

# 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:  
04 December 2018  
17 December 2018

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08 January 2019

### 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 ●

# Summary of findings

## Overall summary

This inspection took place on 4 and 17 December 2018. The first day of the inspection was unannounced. This meant the staff and provider did not know we would be visiting.

This service is a domiciliary care agency. It provides personal care to older people living in their own flats within the Cherry Tree Gardens complex.

Not everyone living at Cherry Tree Gardens received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of our inspection there were 34 people receiving personal care at the service.

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

Cherry Tree Gardens was last inspected by CQC on 13 September 2017 and was rated requires improvement. At the inspection in September 2017 we identified the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the five key questions to at least good. At this inspection we found improvements had been made in all the areas identified at the previous inspection.

Medicines were safely administered and procedures were in place to ensure people received medicines as prescribed.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and described potential risks and the safeguards in place to mitigate these risks. Management and staff understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults.

There were enough staff on duty to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

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.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and family members were complimentary about the standard of care at Cherry Tree Gardens. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

Activities were arranged for people based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

People and family members were aware of how to make a complaint. The provider had an effective quality assurance process in place. People, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected against the risks associated with the unsafe use and management of medicines.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service.

Management and staff were aware of the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and independence was promoted.

People were involved in their care and their wishes were taken into consideration.

### Is the service responsive?

Good ●

The service was responsive.

Care records were up to date, regularly reviewed and person-

centred.

People were protected from social isolation.

The provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

**Is the service well-led?**

The service was well-led.

The service had a positive culture that was person-centred and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

**Good** ●

# 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 4 and 17 December 2018. The first day of the inspection was unannounced. One adult social care inspector carried out the inspection. The inspection included a visit to the provider's office on both these dates to speak with the registered manager and staff, and to review care records and policies and procedures.

We visited people in their own flats within the Cherry Tree Gardens complex. We spoke with six people who used the service and four family members. In addition to the registered manager, we also spoke with the new manager (who was applying to be registered with CQC), care manager, compliance officer, training manager and four care staff. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also reviewed information about the service on the local Healthwatch website. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

## Is the service safe?

### Our findings

People told us they felt safe at Cherry Tree Gardens. One person told us, "Safe? Yes. I have a pendant alarm." Another person told us, "Safe? Oh yes. Our family feel happy knowing we are somewhere like this. It takes the worry off them."

At the previous inspection we found medicines were not always managed safely for people and records had not been completed correctly. At this inspection we found medicines were managed in a safe way.

The provider had a robust medicines auditing process in place, which identified any errors and whether additional staff training was required. The provider had introduced a medicines administration records (MAR) completion workshop as it had been identified that previous issues had been with the recording of the administration of medicines rather than the administration itself. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. The compliance officer told us there had been a reduction in the number of recording errors since the workshop had been introduced. These improvements had been noted in the minutes of a recent staff meeting. Most of the MARs we viewed had been accurately completed however we identified some recent gaps in the MARs for the recording of paracetamol for two people. We discussed these with the compliance officer, registered manager and care manager. They told us these MARs had not yet been audited but would be actioned and discussed with the staff involved.

A medicines champion role had been introduced to support and carry out group sessions with staff. Staff were appropriately trained in the administration of medicines and received regular competency checks.

At the previous inspection we found people were at risk of receiving inappropriate care as staff were not always aware of how to mitigate risks. At this inspection we found risk assessments were in place for people and described potential risks and the safeguards in place. Risk assessments included external and internal environment, tasks, appliances, open fires, significant others, pets, control of substances hazardous to health (COSHH), fire safety, finances, medicines, and health needs. Any identified hazards from the risk assessments were recorded, and included action to be taken and details of the person responsible for managing the risk. Risk assessments were regularly reviewed and up to date however we found one risk assessment that was overdue a review. The care manager actioned this prior to our second visit.

Appropriate checks had been undertaken before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Copies of application forms were checked to ensure personal details were correct and that any gaps in employment history had been suitably explained.

There were sufficient numbers of staff on duty to meet people's individual needs. We discussed staffing levels with the care manager and looked at staff rotas. Staff, people and family members did not raise any concerns regarding staffing levels at the service. One person told us staff were occasionally late in the morning but they never missed a call. Other people and family members we spoke with confirmed there had not been any missed calls.

The provider had an infection control policy in place to ensure people, visitors and staff were as safe as possible from acquiring infections, and to ensure staff were aware of the principles of infection control. Regular spot checks were carried out on staff to ensure they were following the infection control procedure and wearing the appropriate uniform and personal protective equipment (PPE).

Accidents and incidents were appropriately recorded and included recommendations such as whether any changes to support plans were required. Accident and incident records were audited quarterly.

The provider had a 'Safeguarding service users from abuse or harm' policy in place. A safeguarding tracker log was kept up to date and included information on any safeguarding related incidents. Incidents or allegations of abuse had been appropriately reported to the local authority and notified to CQC. Individual safeguarding records included details of investigations carried out, action taken and lessons learnt. Safeguarding records were audited and each referral was checked by the compliance officer or registered manager before it was submitted to the local authority.



## Is the service effective?

### Our findings

People received effective care and support from well trained and well supported staff. One person told us, "They [staff] are all very good." Another person told us, "They [staff] are brilliant, I have no qualms there. They are all young girls but they are dedicated." Another person told us, "They [staff] are well trained for what I need." A family member told us moving into Cherry Tree Gardens was "the best thing we've ever done".

At the previous inspection we found there was insufficient guidance to support a person with their dietary needs. At this inspection we found people were appropriately supported with their dietary needs. Support plans were in place and where necessary included guidance from relevant healthcare professionals, such as dietitians and speech and language therapists (SALT). Records were regularly reviewed and up to date.

People's needs were assessed before they started using the service and continually evaluated to develop support plans.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. The registered manager and staff we spoke with demonstrated a good understanding of mental capacity and were aware of the processes to follow if they thought someone did not have the capacity to make a decision.

The service had sought consent from people for the care and support they were provided with. Where people were unable to sign, this was clearly recorded.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person who used the service had been involved in the decision-making process.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, occupational therapists, dietitians and SALT.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. New staff completed an induction to the service, including completion of mandatory training. Refresher training took place when required and

additional training was provided to support people with additional needs. Staff we spoke with confirmed this.

## Is the service caring?

### Our findings

People and family members were complimentary about the standard of care at Cherry Tree Gardens. One person told us, "They [staff] are all very caring." Another person told us, "They [staff] are obliging if you need anything. They go to the post box for you." Other comments included, "I can't fault it. They [staff] are lovely, all of them" and "They [staff] always ask if there's anything else they can do."

We observed staff speaking with people in a polite and respectful manner and people were assisted by staff in a patient and friendly way.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, supporting a person with a catheter and people with specific dietary needs.

Care records demonstrated the provider promoted dignified and respectful care practices to staff. For example, "Staff to ensure he is covered with a towel to keep his dignity" and "Maintain [name]'s dignity at all times with towels." People told us staff were respectful. One person told us the service had respected their wishes for a male member of staff to support them with personal care.

People were supported to be independent. Care records described what people could do for themselves and what they required support with. For example, "[Name] is able to wash himself but requires support from care team with showering and dressing", "[Name] will independently wash where he is able to reach himself" and "Carers support [name] with dressing top half of her body." One person told us staff were aware they could carry out some of their own personal care themselves and let them do it.

People's preferences and choices were clearly documented in their care records, including whether they had any religious or spiritual needs.

Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, one person found it difficult to communicate verbally so staff were advised to give them time to make their needs known.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. None of the people using the service at the time of the inspection visit were using an independent advocate.

## Is the service responsive?

### Our findings

At the previous inspection we found care records were not always accurate and complete. At this inspection we found care records were regularly reviewed and evaluated.

Records were person-centred, which meant the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Information sheets documented important information about the person, such as preferred name, what was important to the person, their history and how they wished to be supported. These had been written in consultation with the person who used the service and their family members.

Details of each call visit were documented and clearly recorded the actions and tasks staff were to carry out during each visit.

Each person had an individual person-centred plan in place, which described their individual needs and how staff were to support them. These included, personal care, moving and assisting, communication, dietary needs, skin care and medicines. For example, one person required support to mobilise. A moving and positioning assessment had been carried out and a support plan was in place. This described each moving and positioning task in detail, what equipment was to be used and any other relevant information. Relevant healthcare professionals had been involved in planning the person's care and support.

One person was supported by staff with catheter care. Their call visits document clearly described the actions staff were to carry out at each visit to support the person with their catheter. However, the person's support plan had not been updated to reflect this. We discussed this with the care manager who agreed to update the support plan immediately. This was actioned prior to our second visit.

Daily records were maintained for each person and were up to date. These were audited every month to ensure they had been accurately completed.

People had end of life support plans in place, which described people's preferences for their end of life care, who they wanted to be contacted and whether they had any funeral arrangements. The provider had a 'Let's talk about it' leaflet that was given to people and family members to help them with decision making about end of life care needs.

People were protected from social isolation and supported to attend activities and events within the complex and the local community. Care records described people's likes and interests. Some of the people who used the service enjoyed taking part in the activities at the complex. People were part of a 'Friends of Cherry Tree' committee and helped to organise activities such as entertainers, fayres, coffee mornings and the Christmas party. One of the people enjoyed visiting the café at the complex and having a meal with a member of staff.

The provider had a complaints policy and procedure in place and people were aware of how to make a

complaint. Complaints records were audited quarterly to ensure they had been appropriately recorded and all actions had been completed. People and visitors we spoke with did not have any complaints about the service. One person told us, "I can't complain, not with the carers. They're great." Another person told us, "I've been to the office and it got sorted."

# Is the service well-led?

## Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since May 2016. A new manager was in post and they were in the process of registering with CQC. We spoke with both of them at the inspection.

At the previous inspection we found the provider had failed to implement and embed an effective system to quality assure the service they provided. At this inspection we found the provider had a robust quality assurance process in place.

Regular audits took place and included care records, medicines, missed visits, safeguarding, complaints, and accidents and incidents. Where issues were identified, actions were put in place that had improved the service. For example, an audit of one person's care records found in some cases that more detailed information was required. These were allocated to a staff member to complete and we saw they had been actioned.

People, family members and staff were invited to complete annual surveys and feedback on the quality of the service. The results were analysed and where any issues were identified, action plans were put in place that had improved the service. For example, two people said that staff did not stay for the agreed amount of time. This was investigated and it was found both people had said they were happy for staff to leave if they had completed all of the tasks and support they required.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings took place regularly. Staff we spoke with felt supported by the management team and told us they were comfortable raising any concerns. One staff member told us, "You get plenty of support in the role. It's a nice place to work" and "We work as a team." Another staff member told us, "If there is a problem, you can speak with the manager and they will sort it out."

The service had a positive culture that was person-centred and inclusive. One person told us, "I see [care manager] a lot." Another person told us, "I see [care manager] all the time. They are very caring." Another person told us, "It [the service] is spot on."

The service had good links with the local community. Local school and nursery children visited the complex to take part in carol services and other events. Dementia awareness sessions had been held at the complex and people had been involved in a charity fundraising day. Some people visited clubs and events in the local area.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.