Care Management Group Limited

Cherry Tree

Inspection report

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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

This unannounced inspection took place on 14 January 2016. Cherry Tree is a care home registered to provide accommodation and support with personal care for up to seven people with learning disabilities. When we inspected there were six younger men with complex behavioural and communication needs living there, four in the main building known as Cherry Tree and two in an adjacent building known as the Cherry Tree annex. The service is located on a property known as Lilliput's Farm in Hornchurch in Essex, along with several other services for adults and children with learning disabilities. The service is provided by Care Management Group Limited.

The service did not have a registered manager in place. 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. When we inspected, a new manager had very recently started in post and was planning to apply for registration to manage Cherry Tree, however by the time this report was published the manager had left and recruitment had commenced.

Our previous inspection on 22 January 2015 found that the service did not meet legal requirements relating to staffing, staff support and development, dignity and respect, safeguarding people from abuse, safe premises and equipment, and safe care. We required the provider to make improvements and took enforcement action to ensure care was provided safely. The provider wrote to us with an action plan detailing how they would improve the service. We conducted a follow-up visit on 18 August 2015 and found that some improvements had been made. During this visit, on 14 January 2016, we found that while some additional improvements had been made, there were still some aspects of the service that needed to be addressed in order to ensure the fundamental standards of quality and safety were met.

People and their relatives told us they were happy with the support they received at Cherry Tree. Staff were knowledgeable about people's very complex needs and caring in their interactions with them. However, the service had a number of managers in the 12 months before our visit and the lack of consistent, effective leadership was evident in the shortfalls we found.

We found that the service had enough staff to ensure that all people were supported on a one-to-one basis to ensure their safety. However, there were not enough staff with the appropriate training to ensure medicines were always competently and correctly administered, and there was little flexibility in the rota. Some staff were also employed without appropriate levels of experience supporting people with very high support needs and complex, challenging behaviours which left people at risk.

Staff supported people to undertake activities of their choice, however people did not have keyworkers to coordinate their support within the service. This was rectified shortly after our visit.

Staff supported people to eat a nutritious diet and maintain good health. Staff encouraged and supported

people to learn new skills and maintain the skills they had.

The service premises were generally clean and staff were aware of their responsibilities. However, one of the bathrooms was damp, mouldy and not safe for people to use when we visited. This was rectified very shortly after our visit. Principles of food hygiene were not always followed by staff.

There was little oversight of the service due to the high turnover of managers. The quality of the service was not checked regularly and action was not always taken to mitigate risks. The provider did not notify CQC of incidents affecting people who use the service as required.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we have told the provider to take at the back of the full version of this 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. There were not enough competent staff to ensure medicines were always appropriately administered, and controlled medicines were not appropriately recorded.

There were enough staff to support people safely, however we have made a recommendation that the provider review staffing to ensure greater flexibility. Safer recruitment practices were followed and staff were appropriately checked before they started supporting people, however some staff were employed without appropriate experience which left them and the people they supported at risk.

The provider had systems in place to support people who, at times, displayed challenging behaviours. Incidents had reduced significantly since staff implemented positive behaviour support plans with appropriate strategies to support people.

One bathroom within the service premises was not safe for people to use when we visited, however this was addressed shortly afterwards.

Is the service effective?

Good

The service was effective. People received support from staff who were appropriately trained in most aspects of their work. Staff supervision had been sporadic throughout 2015 due to the turnover of managers and senior staff, however these commenced very shortly after our visit.

Staff supported people to understand and make choices. Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and worked within them. They knew what to do if a person needed to be deprived of their liberty for their own safety.

People were supported to maintain good health.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate with

the people they supported. Staff developed resources to support people to communicate more effectively.

People were supported to maintain relationships. Staff were aware of, and followed, principles of dignity and respect when supporting people with personal care.

Is the service responsive?

Good

The service was responsive. Staff demonstrated some innovative support techniques and encouraged people to engage in meaningful activities.

Care plans were personalised and people received support that responded to their changing needs. The service had information about making a complaint in formats people could understand, and records showed complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently and effectively well-led. A high turnover of managers resulted in shortfalls in the quality and safety of the service people received. Notifications of important incidents were not submitted to CQC as required.

Staff were aware of their roles and day-to-day responsibilities. People's records were stored confidentiality, however we have made a recommendation that the service reviews archiving procedures to ensure current information is easily accessible.

Cherry Tree

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 14 January 2016 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service including notifications of events the provider must tell us about. We also received feedback from local authority commissioners about the service.

During the inspection visit we spoke with three people who used the service, and observed the way staff interacted with others as some people were unable to tell us about their experiences. We spoke with the manager, the acting deputy manager, six care staff and a positive behaviour support practitioner who was working with the service. We looked at three people's care and support records, six staff personnel files and other records relating to the management of the service such as incident reports, complaints and records of audits and checks. We looked around the service premises.

After our inspection visit we received some further information from the manager, spoke with the regional manager and the provider organisation's operations director, and spoke with two people's relatives.

Requires Improvement

Is the service safe?

Our findings

People told us they generally felt safe living at Cherry Tree. One person said, "Yes, safe. I like it here." Another person told us, "Yes, it's alright here. We fight sometimes but staff help." A relative told us, "[My relative] is well looked after there." However, we found that some aspects of support at Cherry Tree were not always provided safely, such as support with medicines. When we visited, we saw that only staff who had been trained and assessed as competent could administer medicines. However, there was only one staff member working within the service at the time of our visit who had been appropriately trained and assessed as competent. This meant the service relied on staff who worked in other nearby services, who may not be as familiar with the people to whom they were administering the medicines or their conditions for which the medicines were required. The lack of staff trained to the appropriate level to safely administer medicines had resulted in a number of medicines errors, including one person not receiving essential medicine to control epileptic seizures.

We also noted that some staff who had been employed to work specifically in the Cherry Tree annex had not previously worked with people with learning disabilities, and did not have experience working with people with very complex behavioural and communication needs. This had resulted in a high number of incidents of challenging behaviours towards staff in September 2015, however these reduced significantly as staff gained experience and got to know the complex needs of the people they supported. When we asked about this, the manager informed us that the staff were employed as they displayed the appropriate values and behaviours required for the service, but recognised that staff lack of experience had resulted in increased incidents of challenging behaviours and left people who use the service, staff and others at risk of harm.

Food was generally stored correctly, with dates written on opened packets to ensure staff could monitor how long they had been open. However, we saw that defrosting meat was stored on the top shelf of the refrigerator in Cherry Tree which was contrary to food hygiene guidelines and may result in cross-contamination.

Additionally, the service's arrangements for recording controlled medicines did not follow the requirements outlined in the Misuse of Drugs Regulations 2001. The controlled medicines recording book was completed incorrectly with some columns not filled in, some errors in the counts of the medicines, some information crossed out, and was usually signed by only one staff member when a witness signature was also required.

These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of the service's arrangements for administering medicines were safe and robust. For example, each person's medicines were kept in a locked cabinet in their room, and the temperature for the refrigerator in which medicines were stored was checked twice daily and action taken if the temperature was outside the range recommended by the manufacturer. Information was easily available for staff on the different medicines and their potential side-effects.

Our previous inspection of 22 January 2015 found that the service did not have enough staff on shift to provide one-to-one support safely to all people who use the service. We also found that staff did not demonstrate a clear understanding of the complex behavioural needs of the people who used the service, and plans were not in place to support people to learn more appropriate behaviours. We conducted a follow-up visit on 18 August 2015 and found there was enough staff to support people safely on an individual basis, and that all people who used the service had appropriate positive behaviour support plans in place. Staff knew how to respond to people's complex behavioural needs and incidents of challenging behaviours, behaviours that pose a risk of harm to the person, property or other people, were monitored and action taken. During this visit we saw that these plans were still in place and staff were supported by a positive behaviour support practitioner who was based at the site. The positive behaviour support practitioner worked directly with people to develop personalised strategies to assist people to learn more appropriate behaviours. An analysis of incidents of challenging behaviours showed that such behaviours had reduced significantly since the plans were initiated.

During this visit we saw there were enough staff to provide one-to-one support to each person who used the service, as outlined in their care plans and risk assessments. Some people also had support from two staff for specific, high-risk activities. However, staff reported to us, and rotas showed, that there were only just enough staff to support people in this way, and they found it difficult to meet their own basic physical needs, such as eating and going to the toilet, while on shift due to the very high needs of the people being supported. Staff and the manager told us that staff worked in either Cherry Tree or the Cherry Tree annex and were allocated to directly support one person while they were on shift. We recommend that the provider review the staffing for the service as a whole to provide more flexibility and ensure staff are able to attend to their own basic physical needs while on shift without feeling as though they are compromising people's safety.

The provider had a robust procedure in place to ensure staff recruited were suitable to support people. Staff personnel records showed that two professional references were sought for each applicant, as well as a criminal record check, proof of the applicant's identity and right to work in the UK. Their reasons for leaving previous employment in health and social care were also checked.

Our previous inspection on 22nd January 2015 found that one of the bathrooms within the main Cherry Tree building was not safe to use due to lack of ventilation and subsequent mould. During this visit we saw that the bathroom was still not suitable to use. The extractor fan had been upgraded after our inspection in January 2015 to allow the moisture to be released from the room but this wasn't proving effective so a site survey had been carried out with a recommendation of installing a window to increase the flow of oxygen in the room. This work was awaiting completion, and we received an update after our visit to show this work had been completed and the bathroom was now safe for people to use. The service was otherwise clean and staff followed appropriate infection control procedures such as using personal protective equipment and washing their hands. Other aspects of the service premises were safe. We saw that entrances to the buildings were protected by a biometric entry system to ensure only authorised people could enter, and people who used the service could only leave with staff support to ensure their safety.

Our previous visit of 22 January 2015 found that people weren't properly safeguarded from abuse. During this visit we found that staff knew what to do if they were concerned that a person had been abused, and knew who to report such incidents to. Records showed that most staff had been trained in safeguarding adults from abuse to the appropriate level and with periodic refresher training to update their knowledge. Staff who had not yet been trained were booked in for training shortly after our visit. Records also showed that concerns had been reported to the local authority safeguarding team and staff cooperated with investigations when needed.

Good

Is the service effective?

Our findings

People and their relatives told us the service met their needs. One person said, "[The staff] know what they're doing." A relative told us, "I have no concerns. The staff are well trained and know how to manage [my relative]."

During our inspection in January 2015 we found that staff were not appropriately trained and supported to meet people's needs safely. We also found that some staff did not demonstrate an understanding of people's needs and how to respond to effectively manage difficult situations. During this visit, we found that staff were knowledgeable about people's needs, and records showed they had all received training in understanding and responding to challenging behaviours. This resulted in a significant decrease in incidents of challenging behaviour.

Records showed that staff had been trained in other topics of relevance to their work, such as communication, fire safety, first aid, recording and reporting and autism spectrum disorders. Staff told us, and records confirmed, that supervision meetings, meetings between a member of staff and their manager to discuss people's support, their work and any development needs, were held sporadically through 2015. The acting deputy manager showed us a schedule for supervision and appraisal meetings for all staff for 2016, starting the week after our visit, and we received confirmation from staff these had started shortly afterwards. Staff told us they valued supervision with their line manager to discuss their practice, any issues that had arisen in the course of their work, and their own professional development needs as staff.

The service had an appropriate induction programme in place for new staff which consisted of face-to-face training, e-learning and shadowing more experienced staff. One staff member told us, "I spent two weeks shadowing so I could get to know everyone. I worked directly with all service users before I worked on my own."

Staff supported people to understand and make choices, and give consent to their care and support whenever they could. 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).

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. Staff and the manager knew the appropriate procedures to follow if they believed a person needed to be deprived of their liberty for their own safety. DoLS authorisations were in place for most people who used the service, and applications had been made for the remainder and were in the process of being assessed by the local authority.

Our visit of 22 January 2015 found that staff were not always aware of people's specific needs relating to eating and drinking, as some resources such as explanatory placemats were available in the service but not used. During this visit we saw that staff were knowledgeable about people's specific needs and ensured the support they provided to people while eating and drinking was safe. Staff provided appropriate support to people according to their needs, such as assisting them to cut their food and encouraging them to eat and drink sufficient amounts.

Staff supported people to make a meal plan and shopping list, shop for the food they needed and prepare meals. People told us they liked the food. One person said, "It's great! The staff always cook me what I want and it is tasty." People chose what they wanted to eat each day and staff prepared it for them. There was plenty of fresh food, fruits and vegetables available for people to eat. People told us, and records showed, that evening meals were varied and nutritious. People ate together for the evening meal and told us they enjoyed this.

Staff supported people to maintain good health and access appropriate healthcare when required. Each appointment with a healthcare professional was recorded by staff with outcomes and information about what staff needed to do to help people stay healthy. Where people had specific medical conditions, such as epilepsy, we saw that staff kept detailed records of the person's condition and cooperated well with medical professionals.

Good

Is the service caring?

Our findings

People told us the staff were compassionate, kind and caring and we observed this during our visit. One person said, "[The staff are] nice. They help me when I need it."

During our previous inspection on 22 January 2015 we found that staff were not always knowledgeable about people's needs and behaviours, and this led to some staff using inappropriate language and not positively engaging with people. We also found that staff did not use Makaton, a signing language developed specifically for people with learning disabilities, despite Makaton being the primary method of communication for some people who used the service. During this visit we observed staff using appropriate language and using Makaton to communicate with some people. We also observed that staff engaged positively with people and demonstrated a high level of understanding of their behaviours and what these were communicating. Records showed staff had been trained in Makaton and one staff member told us they were a 'Makaton coach', assisting other staff to communicate more effectively with people using Makaton.

Most of the documents used in the service were presented in a pictorial format so they could be understood by people who did not read. We saw there were several resources used in the service to assist people to communicate, such as timetable boards, picture and photo cards, and transition helper resources, that had been developed by staff. People's records also contained communication passports to assist staff to understand their methods for communicating and define the meanings of specific gestures, body language and vocalisations when they had limited verbal communication.

Staff respected people's privacy and took steps to ensure people were able to maintain dignity while supporting them with personal care. One staff member told us, "You have to make sure the service user is always part of it. I always check first to make sure they are happy with what I am doing. It's important to always make sure about privacy, lock the door and make sure they're covered so they are not embarrassed."

Staff supported people to learn new skills and maintain skills they had. One person told us about how they had learned to wash and prepare vegetables for meals since moving into Cherry Tree. A staff member told us, "I don't want to take independence away from anyone! My job is to help people to learn so they don't need my support any more. We encourage and expect them to do a lot for themselves." We observed a staff member supporting a person to fold and put away their laundry.

Staff supported people to maintain relationships with their families and friends. One person told us, "[The staff] help me to phone my family and support me to visit." A relative said, "I am always welcome to visit and the staff go out of their way to make me comfortable."

Good

Is the service responsive?

Our findings

People and their relatives told us the service responded well to people's changing needs. One person said, "I have a job and staff help me to do it." A relative told us, "I have seen major changes in [my relative] since they moved to Cherry Tree. They are happier, more content and settled there."

During our inspection visit of 22 January 2015 we found that people were not always supported by staff to engage in meaningful, stimulating activities during the day. During this visit we saw that staff supported most people to undertake stimulating activities within and outside the service, with the exception of one person with very high support needs due to specific behaviours they regularly displayed while out and about in the community. This person was being assessed by the positive behaviour support practitioner on the day of our visit, in order to develop a plan to ensure appropriate staff support and responses to the behaviours while in the community. When we discussed this with staff and the manager, we were assured that they took the matter seriously and were proactively working to ensure the person had the resources they needed to access the community safely.

Staff and the manager told us that people who used the service had not been allocated keyworkers after their keyworkers had left the provider organisation, been promoted or moved to work in different services. This left people without an allocated staff member responsible for coordinating their support within the service. The acting deputy manager of the service showed us their plan to allocate staff as keyworkers at the team meeting scheduled for the week after our visit, and described how they would train and coach staff to understand and perform the keyworker role. They told us that "keyworkers are vital to the house running smoothly" and we were updated shortly after our visit to show that each person who used the service now had an allocated keyworker.

People's needs were assessed when they were referred to the service, and each person had a care plan detailing how their needs were to be met. Care plans were reviewed at least annually or when a person's needs changed. Care plans were person-centred and detailed and staff told us how valuable they were for monitoring people's needs. In one person's records we saw a detailed transition plan for when they first moved into the service. This outlined the support they would need and provided a clear plan for assisting them to get to know the service, staff and other people who live there. This was personalised and included specific information about their communication needs and behaviours so staff could support them to move in more effectively.

Staff provided responsive support that met people's needs. Staff told us about some of the techniques they used to ensure the people they supported engaged in activities that were meaningful to them. One staff member told us about how they used the principles of 'person-centred active support' to ensure they supported one person, who had very limited verbal communication and very high support needs, to undertake the activities they wished. They told us, "I never suggest activities. I work with [the person] and watch what [they're] doing, match them. You have to understand what [their] movements and body language means, and the noises [they] make. I watch and only step in to help if [they] invite me or I can see [they] are starting to get frustrated. I use the picture cards to support [them] to make choices about what

[they] want to do." We observed that the person responded very positively to the support provided in this way.

The service had a clear complaints policy and procedure and encouraged people, their relatives and others to provide feedback. We saw that complaints forms were available in pictorial format so that all people could use them, and people told us they felt able to talk to the staff or the manager if they had any issues. Records showed that complaints had been recorded and responded to appropriately and in line with the provider organisation's procedure.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well-led. There had been three managers of the service since our previous comprehensive inspection in January 2015 and the manager's line manager had also changed. We found there was little oversight of the service and its operations, and the manager did not demonstrate to us that they had a complete understanding of the issues resulting in the shortfalls we found, or had an effective plan in place to address them. After our inspection visit we were informed that the manager had resigned and recruitment for another manager had commenced, and the service had an improvement plan that had been in place since November 2015.

Additionally, at the time of our visit there were no lead support workers in either Cherry Tree or Cherry Tree annex, and only Cherry Tree had an acting deputy manager, appointed the week before our visit, to support the manager in their work. Staff told us of how the constant changes in managers and lack of effective leadership had affected them. One staff member told us, "It's been hard. You don't know if you will have a manager when you come to work every day. They all have different requirements and expectations and you just get used to them when they leave again." Another staff member said, "I initially handed in my notice but I would have just added to the problem if I left." A third staff member told us, "Staff have been very worried the whole place is falling apart but we do our best to make sure everything is fine and normal as possible for the guys. They're what counts."

The provider organisation had systems in place for managers to monitor the quality of the service people received, however these were not consistently applied at Cherry Tree and did not result in improved outcomes for people. The manager told us they had learned only a few days shortly before our visit that there was a number of regular checks they were expected to carry out, despite being in post for three months at the time of our visit. There was not an effective system in place to assess, monitor and improve the service, nor to assess, monitor and mitigate risks.

These were breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Our records showed that we had not been notified of some incidents that affected the people who use the service, as the provider is required to do. The last notification we received was dated August 2015 however we saw records of incidents, and some referrals to the local authority safeguarding team, dated between September and December 2015 and about which we had not been notified.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Despite a lack of consistent and effective leadership, staff of the service knew their roles and were clear about what support people needed. We observed a shift handover meeting in which staff discussed what had occurred during the shift, how people had communicated and responded to support, and any outstanding appointments or tasks. They used a 'handover shift planner' to ensure all requirements and information were recorded effectively and responsibilities were allocated to specific members of staff. Staff discussed people and their needs respectfully during the handover.

Our previous inspection in January 2015 found that people's personal care and support records were incomplete and not updated regularly or when people's needs changed. During this visit we found that progress had been made and care plans had been updated when reviews occurred, and people's records contained all of the information staff needed to support them safely and effectively. Records were stored in a cupboard which was locked when not in use to maintain confidentiality, however we noted that old and superseded information was stored with current information and there was no available space for archiving within Cherry Tree. This made some records and information difficult to access when staff needed them. We recommend that the service reviews archiving procedures to ensure current, useful information is readily accessible by staff.

The provider organisation had clear vision and values for the service. Communication books used between staff of the service had the values printed on them and staff demonstrated these during our visit. We noted that a whistleblower helpline telephone number was also printed on each page of the book and staff told us about how they had reported poor practice when they needed to. Staff clearly demonstrated their understanding of whistleblowing and their role in ensuring people received effective, safe support.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the Commission without delay of incidents affecting people who use the service. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not provide care and support in a safe way for service users, by ensuring that persons providing care have the competence, skills and experience to do so safely; by ensuring the proper and safe management of medicines; and by assessing the risk of, and preventing, detecting and controlling the spread of infections. Regulation 12(1) and (2)(c), (g) and (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have established, effective systems and processes to assess, monitor and improve the quality and safety of the service provided, or assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others. Regulation 17(1) and (2)(a) and (b)