Cherry Tree Housing Association Limited

Cherry Tree Housing Association - 5 Tavistock Avenue

Inspection report

5 Tavistock Avenue
St Albans
Hertfordshire
AL1 2NQ

Tel: 01727843545
Website: www.cherrytreeha.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

5 Tavistock Avenue is registered to provide accommodation and personal care for up three people who have a learning and or physical disability. At the time of our inspection three people were living at 5 Tavistock Avenue. The provider also manages another home across the road from 5 Tavistock and the staff work at both services and people are cared for in the home across the road regularly.

The last inspection was undertaken on 22 and 28 September 2015. We found that the service required improvement in the safe and well led questions. The provider sent us an action plan detailing how they would be making the required improvements.

We inspected 5 Tavistock Avenue on the 28 September and 5 October 2016 and found that there were areas of improvement still required, particularly in relation to how the quality of the service was monitored and also in relation to record keeping.

The home did not have a registered manager in post. The registered manager had left the service six weeks before the inspection commenced. There was a new manager who was in the process of registering with CQC. 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.

At this inspection we found there were not sufficient numbers of staff deployed to provide care safely to people living in 5 Tavistock Avenue. The manager had not informed us about incidents that required reporting which is required to help keep people safe from the risk of harm. People were supported by staff who had undergone a recruitment process to ensure they were suitable to work in a care setting. However, there were inconsistencies in the recruitment of staff depending on when they were recruited. We saw that when agency staff were used the manager did not always complete the same level as robust checks as they did for permanent staff.
Risk assessments were completed and reviewed to help staff to manage risks, although, the records were not always updated to reflect the current position. People's medicines were managed safely and there was a process in place to for the safe ordering, storage and disposal of people's medicines.

Staff did not feel supported by the manager and felt that they were being criticised about how the service operated. Staff had received some training but some of the refresher updates had not been provided. We saw there were arrangements in place for staff to have an induction when they commenced their employment to help support them to carry out their roles effectively.

People's nutritional needs were met and their food and fluid intake and weight were kept under review. People were able to choose what they ate from the menu. However, the menu being updated at the time of our inspection as the new manager felt that more 'healthier options' should be introduced.

People told us they were supported to maintain their health and well- being and had access to a range of health professionals. We saw that people had a purple folder which contained a summary of healthcare appointments and records of key events.

Staff spoke with people in a kind, caring and compassionate way. We observed good interaction between staff and people and relatives confirmed this to be the case.
People's dignity and was privacy was maintained. However, people did not always get choices about how and where they spent their time.

People did not always receive care that was responsive to and met their needs. Although staff were aware of people's individual needs and how to meet these, due to management changes they were not always able to accommodate people's needs and wishes. People were provided with some opportunities to participate in activities mainly in the community. People were supported to spend time in their own home; however people and staff told us that they had recently had to visit another home in close proximity to spend time there.

There was a complaints policy and procedure in place and we saw evidence of one complaint had been responded to by the manager. However the process had been long winded and protracted and had taken four months to get a conclusion.

People did not always receive care that was well led and that was monitored appropriately. People's care plans were regularly reviewed, however, the plans did not always identify changes to people's needs. Audits were not effectively reviewed to ensure actions were completed, and notifications were not consistently sent to CQC when required.

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 always sufficient numbers of staff on duty to keep people safe.

Staff were aware of potential abuse and demonstrated they knew how to escalate any concerns. However concerns were not always reported by the provider.

The recruitment process was not consistently robust.

Risks to people's health had been assessed and reviewed but were not always updated to reflect the current risk.

People who used the service told us they felt safe at the home.

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received care and support from staff who had received some training which supported them in their roles.

People were supported to enjoy a healthy and balanced diet.

People were supported to access a range of health care professionals.

People were asked for consent before support was provided. This was reviewed but not always recorded in people's care records.

People were supported by staff who were aware of MCA requirements.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind and caring way. However, sometimes choices were not always offered to promote people's dignity and respect.

Staff demonstrated a good understanding of people's needs and wishes and responded accordingly.

People's personal and private information was stored securely.

People were sometimes asked to be involved in the development and review of care plans.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was kept under regular review to help ensure their needs were met. However records did not always reflect this.

People were supported to participate in activities to provide them with engagement. However there had been recent changes which meant these were limited.

Complaints were responded to, however the process was protracted and drawn out.

Is the service well-led?

Requires Improvement

The service was not always well led.

There had not been a registered manager at the service since June 2016.

A new manager had been in post for 10 weeks and had started the process of applying to become registered with CQC.

The provider had limited systems in place to assess the quality of the service provided in the home however; these were not always effective in identifying areas that required improvement.

Cherry Tree Housing Association - 5 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 met 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 under the Care Act 2014.

This inspection took place on 28 September and 5 October 2016 and was unannounced. The inspection was carried out by one inspector.
We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed how staff offered support to people who used the service. We spoke with three people who used the service and three relatives, three staff members, the manager and the chief executive.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents relevant to people's health and well-being. These included staff training records, complaints, health and medication records and records relating to the overall monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at 5 Tavistock Avenue. However, we found there was not always sufficient staff available on duty at all times to keep people safe. One person told us, "I went to the 'other house' on Saturday and we were there all day." We spoke with staff about the arrangements and staff confirmed that the three people who lived at 5 Tavistock Avenue went to another home across the road which was also managed by the provider. Staff told us this arrangement had recently been introduced and one staff member said, "It is not about what people want, but to reduce the staff hours." On such occasions there was only one member of staff available to support four people, which included support with social activities and appointments. Only having one staff member also meant that people were restricted from attending social events in the community unless they were pre-planned so took away the spontaneity that they had previously enjoyed.

One person told us that they spent, "All day at the home across the road." (the providers other home), they went on to say, "When I came home I got ready for bed." We spoke with staff to understand if this was people's choice to spend time at the other home. Staff told us that people were not given the choice. We also spoke with the manager about this they told us it was an opportunity for people to integrate and intended to be a sociable experience for people. However, people were not always able to challenge the decisions of the management while people did not appear to object staff told us it did mean they were unable to spend time in their own bedrooms, and, for example, spend time 'alone'.

In the event of an emergency the newly recruited manager told us they were able to call them for advice and or assistance. However, on the day of our inspection the manager could not be contacted as they were attending other business and there was a delay of more than an hour before contact was made. This would place people at risk in the event of a person becoming unwell.

We found that most of the staff had attended training in safeguarding people and were aware of how to raise concerns. However, regular updates had not been provided for two members of staff out of six staff employed at the service. We were unable to speak with them to assess their knowledge or understanding of the process. The staff we did speak with were aware of their responsibility in relation to protecting people from the risk of abuse and how to report concerns. A member of staff we spoke with told us, "I would report to my senior if I was worried about anything." However, we found that two incidents that had occurred before the inspection had not been reported to either CQC or the local safeguarding authority to enable them to investigate the concern appropriately. We discussed these with the manager, who agreed they had not been properly processed in line with the policy. The manager told us they would in future ensure that they had followed the correct procedure. A copy of the local authority guidance on safeguarding was available at the service along with the provider's own recording document.

People were cared for in a safe environment. Staff carried out regular environmental audits and knew who to contact in case of an emergency such as maintenance staff. Risk assessments were completed for individuals and were kept under regular review. However documents were not always updated to reflect any changes. We found, for example, a person whose needs had changed did not contain the most up to date

information. We also saw that a person who sometimes travelled by taxi had not had a risk assessment updated recently for this activity. This may have put them at risk in the event of an emergency.

Recruitment processes were not always consistently followed. Staff had been working at the service for some time but we found some of the documents could not be located. For example, references were missing from two files. We discussed this with the manager who told us the recruitment policy was under review and all files would be audited to ensure documents were both present and consistent. In four staff files we saw that appropriate checks had been completed prior to staff starting their employment. This included criminal record checks. These checks were completed to help ensure staff were suitable to work with people in a care home environment. However, when agency staff were working at the home, only a basic profile on the person was provided and this did not detail their training records. This was being addressed by the manager.

The provider had systems in place to help ensure the safe receipt, storage, administration and recording of medicines. Medicine administration record (MAR) charts were completed consistently and staff undertook regular checks on the quantity of medicines in stock to make sure it was accurate. We reviewed medication audits which confirmed that medication was being managed safely.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who had received some training to assist them to carry out their roles effectively. One staff member told us, "We have had some training." However, we saw from training records that training updates were not always provided and in a timely way. For example safeguarding updates for two staff members were overdue. We saw that staff had received safeguarding training, moving and handling and food hygiene training as well as fire safety and some staff had undertaken specialist training including challenging behavior. The manager told us they had previously accessed training from a local recognised training provider but was not sure about the current status of the membership. They agreed that this would be followed up, with a view to accessing future training. A relative told us, "The staff appears to be well trained in caring for [relative's] needs."

The manager told us that staff were supported through regular team meetings and one to ones. The processes were being developed since the arrival of the new manager and had not yet been established and were not embedded to enable us to see how staff benefited from the support which was provided. Staff told us they felt well supported from within the team and from colleagues however they were unable to say whether they were fully supported by the management team as it was early days and they had not yet all had one to ones with the manager.

Staff were aware of the need to obtain people's consent before supporting them and told us how they explained what they were going to do before embarking on any support task. Relatives told us that the staff obtained peoples consent. We saw that various consents had been recorded in people's support records. For example, consent to their care plan and consent to have their photograph taken. However, consent was not always reviewed when the care plan was reviewed and this may have meant that the record did not reflect the current decision. Staff told us it was a recording issue and not that consent was not being obtained.

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 people 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 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. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. We saw that one application had been authorised to help keep the person safe. People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. Staff advised that a planned menu was in place and this had been devised with the

involvement of people living at the service. One person told us, "We all get to choose what we want to eat and then the meal chosen is provided for all of us and the [staff] prepare the food and we sometimes help if we can." One relative told us, "The food and menu is under review and as far as I know the manager has told us that they want to introduce a 'healthier options menu." People told us that they enjoyed the food on offer and sometimes ate out. One person told us, "I like burgers but can't have too many because they are not good for me and make me put on weight."

People were supported to maintain good health and to have access to healthcare services. Care records and in particular the 'Purple folder' demonstrated that staff sought advice and support for people from relevant professionals. This included GP's, attendance at Hospital appointments, dentists, opticians and chiropodists.

Good

Is the service caring?

Our findings

People told us that the staff at the service were very caring and supportive. People received care and support which was individualised and person centred from staff who knew them well. We saw that, where possible, people and their relatives had been involved in the planning and review of their care. Where people were unable to articulate their wishes verbally, we saw that staff assisted them in a patient way and were able to demonstrate that they had gained their agreement and input through their preferred communication method.

All the interactions observed between staff and people were positive. Staff engaged with people in social conversations and listened to what people had to say. Staff were kind, caring and compassionate in their dealings with the people they supported. For example we saw staff taking time to explain our presence and to reassure people when they appeared anxious.

One person told us how they were supported to maintain relationships with their family and friends. Staff and the manager told us that visitors were welcomed at any time. Two family members told us they had in the past been involved in the development and review of their relative's care and support plan.

Staff were knowledgeable about people's life histories and their likes and dislikes, and were able to demonstrate they knew peoples individual needs and preferences very well. One relative told us, "The staff are really wonderful, they are all so caring and work well as a team."

We observed staff to show people kindness and compassion throughout our inspection. For example, one person was being supported to attend an appointment on the first day of our inspection. However our arrival at the service delayed their departure by a few minutes and the person was becoming concerned. The staff member took the time to explain what was happened and to provide reassurance to the person. We observed people's privacy and dignity being respected, for example, staff knocked on people's doors, and waited for the person to respond before entering. Also when staff were speaking with people they ensured they did not discuss anything personal where it may be overheard by us or other people. People's cultural and diverse needs were respected. For example, people were supported to follow specialist religious events or to observe holidays if they wished to. In addition specialist dietary needs were catered for.

Requires Improvement

Is the service responsive?

Our findings

People mostly received support and care that was individual and person centred to their needs. However, due to the availability of staff, the staff were unable to consistently respond to people's changing needs. For example, on occasions people had to accompany staff to 'collect' another person from day care or another community setting. This was because people attended different community projects there was often just one person at the home and so staff brought the person with them in a taxi to collect the other person. Staff told us the person could not stay at home as there was no staff for them to stay with. This did not always demonstrate that the wishes of the person concerned had been taken into account.

People were supported to participate in a range of activities which had been recorded in their individual care records. Some people attended day centres, social clubs, art and crafts sessions and a gardening project. One person told us, "I like going on holiday with [staff member]." They went on to tell us about their previous holidays and some of the activities they participated in while on holiday.

People's assessments and care plans were reviewed regularly. However, we found that the information was not always updated to reflect the current needs. Staff knew people well so were responsive to peoples changing needs, however if it was not regular staff supporting a person, for example, an agency member of staff, they may not be so familiar with people's current needs and care plans and risk assessments were not always updated to enable safe and appropriate care. We spoke with the manager about this who agreed to ensure records were updated following each review, or when there was a change in the persons needs circumstances or ability.
People were supported to attend and contribute to resident meetings and we saw minutes of the last two residents meeting held in August and September 2016. However, although meetings were held people told us they did not always feel they were listened to. One person told us, "The manager told us some things." Staff told us that they tried to support people to contribute their views but people did not always feel confident even though the meetings were very small.

Surveys to obtain feedback on people's experiences of using the service had been distributed last year to people who used the service and their relatives. A summary and analysis had been completed by the company who had undertaken the survey with some suggested improvements. However, none of these actions had been implemented as the manager had not been aware of the document.

The provider had a complaints policy and procedure in place. We reviewed the complaints records and found that although there had only been one complaint raised since the last inspection, records showed that the complaint had been investigated and had only recently been concluded. The complaints process was protracted and during the investigation had been extremely stressful for the family concerned. However we recognised that the management were working to achieve a resolution and the manager told us going forward they would take the learning on board to ensure future complaints were addressed more efficiently and effectively.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found that the service was not consistently well led. We had found that the provider's quality monitoring and governance systems had not always been effective in identifying shortfalls in the service provision. There was a lack of management oversight into how the service operated as well as a lack of systems and processes. During this inspection we found that things had not improved sufficiently.

The service had a new manager who told us they were reviewing systems and processes and that they were committed to making the improvements. However, people who used the service and their relatives told us that they were not confident that their views were listened to and that actions would be taken as a result.

The manager told us that they undertook regular audits of care plans, and other documentation relevant to the effective management of the service. However, there were some areas of shortfalls in the home that had not been identified by the manager or the provider's monitoring systems. For example, peoples 'purple folders' contained details of the previous registered manager and care plan reviews were ineffective. We also found that two incidents that had been reported by staff and appropriately documented had not been processed or followed up so the incidents were not investigated or concluded in accordance with the companies safeguarding policy.

People's needs and choices were not always considered. For example, during the inspection, one person told us they were having their lunch before going to their activity. The manger told the staff member to pay for lunch out of the person's 'taxi' money and they would get it out of their allowance by the time they came back. These arrangements were all made without any consultation with the person. The person had spoken to us earlier and demonstrated they were able to make decisions if communicated in a way they understood.

We found that although the manager told us about the systems they had in place to monitor the service, the systems had not yet been implemented or embedded. Therefore we were unable to assess the impact or improvements that might be achieved as a result of their approach and thy told us they were aware of their responsibilities in relation to the quality of the service they provided. Staff felt that effective communication systems were in place between staff but this was not always the case in relation to communication with the managers.

Records were not always kept up to date. Relatives and staff were not confident that there was an open and inclusive approach in the service. However, they did all say that it was early days and it remained to be seen how the future unfolded. The manager had not yet got to know people very well and was still learning the ropes. The manager told us they were going to be arranging for the annual survey to be sent to people their relatives and staff to gain feedback regarding the service.