

Cherry Tree Housing Association Limited

Cherry Tree Housing Association - 12 Tavistock Avenue

Inspection report

12 Tavistock Avenue,
St Albans,
Hertfordshire
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Date of inspection visit: 28 September 2015
Date of publication: 29/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 28 September 2015 and was unannounced.

At our last inspection on 24 January 2014, the service was found to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

Summary of findings

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

12 Tavistock Avenue provides accommodation and personal care for up to three people with learning disabilities. On the day of our inspection, there were three people living at the home.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted and so DoLS authorities were not required.

There were safeguarding processes in place to keep people safe and people told us that they felt safe living at the home. We saw that staff had received training in how to safeguard people from avoidable harm and knew how to report concerns.

The recruitment process were thorough and the appropriate documents such as references and DBS checks were in place to ensure only suitable staff were recruited to work at the service. There were sufficient numbers of staff employed to work at the service to ensure they were able to meet people's individual needs.

Checks were in place to ensure the environment and risks to individuals were appropriately identified and managed. People were supported by staff who had been trained to assist people to take their medicines safely.

Staff spoke positively about the support arrangements that were in place. Staff demonstrated they knew people well and supported them in a kind and caring way. People were supported to pursue hobbies and things they enjoyed doing both in the home and community.

People's privacy and dignity was respected. People received person centred care and were involved in the planning and review of their care. People were asked for consent before support was provided and this was recorded in their care plans.

People were offered healthy and nutritious foods and were involved in planning the menus. People were supported to maintain their health and could see GP's or other healthcare professionals when required.

Information for people was available in an easy to read format supported by pictorials. People were involved in all aspects of the service. People and their relatives were able to access local advocacy services if they wanted to obtain independent advice.

There was a complaints policy and procedure in place. People knew how to make a complaint if they needed to. There were also systems in place to monitor the quality of care provided, to undertake regular audits and to achieve continual improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report allegations of abuse.

The recruitment process was effective to ensure that staff who were employed at the service staff were appropriate and qualified to do their jobs.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Possible risks to people's health and well-being were identified and managed effectively.

Good



Is the service effective?

The service was effective.

People were asked to give consent before support was provided and consent was recorded.

MCA assessments had been completed and where required best interest decisions were recorded in line with MCA requirements.

Staff had been trained to give them the required skills to meet people's needs effectively. People were provided with a varied and balanced diet which met their needs.

People had their health needs met with access to health professionals when required.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were involved in their care planning and review of their care.

People were treated in a way that respected their dignity and privacy.

People and their relatives were able to access independent advocacy services if required.

Good



Is the service responsive?

The service was responsive.

People's care and support was person centred and met their needs.

Staff had access to information and guidance that enabled them to provide person centred care and support.

People were supported to pursue hobbies and social events.

There was a complaints policy in place. People knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led.

There were effective quality monitoring systems in place to manage risks and to work towards continual improvement.

People who lived at the home and staff spoke positively about the management of the service.

Staff had clear roles and responsibilities and were well supported by the management team.

Good



Cherry Tree Housing Association - 12 Tavistock Avenue

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 September 2015 by one Inspector and was unannounced. We reviewed

information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person who lived at the home, one relative, three members of staff, the manager and the chief executive. We also received feedback from the commissioner's contract monitoring report. We looked at three care plans, two staff files, and other documentation relating to the monitoring of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People who lived at the home told us they felt safe. The staff were able to describe the procedures that were in place to ensure people were protected from avoidable harm. One person told us, “They look after me well and make sure we are all safe.” Other people who lived at the home were unable to communicate verbally to tell us if they felt safe. However, during the course of our inspection, and our observations in the home, we saw that people were comfortable with the staff and interaction was positive. A member of staff told us, “It’s such a small home it really is like a family unit, we look out for them all the time.”

Staff were trained on how to safeguard people from harm and were knowledgeable about the risks of abuse. All the staff we spoke with were able to describe the whistleblowing procedures. The staff said the management team encouraged all staff to be open and share any concerns they may have. We saw information relating to safeguarding and who to contact should there be any concerns. This information was displayed prominently as a reminder for staff.

Information was also made available in an ‘easy read’ format that used appropriate words and pictures to help people who lived at the service to understand.

Staff told us they had been recruited through a robust process and we saw that the process had been followed to make sure that all staff were of good character, and were suited for the roles they were employed for. A person who lived at the home told us the, “The staff are wonderful; they looked after me when I went on holiday.” People living at the service were able to be involved in the recruitment and selection process.

There were enough staff employed at the home with the right skills and experience to meet people’s needs safely and effectively. A person told us, “They are a great bunch here, I have always felt safe, since the day I moved here.” Staff told us there was always enough staff working at the service to be able to support people safely. There was also the flexibility to respond to unplanned situations if required, to help ensure people were consistently kept safe.

There were suitable arrangements for the safe management, administration and disposal of medicines. Staff had been trained to support people to take their medicines. There were competency checks in place to make sure staff were following guidance and maintaining good practice. Staff had access to appropriate information about how to support people with their medicines in a safe manner.

Staff told us how they managed potential risks to people’s health or safety. When risks were identified, these were assessed and where possible actions put in place to reduce and or mitigate the risk to people. These were reviewed regularly to take account of people’s changing needs. Staff told us that people were encouraged and supported to take risks in a ‘managed way’ and meant that people were not restricted because of their disability and they could retain their independence for as long as possible.

Safety audits were completed and accident and incident records kept to assist with the monitoring and review of the service. The information was used to help reduce the risks of incidents reoccurring. Fire and evacuation risk assessments had been completed and were under regular review. There was regular checks and maintenance in the home including gas safety checks, water temperature checks to help keep people safe.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training, including safeguarding people from the risk of abuse, administration of medication and training specific to their role, such as working with people who have behaviours that challenge. Staff told us they felt the training was appropriate and gave them the necessary skills to provide safe and effective care to people who lived at the home. Staff were also able to attend training which they were interested in to help their personal and professional development including dementia care, MCA and Deprivation of Liberty (DoLS).

Staff had developed effective communication skills for people who were unable to communicate verbally. These included making eye contact, use of body language and using gestures. We observed staff and people who were living at the home 'communicating' without any difficulty and they were able to understand each other.

Staff had a good understanding of? the DoLS. No one living at the home was being deprived of their liberty but staff were able to describe the process and give examples of how to obtain consent in line with the Mental Capacity Act (MCA) 2005.

We observed staff obtaining consent and giving people choices. A person told us, "The staff always ask me what clothes I want to wear or if I would like a shower." They also said, "I can go to bed when I want and get up when I want. They always ask what we want to do." Staff told us, "We always give people choices and if they don't want to do something that's their choice."

Staff told us they received regular support from their line manager and had one to one meetings. One member of staff told us, "I really value that time, an opportunity to discuss anything we want." The manager told us that team meetings were held but not as often as they would like, and said that appraisals for all staff had now been completed.

New staff were required to complete an induction programme, they then underwent a period of shadowing a more experienced member of staff. They then had their competencies observed and assessed in the work place to make sure they were able to work in an unsupervised capacity. Staff received refresher training when required.

People who were living at the home and staff were positive about the availability of training and the support of the manager. We observed care and support to be effective in meeting the needs of people who lived at the home. For example, a person who required specific support with an item they were making was assisted by staff who were knowledgeable enough to be able to support the person.

People were encouraged and supported to assist with meal planning and preparation. A person also told us, "I go out for dinner sometimes and we get fish and chips as well." We observed people helping themselves to drinks and snacks when they wanted them. People were given a choice of food for their main meal, but if they changed their mind they could have what they wanted.

Staff who were responsible for menu planning and food preparation had received training and were aware of people's nutritional needs and planned menu's to ensure they were provided with a healthy balanced diet. People were able to choose where they ate their meal and enjoyed their meals in a pleasant homely and social atmosphere. People had their weight monitored and anyone found to be at risk of malnutrition was referred to dietician for advice and support.

People were supported to access health and social care services when required. This included visiting the GP or dentist and other health care professionals as required. We saw that information was provided to staff about how to meet people's care and support needs in a safe and effective way. People's medical needs and healthcare appointments were all recorded so that all staff were aware of any health changes or concerns.

Is the service caring?

Our findings

Staff working at the home were caring. A person told us, “The staff are lovely; they are so kind and caring.” We observed staff interaction with people and saw that people were supported in a kind and compassionate way. Staff knew people living at the service really well as they had lived there for many years and staff had got to know them as individuals. A person told us excitedly about a recent holiday and spoke with enthusiasm about the staff who supported them. We observed a homely informal atmosphere and people went about their business occasionally making gestures to staff or attracting their attention when they needed the reassurance from them.

Staff were kind and caring in their approach to people and in particular when they saw they were feeling a little unsure of themselves. People’s individuality and abilities were acknowledged and accepted. We saw that each person was valued and cherished as an individual within the home. We saw that people had detailed life histories and they were written by the person with support from staff. They told a story about the person, what they had achieved in their lives, what they enjoyed and what their likes and dislikes were. These detailed life histories gave staff a good insight into the individual and staff often used the information as a communication topic to engage people in conversation.

People’s bedrooms had been decorated in the colours and style chosen by the people that lived there. There were many examples of items staff had bought for people because staff knew they liked a particular pop star or film star. Staff told us how they shopped with people and tried

to encourage people to buy clothes that suited them and that were colour coordinated and they were able to mix and match. A member of staff said they “took pride in what their service users looked like”.

Most people living at the home were not able to tell us about their relationships with staff due to having limited verbal communication. However, we heard lots of chat and laughter between people and warmth which demonstrated a kind and caring relationship between staff and people they were supporting.

Staff were aware of people’s individual needs and preferences. A member of staff told us that people were “central to everything we do”. We saw that staff respected people and included them in the conversations they were having. We also saw that people were supported to maintain relationships with friends and family members who were welcomed at any time.

Where possible, people were involved in the planning and review of their care and support plans. Two members of staff told us that people were “empowered in this home and we ask them to contribute and be fully involved in all aspects of their planning”. We found that confidentiality was maintained throughout the home and information and records were kept secure.

Staff spoke fondly about the people they supported and were able to describe each person’s care in detail. Staff and people who used the service/living at/lived at the service told us the staff took them on individual holidays so that they could spend quality one to one time doing everything the individual wanted to do.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. We observed staff responding to people's needs in an individual and personalised way. Staff took their time when communicating with people and offered reassurance. We saw that staff respected what people were able to do for themselves and supported them to retain these skills and maintain their independence.

Information contained in people's care plans was personalised and detailed. People had been involved in decisions relating to all aspects of their care plans and about how and when care and support would be provided and by whom. Staff were able to pick up on people's moods and interact positively with people if they were showing signs of anxiety. This demonstrated that people were supported by staff who were aware of how to support them individually.

People were supported in a person centred way, based on their individual preferences, abilities and needs. This included information about people's routines and how they liked to be supported with personal care, day care and activities, socialising and anything else that was important to them. One person told us, "Staff take me to the shops and helps me buy clothes." Another person showed us their bedroom and staff told us they had helped them to

decorate it to reflect the person's personality. This type of support helped to ensure that people had as much choice and control in their lives as they want and are able to manage.

People were supported to take pursue hobbies and interests that they enjoyed. People living in the home attended day care, and venues and social clubs regularly and had got to know people in the community, so always knew what was going on.

A member of staff told us the home was a "hive of activity" and said "they are always doing something here". People told us they were involved in making decisions in the home and felt they had a say. There had been no recent complaints in the home, but people were given information on how to make a complaint in their service user information pack. We also saw information displayed on the notice board on how to make a complaint. The manager told us that people who lived at the home were asked regularly if they were happy with the service or if there was anything they wanted to discuss. All information was supported with pictorials to assist people with understanding information and also to enable them to express themselves.

Staff told us that they had regular resident meetings and people were encouraged and supported to talk about any concerns. Each person had an individual key worker and they had regular one to one times to discuss anything they wished.

Is the service well-led?

Our findings

A person told us the name of the manager and said, “She is nice.” The manager had only been in their post a short time but we were told by staff that they had already had a positive impact and improved the motivation for people and staff. We observed positive interaction between the manager and people who lived at the home. Staff were confident about the manager’s abilities and told us that they were approachable and had made some good changes at the home. For example, the home had been redecorated and people had been involved in the process choosing colours and furniture. One member of staff said, “The manager was very supportive and tells it how it is. That’s good for us, we know where we stand.” Staff were clear on what their roles and responsibilities were and said the manager had ensured that staff worked well as a team and were motivated.

The manager told us about some of the challenges and things they wanted to improve at the home. They spoke about the vision they had for the home and how they involved people and staff in that vision. The manager had requested that an external company undertook a quality monitoring audit and survey of the service because it was completely impartial and would give a true reflection so that they could benchmark where they were at and focus their attention in the areas that required improvements.

Staff told us that they felt they were well supported by the manager and that there was an open and honest culture at

the home. One member of staff told us that the manager was compassionate and that this was demonstrated to people who used the service/lived at/lived at the home and staff.

There were systems in place to monitor the quality of the service. Audits were completed around various aspects of the service. The CEO told us they had worked on re-structuring the service, making it more personalised. This included the redecorating and re-furnishing the home, with people’s involvement which was part of the personalisation of the service, making people central and integral to every part of the service. All staff had undergone extensive training and refresher training. The policies and procedures, care plans, menus, activities and information for people had all been updated; all of which was an on-going process. We were also told by the CEO that they were reviewing their governance arrangements and had already started some of the work in this area.

The service user guide has been reviewed and a new one was now in use, which provided people with an easy to read format supported by pictures. Other monitoring arrangements that had been put in place were regular Health and Safety Audits, Spot checks and management visits. In addition to a review of staff support arrangements including regular staff supervisions and appraisals, which had all been completed this year.

The manager and staff had a clear strategy and action plans which detailed how they would work towards continual improvement and improve the quality of care people received.