before entering. Also when staff were speaking with people they ensured they did not discuss anything personal within earshot of us or other people.

People's cultural and diverse needs were respected. For example people were supported to follow specialist religious events or to observe holidays if they wished to. In addition specialist dietary needs were catered for.

Is the service responsive?

Our findings

The person received support and care that was individual and person centred to their needs. Staff were able to demonstrate that the persons needs were kept under constant review and when their needs changed the staff were able to respond to them. For example one person who had suffered health problems had their care and support adjusted to accommodate their requirements while recovering from surgery.

The persons assessments and care plans were reviewed regularly. Staff knew the person well so were responsive to the persons changing needs. However if it was not regular staff for example an agency member of staff they may were not so familiar with the persons current needs or care plans. This was especially the case when the people from the home across the road visited as they did not routinely work in the other home so did not know people so well.

The person was supported to participate in a range of activities which had been recorded in their individual care records. The person attended day care centres and social clubs. Staff told us they often went out with the person for the day and visited many places which were of interest to the person who used the service. In addition the person was supported to go on holidays. Staff told us about the holidays they had been on to a number of seaside resorts and we saw photos of the person enjoying the holiday.

The person was supported to attend and contribute to resident meetings and we saw minutes of the last two residents meeting held in August and September 2016. Staff told us that they tried to support the person to contribute their views by encouraging them to share ideas but the person did not always feel confident even though the meetings were very small.

Surveys to obtain feedback on the persons experiences of using the service had been distributed last year to people who used the service and their relatives. A summary and analysis had been completed by the company who had undertaken the survey with some suggested improvements resulting from people's feedback. However none of these had been implemented as the manager had not been aware of the document. For example we saw that care plans could be improved by the introduction of more 'person centred' care plans.

The provider had a complaints policy and procedure in place. The person was aware of how to raise a concerns and one relative we spoke with told us they had contacted the service recently to discuss a matter. They told us the matter had been addressed without it going through the formal complaints process.

Is the service well-led?

Our findings

At our previous inspection we found that the service was not consistently well led. We had found that the provider's quality monitoring and governance systems had not always been effective in identifying shortfalls in the service provision. There was a lack of 'management oversight' into how the service operated as well as a lack of systems and processes. During this inspection we found that things had not improved sufficiently.

The service had a new manager who told us they were reviewing systems and processes and that they were committed to making the improvements. However people who used the service and their relatives told us that they were not confident that their views were listened to and that actions would be taken as a result.

The manager told us that they undertook regular audits of care plans, and other documentation relevant to the effective management of the service. However, there were some areas of shortfalls in the home that had not been identified by the manager or the provider's monitoring systems. For example, the person 'purple folders' contained details of the previous registered manager. Care plan reviews were ineffective. Two incidents that had been reported by staff and appropriately documented had not been processed or followed up so the incidents were not investigated or concluded in accordance with the companies safeguarding policy.

We found that although the manager told us about the systems they had in place to monitor the service the systems had not yet been implemented or embedded and we were unable to assess the impact or improvements that might be achieved as a result of their approach and so were aware of their responsibilities in relation to the quality of the service they provided. Staff felt that effective communication systems were in place between staff but this was not always the case in relation to communication with the managers.

Records were not always kept up to date. Relatives and staff were not confident that there was an open and inclusive approach in the service. However they did all say that it was early days and it remained to be seen how the future unfolded. Staff gave us example of how things were being changed without fully being consulted with staff or the person who used the service. For example a reduction in expenditure for food and cleaning products. The manager had not yet got to know people very well and was still learning the ropes. The manager told us they were going to be arranging for the annual survey to be sent to people their relatives and staff to gain feedback regarding the service.