Care Management Group Limited

Cherry Tree

Inspection report

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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 was an announced inspection carried out on 23 March 2017.

At the last inspection of this service on 14 January 2016, we found that people who used the service were not protected against the risks associated with unsafe management or administration of medicines. We also found breaches of legal requirements in relation to notifying the Care Quality Commission of important events and having established systems and processes to assess, monitor and improve the quality and safety of the service.

We undertook this inspection to comprehensively look at the whole service again and to check that they were now meeting legal requirements.

Cherry Tree is a service provided by Care Management Group Ltd. It provides care and support for up to seven people with learning disabilities, including some people with complex behavioural and communication needs. At the time of our inspection, there were seven people using the service. There were five people staying in the main building known as Cherry Tree and two people staying 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 did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was currently being managed by a 'floating' manager who had previous experience working for the provider. They had been in post since January 2017. The previous registered manager had left the service after the last inspection and another manager was recruited but they also left a short time afterwards. The provider informed us that the floating manager would register in the interim until a more permanent manager was in place.

We found that the provider was now meeting legal requirements in all areas and we were assured that fundamental standards of quality and safety were being met. The provider had measures in place to ensure the environment was suitable and safe for people using the service. Staff had access to relevant safeguarding guidance and contact numbers. They were aware of their roles and responsibilities to report any potential safeguarding incidents. Risks to people had been assessed and there was guidance in place on how to manage them safely.

People's medicines were managed safely by staff. People received their medicines at the required times and in the way they had been prescribed. Sufficient numbers of staff were trained and authorised to administer medicines.

There were sufficient staff available to meet people's needs. Staff received training in a number of relevant areas to ensure they had the skills to meet people's needs.

People's consent was sought where appropriate. Where people lacked the capacity to consent to decisions, legal requirements were met. People's records reflected their current health needs. They had access to meet with other healthcare professionals and staff had a good understanding of their needs. People were supported to express their views and to make decisions about their care.

People were supported to eat and drink enough and were given choices when planning the menus. People's care plans were personalised and contained information about all aspects of their life and histories. Staff interacted well with people and respected their privacy and dignity. People were encouraged to take part in household chores and leisure activities. Their independence was promoted.

There was a complaints procedure in place. Staff were able to support people if they wished to complain. Staff and people told us the management team were supportive, approachable and friendly. There were systems in place to routinely monitor the safety and quality of the service provided.

The management team demonstrated an understanding of their role and responsibilities. They had taken action to address concerns raised by the CQC.

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 received their medicines on time and as prescribed from staff who had received training.

The service was properly maintained to ensure people's safety.

Risks to people's health and well-being were identified and a plan was in place to manage them.

There were sufficient staff to meet people's care and support needs. A system was in place to recruit suitable staff.

The provider had appropriate policies and procedures in place for staff to report any safeguarding or whistleblowing concerns.

Is the service effective?

Good

The service was effective. Staff received appropriate support and training to meet the needs of people using the service.

Staff sought people's consent before providing support to them. People's capacity to make decisions had been assessed.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supported people with their nutritional needs. People had their health needs assessed and were able to visit their GP or hospital when needed.

Is the service caring?

Good

The service was caring. Staff maintained people's dignity and respected their privacy.

Staff treated people with kindness and provided them with comfort. People's independence was promoted and they received support from staff who knew them well.

People were supported to express their views about how their care was provided.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed. Their choices and preferences were recorded in personalised care plans.

People had a programme of activities in accordance with their needs and preferences.

There was a complaints procedure in place. Staff were able to support people or relatives if they wished to complain.

Is the service well-led?

Good

The service was well led. The manager took action to address areas for improvement. They received support from the regional director.

The provider had systems in place to check and monitor the quality of the service provided, including feedback surveys.

People and staff spoke positively about the management of the service.

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 checked 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 23 March 2017 and was announced. The provider was given 48 hours' notice because the location provides care and support to people who are out in the community on a regular basis and staff accompanied them. We needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the provider, including previous notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. We also reviewed information that we had received from other professionals such as the local authority.

During the inspection, we reviewed five people's care plans and risk assessments, three staff recruitment files, staff training and supervision and appraisal records, people's medicine administration record (MAR) sheets, health and safety records and quality assurance checks. We spoke with the regional director and the floating manager, who was so called because they worked for the provider in their other services and was placed at Cherry Tree to help improve this service. We also spoke with five members of staff, including a deputy manager, two people using the service and with one relative.

After the inspection, we spoke with a further four relatives on the telephone to obtain their views of the service.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "Yes it's safe. I like it." Another person said, "Yes I am safe here." A relative told us, "My [family member] is supported safely. There are keypads on the doors for safety." Another relative said, "Safety is one of the [provider's] priorities. It is very good. They have fingerprint locking doors and they are always locked."

At our previous inspection on 14 January 2016, we found the provider did not meet the required standards of safety relating to medicines administration and recording. We found that only one staff member had been appropriately trained and assessed as competent to administer medicines and this meant the provider relied on staff who worked in other nearby services, who were not as familiar with the people to whom they were administering the medicines. The lack of staff that were trained to safely administer medicines had resulted in a number of medicines errors.

During this inspection, we saw people were protected against the risks associated with medicines. The provider had ensured that more than one staff was trained and assessed in the administration of medicines. There were 13 staff working in the service and we noted that nine full time members of staff had been trained. Four staff had medicine administration training scheduled as most were new or were not required to administer medicine. Two full time staff working in the Annex service were also trained and authorised to administer medicines, as well as the floating manager. We viewed completed medicine competency assessments for staff, which ensured that they had the skill and ability to safely administer and record people's medicines. Staff were required to complete the assessments after completing their training in medicine management. The floating manager told us, "We have made sure that at least two members of staff in each service are trained in medicines." Important notices to staff were provided in the provider's medicine policy such as guidelines on following the pharmacy's procedures for re ordering medicine. We saw that notices and procedures for the recording and signing off of administered medicine on Medicine Administration Record (MAR) sheets were also followed by staff.

We found medicines were securely stored in each person's room. Medicine records we viewed were accurate and up to date. The temperature at which medicines should be stored were checked and recorded daily. There was a suitable protocol in place to inform staff to manage when and how they would administer prescribed medicine to people 'when required' (PRN). A relative told us they felt their family member was well supported with their medicine and said, "[Family member's] medications are signed in and signed out by the staff." A system of medicines audits was in place and these were monitored by the floating manager who also carried out weekly medicine audits. This meant that there were systems in place to check that people received their prescribed medicines safely and appropriately. Controlled drugs (CD), which are medicines which may be at risk of misuse, were stored, recorded and managed appropriately.

People were protected from the risk of abuse. The provider had policies and procedures in place to safeguard people who used the service and to ensure they were safe. Staff were aware of the safeguarding reporting process, had received safeguarding training. Staff had access to relevant contact details of the local authority in case they needed to report an allegation of abuse. Staff knew the different types of abuse

people could experience and would report anything of concern to the manager. They received refresher training which helped to ensure their knowledge about how to keep people safe was kept up to date. The provider had a whistleblowing procedure in place, which provided staff with reassurance of their rights and responsibilities to report any concerns with the service. Staff were able to describe the process they would follow and they understood how to report concerns.

There were systems to safely protect people's finances from any misuse. The provider was legally appointed by the Court of Protection to manage the financial affairs of two people. The provider held money on behalf of all the people securely in a locked filing cabinet and container. The manager kept an audit trail of how much was being spent. Expenditure was signed and checked by staff and the manager. We checked the records and cash held for three people and found that the records were accurate and included receipts.

Risks to people were identified and systems put in place to minimise risk. People's files contained risk assessments relevant to their individual needs. They covered areas where a potential risk might occur and how to manage it such as when they were going out into the community, their personal care needs or certain behaviours that could put themselves or other people at risk. For example, one person's care plan said, "[Person] needs full staff assistance when having a wet shave. Staff should maintain a safe distance and talk [person] through the process, regularly checking they are comfortable."

The assessments also included a Positive Behaviour Support Plan, which provided staff with information on how to respond to particular behaviours from the person. For example, there was detailed information about the effects of disabilities such as epilepsy, autism and Asperger's on people. Staff were trained to look for Early Warning Signs (EWS) on what could trigger certain reactions and behaviours. One person with autism did not like loud noises or people shouting and staff were advised "not to test any fire alarms when [person] is in the building as they could become agitated." This meant staff had access to the information they needed to enable them to support people as safely as possible.

People were cared for in an environment where appropriate health and safety checks were regularly carried out. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. Staff checked and recorded the temperature of the water before people had a bath or shower to ensure the water was not too hot or cold. During previous visits to Cherry Tree, we found that there was a lack of ventilation in one of the bathrooms and work was scheduled to be carried out to fix this problem. We saw that a window was now installed and the bathroom was suitable and safe for people to use. Records of any accidents and incidents were readily available. We saw that two incidents occurred in the service in the past year and appropriate action was taken to ensure people and staff remained safe.

A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) to ensure they were evacuated safely according to their individual needs. There were storage facilities COSHH (Control of Substances Hazardous to Health) materials. The kitchen was tidy and contained health and safety notices. Records of refrigerator and freezer temperatures were available to ensure they were kept at suitably safe settings. We also saw that checks were carried out to ensure that food was kept fresh and was not out of date. Opened packets, jars and tins had the date they were opened written on them and perishable food such as meat was stored on the lower shelf of the refrigerator in accordance with food hygiene guidelines.

We looked at three staff files and saw checks had been undertaken before new staff started working for the service. New staff had their Disclosure Barring Service (DBS) check confirmed before they were allowed to work. The DBS carry out a criminal record and barring check on staff who intend to work in the health and

social care field. New staff completed an application form, provided proof of identity, references, eligibility to work in UK and their employment history.

People received support from staff who understood their needs and how to meet them. There were enough staff working at the service to ensure people's needs were met, including one-to-one support as outlined in their care plans and risk assessments. Staff were also happy with the number of staff on duty throughout the day and at night. Any staff sickness, vacancies or leave was covered by regular or bank staff working for the provider. The provider also employed agency staff when required. At the time of our inspection, only one full time staff vacancy remained. Some people required two staff to be with them at all times and during our visit, we saw this in practice. A relative told us, "There are always three people on shift. There are always two people with my [family member] as they are on 2:1." Another relative said, "There are a couple of staff that are always there when I visit."

Good

Is the service effective?

Our findings

People and relatives told us that staff met their individual needs and that they were happy with the care provided. One person told us, "The staff are good." Another person said, "I like them. They help me." Relatives told us they were notified of any significant changes in their family members' health needs. Relatives felt that the staff had the right skills and experience and were very capable. One relative said, "The staff have had PBS (Positive Behaviour Support) training."

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The 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). Most people living at Cherry Tree were subject to DoLS and we saw that there was the appropriate documentation from the local authority confirming that this was the case. This showed that people would only be deprived of their liberty where it was lawful.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw that people made choices about their daily lives such as where they spent their time and the activities they participated in. Staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care plans.

We found that staff were confident in meeting the day to day challenges of their work and were happy working in the service. Some staff did not have previous experience of working with people with complex behavioural and communication needs. However, they were able to gain experience and were provided with sufficient training to enable them to effectively manage difficult situations and respond to challenging behaviours. Staff told us they were trained to not react to behaviour that could challenge and were able to use deflection techniques, give people choices and ask gentle questions in order to encourage more positive behaviour.

The training programme in place for all staff meant they had access to a range of training to meet people's needs. Records showed staff had been trained in areas such as safeguarding adults, the MCA (2005), moving and handling, first aid, autism and positive behaviour support. Staff with less than two years' experience in health and social care completed the fifteen standards of the Care Certificate as part of their induction. These are an identified set of standards that social care workers adhere to in their work.

Staff told us they were well supported by the floating manager to deliver effective care by means of regular supervision. The floating manager arranged regular one to one meetings with staff every six to eight weeks.

They would check on a staff member's performance and identify any concerns they might have. Staff also received an annual appraisal and these were used to review their work performance and any further development they needed such as further training.

Peoples' nutritional needs were met and staff ensured people ate healthy meals. During our visit, we saw staff consult a person about what they wanted to eat for their lunch. Staff then provided the person with the meal of their choice in the dining room. People did not eat at the same time and staff told us this was because of people's certain behaviours when eating food which could impact others. We saw that staff were able to support people to eat nutritious meals. We viewed menus and saw people were involved with planning them and could choose what they wanted to eat. Staff were aware of people's likes, dislikes and preferences for food and drink. A relative told us how their family member was involved in choosing their meals and said, "My [family member] loves their food and always eating. [Family member] picks their own menu and knows what they will have to eat every day."

People were supported to access other health and social care services when required. They attended appointments when they were scheduled. A relative confirmed that the staff ensured that their loved one had the involvement of health professionals, including the GP, when necessary. They said, "If my [family member] needs a doctor they will sort it out." On the day of the inspection, one person went to visit their GP and we saw that the outcome of the appointment was logged in their care plan. Hospital Passports were in place for people which provided information to other health professionals about any health conditions and illnesses they had. A personal checklist for any emergency hospital admittance was also available, which included any clothes and medicines they needed, copies of MAR sheets and health monitoring records. This meant people were prepared and able to immediately provide doctors or other professionals with important information should they require medical attention.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring and treated people with dignity and respect. One person said, "The people are nice. We have fun." A relative said, "The staff are patient, warm hearted and seem to care. My [family member] loves them. One staff has been there the whole time since [family member] moved in and sees them like their own relative." Another relative told us, "The staff talk to [family member] nicely. The staff have quite a good conversation are always laughing with them." Other comments from relatives included, "My [family member] has got structure. It meets their needs. They are always doing things, like going out a lot to London on a train, to the zoo. I think they've still got a swimming pool in the service."

During our inspection, we saw staff speaking to people in a polite and courteous manner. They were patient, considerate and took time to reassure people and explain things. This meant people were aware of what they were going to do or where they were going. We saw that people were responsive to staff and enjoyed their company. Some people liked to embrace staff with a hug, which enabled them to feel comforted. Staff reacted naturally and returned their affection with warmth and kindness.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. For example, people went food shopping with staff, helped to clear any litter from the grounds and participated in meetings. Care plans included information about how to promote people's independence and what they could do for themselves. During the visit we saw that people were supported to do things as far as they were able, such as plan their own activities or complete chores such as vacuuming and tidying communal areas. For example, one person was able to vacuum their room and initiated it themselves. Their care plan stated that they also required some prompting and encouragement from staff to "complete the task but [person] likes to be independent when completing their personal care routine."

However, most people's ability to make decisions about their care and about any changes to the service was limited due to speech and language difficulties. Staff used pictures, symbols and their knowledge of people to involve them as far as possible and to assist them to express their wishes and preferences. They observed people's reactions to gauge if they wanted to do something or not. People were able to access an advocate and were supported to do so by the manager. An advocate helps people to express their views and wishes, and makes sure their voice is heard.

Staff respected their privacy and wishes and had developed positive relationships with people. One member of staff told us, "I always knock on the door before entering someone's room. We close doors and curtains for privacy when giving personal care." People could spend time in their bedroom when they wanted or they could use the lounge or other communal areas within the service. A relative told us, "My [family member] is on a 1:1 when they are in the home and 2:1 when they go out. The staff got to know [family member] well."

Staff treated people equally and were not discriminatory towards people's gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. We saw people's records were kept securely to ensure

confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs. One person said, "The staff listen, yes." Relatives were satisfied with the staff and told us they were supportive of their family members and they were invited to meetings. One relative said, "I attend meetings every six months. I go with the social worker." Another comment from a relative was, "I was involved in the Care Plan for [family member] and the review meetings were helpful." Another relative told us, "I am happy now. It's working well at the moment. We have not had any incidents in Cherry Tree. We're happy with how they are progressing. What has worked is that the four staff have been there from the start."

People's needs were assessed before they moved into the service. Care and support was delivered in line with their personalised care plan, which was detailed and descriptive. Care plans showed that people were supported with their personal care needs. The information covered aspects of people's needs and guidance for staff on how to meet their needs. People and relatives were involved in the compilation of the care plans.

The care plans included the person's health care needs, their nutritional requirements, likes, dislikes, what activities they liked to do and any behavioural or emotional needs. Sections were titled for specific topics such as, "My Social Life", "My Weekly Activities", "My Health and Wellbeing" and "Where I Live and What I Pay For." People were able to say what types of food they liked to eat and preferred not to eat, what was important to them or what they enjoyed doing. For example, one person's care plan said they liked "messy art, playing with bricks, puzzles and boards. I enjoy exercise such as long walks, swimming, the trampoline and gardening." This information was important as it enable people to say something about themselves and give them a voice.

We saw that care plans were reviewed and updated when the need arose. Staff were able to handover any significant information to their colleagues at the end of each shift, using handover logs. Staff completed daily logs for each person, which noted how they were getting on with their day to day lives. A key work meeting with each person in the service took place every two to three weeks and was used as part of care plan reviews to monitor how well a person was progressing. This was a meeting with each person to help staff to monitor people's wellbeing and respond to any concerns. Staff were allocated a person living at the service and acted as their keyworker, meaning they worked closely with them during their shift.

Within the service, we saw that there was a large lounge with a television for leisure time, a dining room, a kitchen and outdoor spaces, including garden areas was also used for staff and people to relax and socialise in suitable weather. There was a Day Centre next door to the premises and we saw that all people living at Cherry Tree and the Annex attended the centre for some part of the day. We noted that people enjoyed spending time there and saw them using a trampoline, bouncy castle and taking part in musical activities and games with staff. There was a swimming pool in the day centre, which was used occasionally when people wanted to swim. The floating manager told us three members of staff were trained as lifeguards to ensure people who were using the pool were safe and supervised.

People also had opportunities to be involved in hobbies and interests of their choice. Staff told us people

were offered social and health activities that suited their preferences. We saw that people were supported to engage in other activities outside of the service, such as, doing voluntary or paid work, shopping and leisure activities. People's activities were recorded in a daily activity log which was kept up to date.

A complaints procedure was in place which contained information for people about how to make a complaint, including in an easy to read format. The provider had not received any formal complaints. Staff knew how to respond to complaints and understood the complaints procedure. We spoke with relatives about any previous complaints and about the complaints process. One relative told us, "If I have any concerns I will ring or send an email. It has got better and the management listen more now." Another relative said, "Generally, I just talk to the staff if I am really bothered. I have never had any problems."

Good

Is the service well-led?

Our findings

People and relatives were satisfied with the way the service was managed. One person said, "Yes it is good." People told us they felt safe, the staff were friendly and supportive and they were able to go out into the community. One relative commented that the service had different managers in the past and they would "like a stable manager." Another relative said of the management team, "The managers are very forthright and talk very highly about my [family member]. They say my [family member] is capable of this and that. The manager is a positive person and looks at the positives."

At our previous inspection in January 2016, we found the provider did not have established, effective systems and processes to assess, monitor and improve the quality and safety of the service provided and mitigate risks. We also found the provider did not notify the Care Quality Commission without delay of incidents affecting people who use the service. There was a lack of stability in the management of the service, which meant the service did not always operate effectively.

At this inspection we found these issues had been appropriately addressed. We noted that the provider had made improvements to Cherry Tree since the previous inspection. The provider also notified the CQC of any changes to the service or serious incidents. The floating manager carried out quarterly, monthly and weekly medicine audits and health and safety checks on the premises. Risks to people and staff were assessed and managed appropriately. We saw people were asked for their views in group meetings and this was recorded. We saw that feedback was positive and comments included, "I feel safe and supported" and "I love living at Cherry Tree." This showed that people's views about the service were sought and they felt comfortable living at the service. Newsletters were also distributed by the provider to people and relatives, to keep them up to date with any developments in the organisation and in the service.

We saw records were stored in the manager's office, which was locked when not in use to maintain confidentiality. The records were up to date and easily accessible when required by staff. There was a suitable system for archiving older information, which was kept separate from more recent information to avoid mistakes being made.

Cherry Tree and the Annex was managed by the provider and a regional director, who had recruited the floating manager in January 2017 as an interim measure, following the departure of the previous registered manager. The regional director said, "[Floating manager] is here with us until we recruit someone more permanent. We will register the [floating manager] with the CQC in the meantime. We need someone with experience of working with challenging behaviour and complex needs who understands person centred care. It is going really well at the moment with the current manager." A relative visiting the service during the inspection said, "The current manager is excellent and is doing an excellent job. Everything is OK in the service and the staff do a brilliant job for my [family member]." The floating manager had previous experience of managing a similar service with the provider and helped to improve their service. They said, "I will be here until the new manager is fully inducted into the service and knows all the processes. It is a great service but we have to get it right this time. We needed to get better and I think we have done." One of the staff members had recently been appointed as deputy manager to assist and support the floating manager

in their work.

Staff told us that they enjoyed working with the floating manager. One staff member said, "We have got better. The new manager is doing a great job and introduced new ideas. It's great to have more stability in the service. The morale is really high at the moment." Another staff member said, "I have received lots of support from the manager. I have built up my confidence and have got a lot of guidance. The manager is very encouraging and is doing a good job." The provider carried out a staff morale survey annually which was currently in progress, which helped to make improvements to staff working conditions.

The provider's vision and values were understood by staff. They worked well together and got on well with people which created a calm but lively atmosphere in the service. They enjoyed working at the service and this helped people receive the care they needed. People were able to take part in events organised by the provider throughout the year and were encouraged to access the community and engage in activities, such as visiting the local farm and taking part in musical concerts. We viewed a comment from a stakeholder about the service who said, "The residents seem really appreciative, and they are obviously having a good time. They interact with the music and with each other in a positive way. I also find the staff genuinely warm towards them and very involved. "

We noted staff were able to raise any issues with the management team and felt they were listened to. The floating manager confirmed that they discussed important topics with staff and records confirmed that the service had regular staff meetings. Agenda items at staff meetings included discussions about the welfare of each person living at the service, safeguarding, training and medicine management.