

Community Places Limited

Cherry Garth

Inspection report

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

Summary of findings

Overall summary

The inspection of Cherry Garth took place on 15 February 2017 and was unannounced. The service had been registered with the Care Quality Commission (CQC) since July 2015 and this was the first inspection of the service. We found breaches of regulations in relation to safe care and treatment, staffing and governance.

Cherry Garth is registered to provide personal care and accommodation for up to two people. The home is a small bungalow with two bedrooms, two bathrooms and a communal lounge and dining kitchen with an enclosed garden. There were two people living at the home at the time of our inspection.

The registered provider was in breach of a condition of their registration because they had not ensured their regulated activity was managed by an individual who was registered as a manager and CQC is considering an appropriate regulatory response to this. 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

People told us they felt safe living at Cherry Garth. The manager and staff were aware of relevant procedures to help keep people safe and staff could describe signs that may indicate someone was at risk of abuse or harm. Staff had received safeguarding training.

Risks to people had been assessed and measures put into place to reduce risk.

Some improvements were required in relation to keeping the home and equipment safe, such as portable appliance testing. The manager arranged for this immediately, once this had been highlighted at the inspection.

Medicines were not managed safely. Accurate records were not kept in relation to medicines and there were discrepancies in the information in medication administration records.

Not all staff had received food hygiene training, despite being involved in the preparation of food. There was a lack of evidence of regular staff supervision taking place.

The registered provider acted in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff to be caring and supportive and people told us staff were kind. Staff encouraged people to be independent.

Care records were person centred and reviewed regularly and included the goals and aims of the person. Care and support was provided in line with people's care plans.

Audits were not robust and did not identify some areas which were identified for improvement at the inspection. There was no registered manager in post and management arrangements had meant there had been a lack of day to day management within the service.

You can see what action we told the provider to take, in relation to the breaches of regulations we found, at the back of the full version of the report.

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.

Medicines were not managed safely.

Improvements were required to ensure the home and equipment were safe.

Robust recruitment practices were followed to ensure staff were suitable to work in the home.

Risks to people were assessed and measures were put into place to reduce risks, whilst encouraging independence.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff lacked food hygiene training and staff had not had regular supervision.

The principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were upheld.

Staff knew the people who they were supporting well.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring.

We observed positive interaction between staff, the manager and people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Personalised care plans were reviewed regularly.

People were involved in a range of activities and education.

Information was provided to people on how to complain and this was made available in an easy to read format.

Is the service well-led?

The service was not always well led.

Audits had not been regularly completed and were not sufficiently robust to identify areas which required attention.

There had been no registered manager in post for over a year.

Up to date policies and procedures were in place.

Requires Improvement 

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.

The inspection took place 25 February 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the home and we gathered information from the local authority, including the commissioning and safeguarding teams.

We used a number of different methods to help us understand the experiences of people who lived in the home. We observed interactions and spoke with both people who lived at the home, as well as two care and support staff and the manager.

We looked at both people's care records, three staff files and training data, as well as records relating to the management of the service. We looked around the home and saw people's bedrooms, bathrooms and the communal lounge and dining kitchen.

Is the service safe?

Our findings

We asked people whether they felt safe living at Cherry Garth and they confirmed this to be the case. One person said, "Yes, I'm safe." A member of staff told us, "Yes, it's safe here. We have enough staff."

We looked at whether medicines were managed and administered safely. Although we found the stock of medicines reconciled with the medication administration records (MAR)s, we found concerns in relation to the management of medicines.

On one person's MAR there was no date to indicate which period the MAR related to. The recorded date of the last completed MAR was week commencing 30 January 2017. This meant accurate records were not kept in relation to the administration of medicines and, in particular, no date of administration was recorded.

One person was prescribed a medicine which was to be taken, 'morning, mid-day and night.' On the day of our inspection the person was in the community and did not return to the home until 14.30. The mid-day dose was administered at 14.40. This meant the medicine was not administered at the times prescribed. Furthermore, we found the MAR had not been completed to indicate the mid-day dose had been administered on the Monday of the week of our inspection. We highlighted this to a member of staff who advised the person administering the medicine must have forgotten to sign the record.

On one medicine, the label stipulated, 'Do not consume alcohol.' However, the MARs were handwritten and this information was not included on the MAR. Another medicine was labelled and stated, 'One to be taken in the morning then one at lunch then one at tea time meal.' However, the information on the MAR stated, 'One to be taken in the morning, mid-day and night.' We highlighted to a member of staff that we had found discrepancies on the MARs. They told us this was because the information on the MAR sheet had been photocopied from previous MARs and not documented from the most current medicine supply. Furthermore, the MARs were handwritten and not countersigned to check for accuracy. The manager told us they intended to look at the effectiveness of the MARs in consultation with a pharmacy. However, this meant there was a risk people were not administered medicines safely and appropriately.

One record indicated a person was prescribed, 'as and when required' (PRN) medicine. There was no protocol in place to assist staff to identify when it might be appropriate to administer this medicine, despite the person being assessed as lacking capacity to manage their own medicines. We highlighted this to the member of staff, who told us they knew the person so would know whether the PRN medicine was required. However, it is good practice to have a PRN protocol in place to ensure the medicine is administered appropriately and when necessary.

Topical creams were administered by staff. Dates of opening were written on creams which helped to ensure they were used within their expiry date. We asked a member of staff how they knew where abouts on the body to apply the creams and they told us this information was passed on by other staff. Body maps were not in use and we highlighted this could be one way to help ensure creams were applied correctly.

The above examples demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not always managed properly and safely.

The registered provider had an up to date safeguarding policy and the manager and staff were aware of safeguarding procedures and they knew what constituted potential abuse. Staff and the manager were clear of the actions they would take if they suspected someone was at risk of harm or abuse. This showed staff would take appropriate action if they had concerns anyone was at risk of abuse or harm.

Risks were assessed and reduced where possible. For example, we saw in relation to a person wishing to attend a local swimming pool, the associated risks had been assessed and appropriate facilities had been sourced to enable the person to partake in their chosen activity, whilst ensuring risks were minimised. Other risks had been considered and assessed such as those associated with medication, transport, alcohol and substance use, social activities and personal care and bathing. Having risk assessments in place helped to ensure people could be encouraged to be as independent as possible whilst associated risks were minimised.

Risks to staff were also assessed and we saw an assessment of risk relating to a member of staff who was pregnant. This assessment considered risks in relation to slips, trips and falls and those posed by other people.

Care plans contained information which helped staff to keep people safe. One of the care plans we reviewed indicated what the triggers were which may lead to a person displaying behaviour that might challenge others. As well as outlining the triggers, the plan included signs to look for in the person and what de-escalation techniques might be effective and, importantly, which de-escalation techniques to avoid. This detailed plan enabled staff to support the person safely, providing the appropriate level of support to help keep the person, and others, safe.

Smoke alarm testing took place regularly. However, we could not find evidence that portable appliance testing had taken place to ensure electrical items were safe. We discussed this with the manager, who contacted the registered provider in order to determine whether testing had taken place. The manager brought records from the registered provider but these related to other locations within the provider group. Portable appliance testing was immediately arranged by the manager.

We saw the fire risk assessment and personal emergency evacuation plans. These detailed what action should be taken in the event of an emergency and included detail such as the level of assistance each person required. The plans contained pictures, which made them easier to understand. This helped to provide staff with information they would need in order to ensure people could be evacuated in an emergency situation.

Accidents and incidents were logged and recorded. We saw appropriate actions were taken and recorded where necessary in response to incidents. We saw the first aid box was well stocked and labelled.

People living at Cherry Garth were supported by sufficient numbers of staff. One to one support was provided where this had been assessed as necessary and there was a member of staff present at the home throughout the night. An additional member of staff had been deployed at the home through the night at a time when a person was requiring additional night time support. This showed the service was flexible to meet the needs of people living at the home. There was also an on-call service, which meant a manager was available should staff require emergency advice or assistance out of hours.

We inspected three staff recruitment files. We found safe recruitment practices had been followed. For example, references had been completed, identification had been confirmed and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

The home was clean and tidy throughout and we saw staff wash their hands prior to preparing food. This helped to prevent the risk of the spread of infection.

Is the service effective?

Our findings

We asked people questions in order to determine whether they felt staff were effective. One person said, "Yeah, they know how to help me and that."

A member of staff told us they felt they received sufficient training and they felt supported. We looked at staff files and the registered provider sent us their training matrix. These showed staff had received essential training in areas such as safeguarding, emergency first aid, fire safety and the Mental Capacity Act 2005. We noted, however, support staff prepared meals and we could see no evidence to show food hygiene training had been completed. We shared this information with the manager, who agreed to forward evidence of food hygiene training. We were forwarded certificates to show three out of six staff had completed food hygiene training.

Staff told us they felt supported. However, there was a lack of formal staff supervision. Formal supervision is important for the development of staff. The manager told us this had been lacking because they had been absent from work long-term and management arrangements had not been stable. However, there was a plan for staff supervision to take place every six to eight weeks. The manager told us supervisions had been held in their absence with another manager and we asked to see evidence of this. However, although we reminded the manager of this after the inspection, evidence was not provided.

The above examples demonstrated a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because staff did not receive appropriate support, training and supervision to enable them to carry out the duties they were employed to perform.

The manager told us new staff completed an induction period, which included shadowing a minimum of three shifts. The staff files we sampled provided evidence of this and showed staff received a thorough induction prior to commencing their role.

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.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. DoLS applications had been submitted and the manager was waiting to hear the outcome of these applications. The manager was aware of the importance of not unnecessarily restricting people's liberty and we saw evidence the manager had sought advice and followed this up with the local authority.

We saw decision specific mental capacity assessments, for example when a person lacked capacity to manage and understand their medicines. An assessment had taken place and considered whether the person was able to understand and retain information and use the information to weigh up decisions and communicate those decisions, in line with the principles of the MCA. It was decided, in the person's best interests and in consultations with the person, their family and health professionals, that staff manage and administer the person's medicines. This showed the registered provider was acting in accordance with the principles of the MCA.

We heard and saw staff regularly ask for consent prior to providing care and support and a partnership way of working between people living at the home and staff was evident.

People received support to have their nutritional and hydration needs met. We saw fresh food and fruit in the home. A person we asked told us they could choose what they wanted to eat. They told us, "I like breakfasts." They also said, "I like having dinner. It's usually really nice. And I like pudding." We saw support staff prepare the person's lunch of choice. Food diaries ensured a record of people's food intake was kept. One person was being assisted to maintain a healthy diet and we saw staff discuss healthy options with the person.

We looked at the suitability of premises. The home was tidy with all rooms at ground level. There was a well maintained, accessible garden.

We saw people had access to additional healthcare when this was required, such as community psychiatric nurses, GPs and health screening.

Is the service caring?

Our findings

We asked people whether they felt staff were caring. One person told us, "They help me with nice things."

When a person told us, "I can tell staff how I'm feeling," we asked what staff would do if the person was unhappy about anything and the person told us, "They would help." We were also told, "Staff are kind."

Staff told us they enjoyed supporting people. A support worker we spoke with told us, "I like it here, yes."

One person told us they were trying to become more healthy. We heard staff encourage the person and reaffirm how well they were doing when the person appeared to lack confidence. Staff assisted them to find healthier options and to find appropriate activities and forms of exercise.

We observed a member of staff supporting a person on the day of our inspection. There appeared to be a mutual respect and we heard kind and caring interactions with lots of laughter and joking.

Throughout the day we observed interactions in the home to be respectful and appropriate. The home had a feel of a family run home with people socialising together, talking about their interests, plans and activities.

We overheard a person talking to a support worker about their bedroom wallpaper. They were choosing which paper they would like. The support worker made it clear to the person they were able to choose their own paper and would be assisted to do so. The support worker suggested cutting some pictures from magazines and collecting them, to assist the person to decide what they wanted. This meant the person had choice and control over their personal environment.

Information was provided to people living at the home in an appropriate format, for example by including pictures, and this helped people to better understand important information.

A person living at the home had an advocate involved to explore options when they were considering whether Cherry Garth would be a suitable home for them. An advocate is a person who is able to speak on other people's behalf, when they may not be able to do so, or may need assistance in doing so, for themselves. This meant people could access independent support with decision-making if they needed this.

Staff told us of ways in which they protected people's privacy and dignity, such as by ensuring doors were closed at appropriate times. When asked about assisting with bathing needs, a member of staff said, "I ask [name] whether they want me to stay or wait outside. [Name] leads."

A fence had been erected at the side of the home, because one person wished to smoke on the doorstep but this meant they could be seen from the road. The person liked to wear their dressing gown, if they wished, so the fence had been erected to help protect their privacy and dignity.

People were supported to be as independent as possible. We saw support staff and the manager encourage people to do as much for themselves, whilst offering encouragement, support and assistance where required.

Is the service responsive?

Our findings

We reviewed two care records at the home. The records contained information relating to each person's level of independence in relation to needs such as communication, bathing, dental care, accessing the community, medication and mealtimes. Staff signed to show they had read and understood people's care plans.

Care records contained personalised information which enabled staff to understand people's needs. For example, one communication care record stated, 'I can sit at the table with my chin in my hand if I'm fed up,' and, 'I don't always hear what you say the first time so you may have to repeat it.' This showed care plans contained appropriate information to enable staff to support people effectively.

One person's care plan indicated the person would like staff to advise them in relation to healthy options and the person liked flavoured water. The person was trying to stay healthy by drinking water instead of fizzy drinks. We saw a member of staff prepare the person flavoured water, using fruit, and the person was encouraged to drink this.

We asked one person if they had a care plan. They told us what the care plan was and where it was kept. Plans contained a service user guide which included pictorial information to help people to understand the services provided.

Care plans were regularly reviewed and we saw short and long term goals had been considered at care plan reviews. One person's goal was to become more active. Swimming at different locations had been risk assessed and the manager was in the process of arranging the sessions. In addition, we saw the person being encouraged to drink healthy drinks and we saw evidence staff had discussed healthier options with the person.

We saw detailed daily records which included information relating to the support offered and provided. These were person centred and confirmed choice was offered. For example, phrases such as, '[Name] chose what they would like for lunch,' were included. Details of activities undertaken were included in daily records, as well as records of family contact.

On the day of our inspection, a person was being supported to the local hairdressers, in the community. They had made an appointment during the morning and were then supported to the hairdressers in the afternoon. They had chosen how they wanted their style and appeared very pleased with the outcome.

A person we spoke with told us, "I like looking at magazines." Prior to our arrival on the day of the inspection, the person had been supported to the local shop by a member of staff and they had returned with a magazine of their choice.

Another person living at the home was being supported to attend maths classes at a local college and to cooking classes at a local community centre. The person told us about this and shared with us some

certificates of achievement. This demonstrated the person was enabled to develop life skills and to become more independent through education and training.

A member of staff had recently begun to bring their dog to the home so that people could walk the dog, with support from staff. We saw the risks associated with this had been assessed. This helped people to remain active.

People were offered choices throughout the day such as what they wanted to eat and what they wanted support to do. From the care records we sampled we found choice was encouraged at care planning stage. For example, one of the care plans indicated, 'I can choose my own toiletries,' and, 'I like to choose my own clothes.'

A person we spoke with confirmed they could make their own choices. They told us, "I choose when I want to get up. Yes, I can go to bed when I want."

A member of staff told us, "We always let people choose. They can choose what activities they want to do. Sometimes they change their mind and that's okay. We always advise on healthy food but people can choose what they like."

People's individual rooms were personalised and contained photographs and items of sentimental value. We saw books, flowers, posters of choice, games and soft toys and achievement posters on display. On the back of one person's door we saw there was a chart containing important information such as, 'I like to be called [name]' and information such as important dates, TV preferences, religious preferences and the level of assistance required.

One person we spoke with told us about the different bands and music groups they liked. We saw the person had posters on their wall depicting their personal interests. This person told us, "I love my bedroom. It's nice."

We looked at the management of complaints. No complaints had been received. However, the registered provider had a complaints policy and we saw this in people's care files. This included a pictorial guide and details of who to contact with a complaint.

The manager told us staff shifts overlapped by half an hour and this enabled staff to share appropriate information between shifts.

Is the service well-led?

Our findings

The home had not had a registered manager in post for over a year. This was despite advice being given to the manager during November 2015 in relation to registering and again in December 2016. This was a breach of a condition of the registered provider's registration. The manager had been absent from work for much of 2016. However, they had now returned to work and they told us they managed a day centre and visited Cherry Garth twice a week and another manager also visited Cherry Garth weekly.

Staff told us they felt the home was well led. A support worker told us, "Everyone is supportive. If I had any issues, the manager's always available. They're always helpful."

We were told by a member of staff, "I think they're a good provider." The manager told us there were sufficient resources available to run the home effectively. A support worker said, "They always make sure resources are available, yes."

In one of the staff files we sampled, we saw a letter had been sent to a member of staff, congratulating them as they had been voted, 'Employee of the month,' and they received a token reward for this. We also saw a certificate for a member of staff who achieved 100% attendance. Recognising staff achievements is important and can help to motivate staff and help them to feel valued.

We saw records of a staff meeting dated January 2016 and the meeting related to individual needs, risks around smoking, medication and staff support. We could not find evidence of further staff meetings since this date, although the manager told us a staff meeting had taken place in December and another one was planned. Following the inspection we were told the date on the records had been recorded incorrectly and a meeting had actually taken place in January 2017. We could not find evidence of any house meetings or meetings with people who lived at the home and the manager confirmed it was likely these had not taken place. Meetings are an important part of a manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

We asked to see whether the views of people, their relatives, staff or health professionals were sought. These were kept at the registered provider's office and not at Cherry Garth. The manager brought the documents to Cherry Garth for us to view. We saw evidence of one questionnaire completed by each person living at the home. However, these were not dated so, on the day of the inspection it was not possible to determine when these had been completed. Following the inspection, we received information from the administrator that the questionnaires had been completed in November 2016. During our inspection, we sampled other questionnaires, which had been sent to relatives and health professionals. However, these had been sent by the registered provider, who was responsible for multiple services and it was not possible to determine whether the responses related to this particular home or another service within the provider group. We showed this to the manager on the day of the inspection and they were unable to confirm which responses related to Cherry Garth. This meant feedback was not consistently sought and acted upon.

Whilst some regular checks took place, such as in relation to fridge temperature recording and daily checks

for cleanliness, we found a lack of audits which would have identified areas for improvements at the home. We saw audits in relation to care files, medicines, infection control and health and safety had taken place monthly until May 2016 and we found, during our inspection, there were no further records since that date. The manager explained this was, in part, due to their long term absence from the home but they had now returned and planned to improve this area of the service. However, this showed the registered provider had not ensured appropriate management arrangements were in place and audits had not been regularly completed in some areas. Following the inspection, the registered provider told us random monthly audits were undertaken by the service director and evidence was provided to show service audits took place in July and September 2016. However, robust systems and processes were not in place to assess, monitor and improve the quality of service.

The above examples demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not properly and safely managed and were not always administered as prescribed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not effectively assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive appropriate support, training and supervision to enable them to carry out the duties they were employed to perform.