# Sunderland Home Care Associates (20-20) Limited

# Cherry Tree Gardens

## Inspection report

Orchard Place
Houghton Le Spring
Tyne and Wear
DH5 8JY

Date of inspection visit:
22 June 2016
23 June 2016

Date of publication:
13 September 2016

## 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? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 22 and 23 June 2016. This was an announced inspection.

Cherry Tree Gardens is a domiciliary care service which provides personal care and support with domestic tasks to people living in an extra care scheme. At the time of this inspection 32 people were using the service.

Care is provided 24 hours a day seven days a week by on site care staff and an emergency call facility. Additional services provided included a bistro, hairdressing salon and organised social activities. The provider is an employee owned social enterprise. The premises are maintained by a housing provider which is a charitable community benefit society.

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

We found the provider had breached Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records to support and evidence the safe administration of medicines. The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided, and to ensure that people received appropriate care and support.

You can see what action we told the provider to take at the back of the full version of the report.

We have made a recommendation about care plans.

People told us they felt safe at Cherry Tree Gardens. One person said, "I came here three years ago and it's the best thing I've ever done in my whole life. I feel very safe here." Another person told us, "Carers are always on hand so that makes me feel safe."

Staff completed safeguarding training as part of their induction, and this was updated regularly. Staff knew how to report concerns and were able to describe different types of abuse. Staff said they had confidence in the care manager to investigate such concerns thoroughly.

A range of risk assessments had been carried out to help keep people safe. These included assessments of the person's home environment. Accidents and incidents were recorded in people's care plans.

Staff completed an induction programme and shadowed more experienced staff before providing care to people on their own. Staff told us they had received enough training for their job role and they felt

supported.

People were happy with the care and support they received and spoke positively about the staff. A person said, "The carers are fantastic here. I can't fault the staff." A relative told us, "The staff are kind and courteous but they have a laugh and a joke with [family member] as well."

Each person who used the service had a copy of the 'service user information guide' in their care records which were kept in people's apartments. The information guide contained information about all aspects of the service, including how to make a complaint, how to report safeguarding concerns and how to access independent advice and assistance such as an advocate.

People and relatives knew how to make a complaint. Where complaints had been made these had been dealt with to people's satisfaction within the timescales in the provider's policy.

Feedback was sought from people and their relatives every six months. In a recent quality survey 92% of people who responded were 'very satisfied with the provider.'

Staff described the care manager as approachable and helpful. Staff said they didn't see much of the registered manager. Some people and staff told us they didn't know who the registered manager was.

## 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.

Management of medicines was not always safe. Medicine administration records did not accurately reflect medicines that were prescribed or administered.

People and their relatives told us they felt safe with the staff that supported them.

There were clear policies in place to protect people from abuse, and care staff had a clear understanding of what to do if safeguarding concerns were identified.

There were recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Supervision records sometimes lacked detail and areas of staff development were not always identified.

Staff completed an induction programme before being allowed to provide care.

Staff training in a range of key areas was up to date.

Staff understood the Mental Capacity Act 2005 (MCA) and how to apply this to people in their care.

### Is the service caring?

**Good**

The service was caring.

People were happy with the care and support they received.

People and relatives said staff were kind and caring.

Staff spoke to people in a way that made them feel like they mattered.

People had access to information about the service and how to access independent advice and assistance.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care plans were not individualised and contained little or no personalised information about the person and their preferences.

People were given clear information about how to make a complaint.

Complaints had been dealt with appropriately and to people's satisfaction.

People had access to activities and entertainment which was arranged by the housing provider.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided.

Staff described the care manager as helpful and approachable.

The care manager or their assistant attended monthly tenants' meetings.

People's feedback about the service was sought and acted upon.

# Cherry Tree Gardens

**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 22 and 23 June 2016 and was announced. The provider was given 24 hours' notice because the location provides care to people in their own homes, and we needed to be sure someone would be in. The inspection was carried out by one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the clinical commissioning group (CCG), the local safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with six people who used the service and three relatives who were visiting the service. We also spoke with three members of care staff and a representative of the provider's human resources (HR) team. The registered manager was absent due to annual leave at the time of our visit, but the managing director, care manager and assistant care manager assisted us for the duration of the inspection.

We looked at a range of records which included the care records for six people who used the service, medicine records for 11 people, recruitment records for three staff and other documents related to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

Medicines were not always managed in the right way. We viewed the medicines administration records (MARs) for 11 people who used the service for the month of May 2016. We found gaps on the MARs for all 11 people. We were unable to confirm whether these people had received their medicine.

Medicines were administered via a 'nomad' which is a type of monitored dosage system designed to hold seven days' worth of medicines for up to six doses a day. Where changes were made to the number and type of medicines in people's 'nomads' these were not signed or dated by staff which meant there was no accountability. When medicines were discontinued the MAR was not signed or dated to this effect.

On two people's MARs it stated '[name of medicine] in nomad' but this was not listed in the record of contents of the monitored dosage system which staff referred to. This was confusing for staff when administering medicines and could increase the risk of medicine errors.

Ten medicine records we viewed contained handwritten instructions not signed by a staff member and there was no record of who had authorised the changes. This meant there was the risk of error as there was no clear line of accountability for changes which put people at risk of not receiving the correct medicines.

When people do not take their medicines, a coding system should be used to indicate why the person has not taken their medicine. For example, code F had been used to denote 'other' but the reason had not been recorded on the MAR. This meant we were unable to establish from records the reasons people had not taken their medicines.

When we asked the care manager to look into these issues they told us that in most cases people had not wanted to take their medicines, they were out or they could take some medicines without staff support. The MAR did not reflect this.

Code / and X had also been used when medicines had not been administered, but this was not a recognised code for this type of MAR. This could be confusing for staff and lead to errors.

Prescribed creams were not recorded as administered on topical medicines application records (TMARs), and body maps to highlight where staff should apply the creams and ointments were not in place. For one person there were no instructions in their care records how often the cream should be applied and to which part of the body. This meant we could not be sure prescribed creams had been administered in the right way or at the right frequency, in line with the instructions on people's prescriptions.

When changes were made to people's medicines these were not always updated on the MAR in a timely manner. For example, one person's nutritional drink was no longer necessary but the MAR stated it was still prescribed. We noted that changes to medicines were often recorded in a staff handover file but not on the MAR, so the information in the handover file and MAR did not correspond which could be confusing for staff. This meant the risk of medicine errors was increased.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at Cherry Tree Gardens. One person said, "I came here three years ago and it's the best thing I've ever done in my whole life. I feel very safe here." A second person told us, "Carers are always on hand so that makes me feel safe." A third person said, "This place is ideal for me. I'm safe and it's local to where I used to live so it's great."

A relative told us, "I feel [family member] is safe here." Another relative had given written feedback to the service which stated, 'My [family member] is very happy within their home and enjoys living at Cherry Tree Gardens. The staff, residents and the environment have been an important factor in the improvement of her health and general wellbeing.' A staff member said, "Yes people are definitely safe here."

There were thorough recruitment and selection procedures in place to check new staff were suitable to care for and support people who used the service. Background checks had been carried out, appropriate references obtained and proof of identification had been provided. A disclosure and barring service (DBS) check had also been carried out before staff started work. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider's policy was to repeat such checks every three years which was good practice.

Staff had a good understanding of safeguarding issues, particularly how to recognise signs of potential abuse in adults. Staff training records showed they had completed training in safeguarding vulnerable adults as part of their induction training and this was updated regularly. Staff knew how to report concerns and told us if they had any concerns they would raise them immediately. Staff said they had confidence in the care manager to investigate such concerns thoroughly.

Safeguarding incidents were recorded and referred to the local safeguarding team where appropriate, but the outcomes and recommendations from safeguarding investigations were not always recorded. This meant lessons weren't always learnt from safeguarding incidents and the provider lacked oversight and analysis into safeguarding incidents at the service.

A range of risk assessments had been carried out to help keep people safe. These included assessments of the person's environment such as health and safety around the home and electrical other potential risks such as falling. Accidents and incidents were recorded in people's care plans. When a person had a fall the details were immediately emailed to the local falls team and an assessment was carried out if the falls team though this was needed.

People and staff said there were enough staff on duty to keep people safe. The care manager told us people's care needs were assessed by social workers and staff rotas reflected this. Four staff were on duty during the day and two staff at night. The care manager said, "Staff are excellent at covering extra shifts, they're absolutely fantastic." The service didn't use agency staff but could use the provider's community care staff if needed. The care manager was currently recruiting two senior support workers.

Requires Improvement

# Is the service effective?

## Our findings

Staff received supervisions, observations of care practice and appraisals regularly. Supervision records sometimes lacked detail and areas of development were not always identified. This meant be could not be sure how staff were supported with their professional development. The representative of the provider's HR team told us supervisions were an area for improvement, and they were looking at ways to capture more detail to make them more meaningful.

Staff told us they felt supported. A staff member said, "The staff are so supportive. Everyone's really friendly." Another staff member told us, "I ask loads of questions but staff and management don't mind."

We asked staff if anybody at the service had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) order in place. They told us one person did, but upon checking their care plan we found this was not the case. The person had an emergency health care plan where they had expressed their wishes should they need to be admitted to hospital, but a DNACPR was not in place. This could have caused confusion in an emergency situation.

We looked at the arrangements for liaising with other health care professionals. One relative said the care manager "left it to relatives to call the GP out as it wasn't their role to do that". The care manager said they usually informed relatives first if they had concerns as they usually liked to be informed and involved. The care manager said if the person was unable to do it themselves, and they didn't have relatives to contact care staff would seek appropriate help from the GP or other health care professionals.

People and relatives felt that staff were competent in carrying out their role and knew what they were doing. Staff completed an induction programme which covered safeguarding, moving and assisting, falls prevention and fire safety. New staff on induction also completed a period of shadowing a more experienced staff member before they undertook care calls on their own.

Records showed staff had completed up to date training on infection control, food hygiene, medicines and first aid. Staff told us they felt they had received the training they needed to meet people's care needs.

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 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS, and understood that people should not be restricted unnecessarily unless it was in their best interests. The care manager told us nobody at the service was subject to DoLS.

There was a restaurant on site which was well used at lunch times. Staff told us they took meals from the restaurant to people's apartments if that was their preference.

We received feedback from the dietetics team which stated, 'On visiting I find the carers to be helpful and even if a care visit is not due, they will come and offer assistance to help weigh a patient if required. The written notes the carers leave in the client's file are quite comprehensive.' This meant people were supported to maintain their nutritional well-being.

People had access to a large communal lounge which was situated on the ground floor next to an activities room and the restaurant. The lounge had a kitchen area where people and their visitors could make their own drinks. A hairdressing salon was on site and people had access to an assisted bathing suite with a privacy screen if they preferred to have a bath.

Good

# Is the service caring?

## Our findings

People were happy with the care and support they received. One person said, "The carers are fantastic here. I can't fault the staff." A second person told us, "The care here is great. I couldn't manage without the staff. No complaints whatsoever." A third person said, "I took a bad turn a while ago as I'm diabetic. I can honestly say if it wasn't for the staff I wouldn't be here now. They were brilliant with me."

A relative told us, "Carers are lovely. Care staff go out of their way to make sure [family member] is alright." Another relative said, "The staff are kind and courteous but they have a laugh and a joke with [family member] as well."

We saw warm and friendly interaction between people, their relatives and staff during our visit. When providing support to people staff were supportive and attentive. Staff spoke to people in a way that made them feel like they mattered. We saw staff shared a joke with those they were supporting when this was appropriate. People told us they were treated with dignity and respect.

A staff member told us, "The care here is good. People's apartments are beautiful and they can still be independent. We help people do as much as they can and treat people with dignity and respect." Another staff member said, "I would recommend Cherry Tree Gardens to my family. I would like to live here myself when I get older."

There were opportunities for people to give feedback about their care. In a recent survey of 12 people 100% of people asked agreed that staff were punctual, stayed the allocated time and informed them if they were going to be early or late. 100% of people asked also said their quality of life had improved and their independence was encouraged.

The service had received written compliments from several people who used the service. Comments included, 'The staff are all very good,' 'The carers always ask what I want doing' and 'I get good support. I wouldn't be able to live on my own.'

The service had also received a number of thank you cards from relatives which included comments such as, '[Family member] is well cared for so well done to the staff. Thanks for your effort and support in improving [family member's] quality of life,' 'From first moving into Cherry Tree Gardens [family member] felt contented and among friends. [Family member] thoroughly enjoyed and greatly appreciated the love, support and friendship from you and everyone who lives and works in Cherry Tree Gardens' and 'Thank you from the bottom of our hearts, you added the "silver lining" to our cloud.'

Each person who used the service had a copy of the 'service user information guide' in their care records. These were kept in people's apartments so they could refer to them at any time. The information guide contained information about all aspects of the service, including how to make a complaint, how to report safeguarding concerns and how to access independent advice and assistance such as an advocate. Although nobody at the service had an advocate, this facility was available and was advertised.

Requires Improvement

# Is the service responsive?

## Our findings

We viewed six people's care plans. None of the care plans we viewed contained detailed information about the person such as their life history, family, likes and dislikes. For example, one care plan stated, '[Person] usually has a snack at tea time and a warm drink.' There was no information for staff on what the person's preferences were in relation to snacks and warm drinks. In another care plan it stated, 'What's important to me? My family: daughter and grandson' but no other information was provided.

Each care plan covered needs in key areas such as personal hygiene, mobility, communication and medicines but lacked specific detail for staff to follow. For example, one care plan stated, '[Person] has memory problems' but there was no guidance about how staff could help with this.

Each person also had a one page profile, some of which had not been completed. These contained key headings such as 'what I prefer to be called what is important to and for me, what people like about me and how you can best support me.' The information recorded was basic, generalised and not 'person centred'. For example, one person's profile stated, 'It's important for me to receive the correct support. I like to chat and have a laugh. You can best support me by delivering the care I need.' This meant there was a lack of guidance for staff focused on the person's wellbeing and what they wanted to achieve from their care package.

The managing director told us they were in the process of updating care plans and improving them.

We recommend that the service seek advice and guidance from a reputable source, about making care plans person centred.

People were assessed to ensure their individual needs could be met before the service was provided. Senior staff met with the person and their family and completed an assessment of the person's needs. This ensured the service was able to meet the needs of people they were planning to support.

We reviewed the records of complaints received since our last inspection. Complaints had been investigated within the timescales stated in the complaints procedure and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Where action had been taken this was documented and communicated to staff. For example, after one complaint a checklist had been devised to ensure staff completed everything the person needed and wanted.

People and relatives we spoke with said they knew how to make a complaint. A person told us, "I've never had to make a complaint here. I'm happy with my life." A relative told us, "I've never needed to make a complaint. If I did I would speak to [name of care manager] as they're professional."

Staff were responsive to people's needs. For example, when a person wanted a shower at a different time because they were going out for the evening, this was accommodated. Also, relatives asked staff to call on a

person at a different time to ensure the television was on so they could watch the football, and this was done. When a person's mobility needs changed they were assessed by an occupational therapist and new moving and assisting equipment was obtained. The person's level of support was also changed to two staff members, and their care plan was updated to reflect this.

Requires Improvement

# Is the service well-led?

## Our findings

The provider had no formal quality assurance processes in place to monitor the quality and safety of the service provided, and to ensure that people received appropriate care and support. The provider had not identified the concerns we found regarding people's medicines during our visit.

Accidents and incidents were recorded in people's individual care plans but there was no central record kept. We asked the care manager how they monitored accidents and incidents in the service as a whole, to ensure lessons were learnt and that any trends were identified. The care manager told us, "We haven't got that."

The managing director told us monthly management audits were about to be implemented which included staff recruitment, training, supervision, daily notes, care plans, complaints, safeguarding and medicines. Audits of care plans and staff files were carried out by a third party (the housing provider) but not the provider registered to deliver the regulated activity at the service.

Staff had limited formal opportunities to share information and give their views about people's care. The care manager told us they met with staff on an informal basis almost daily but this was not recorded. The representative of the provider's HR team told us they had identified staff surveys needed to happen and were working on this.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported in their role by a care manager and an assistant care manager.

We asked people for their thoughts about the service they received. People said they were happy with the service provided. One person told us, "I can't fault it. I get plenty of support and have everything I need here."

Feedback was sought from people and their relatives every six months. In a recent quality survey of 12 people 92% of people who responded were 'very satisfied with the provider.' Where an issue was identified this was investigated and dealt with by the provider appropriately. People were asked as part of the quality survey if they or their relatives would like to take part in the recruitment process which was good practice.

The housing provider arranged monthly meetings for all tenants of Cherry Tree Gardens. The last two meetings had been attended by either the care manager or the assistant care manager so care issues could be discussed, which was good practice.

Staff described the care manager as approachable and helpful.

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 |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider did not have adequate systems in place to ensure the proper and safe management of medicines.<br><br>Regulation 12 (2)(g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider failed to operate effective systems and processes to make sure they assess and monitor their service.<br><br>The registered manager failed to seek feedback from relevant people for the purposes of continually evaluating and improving the service.<br><br>Regulation17(2)(a) 17(2)(e) |