Care Management Group Limited

Cherry Tree

Inspection report

272 Wingletye Lane
Hornchurch
Essex
RM11 3BL

Tel: 01708460808
Website: www.cmg.co.uk

Date of inspection visit:
05 September 2018

Date of publication:
12 October 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cherry Tree is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support to a maximum of seven people. At the time of the inspection there were five people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in March 2017 the service was rated Good. At this inspection we found the service remained Good.

The service did not have a registered manager in post, however, it was managed by an acting manager who had applied to register with the CQC. 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.

Medicines were not managed safely. We found people's medicines were not always kept securely in locked medicine boxes. This put people's health and safety at risk.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and people's care plans showed mental capacity assessments had been completed and applications for Deprivation of Liberty Safeguards (DoLS) were made to local authorities. We found some staff were not confident in their understanding of MCA.

Although the premises was free from malodours, we noted that there were areas that needed cleaning, repair or replacing. We made a recommendation in this area.

There was a robust staff recruitment system in place to ensure staff were checked and safe to support people.

Staff were provided with induction, training and supervision opportunities. However, their satisfaction with their support from management was mixed with some saying they felt supported and others stating they did not feel well supported.

The service had enough staff to provide care and support for people. However, we noted that the service relied on agency and bank staff to cover shifts due to absence and turnover of staff. The provider was recruiting new staff the reduce the impact of this on the continuity and consistency of care.

Staff had appropriate personal protective equipment and knowledge to ensure the risks of infections were minimised whilst supporting people.

Risks to people were identified, recorded and reviewed. Staff were aware of the steps to take to ensure risks to people were managed.

Various health and safety aspect of the service such as of fire alarms, fire doors, electrical equipment and cleaning were in place to ensure people's safety. One of the fire doors in the annexe was out of order but there was an alternative fire exit whilst this was being rectified.

Each person had a care plan which described their needs, preferences and how they wanted to be supported. People and relatives told us they were involved in the review of their care plans.

People had a choice of meals. Staff supported and encouraged people to choose, prepare and have their meals at the times of their choice. Staff also worked with healthcare professionals to ensure people had access to healthcare.

The service had a complaints procedure presented in a format suitable for people to understand. No complaints had been received since our last inspection. People's communication preferences were identified and staff knew how to communicate with them.

People's preferences of activities were identified and they had opportunities to go to different places of interest.
The provider sought feedback from relatives to ensure that their views were used to improve the service. Regular audits of aspects of the service such as health and safety and the records were undertaken to make sure appropriate action was taken to address any shortfalls.

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.

The provider did not ensure that medicines were kept safely. This put people's health at risk.

Although there were not malodours in the service, some parts of the service required cleaning, repairing or replacing. We made a recommendation in this area.

There were enough staff to meet people's needs. The provider followed their recruitment policy and procedure to ensure that staff were properly checked before they started work

People were protected from avoidable risks through assessments, policies and staff training.

Lessons were learnt from incidents and accidents to ensure people were safe.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

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 5 September 2018 and was unannounced.

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 inspection report, 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 the local authority and Healthwatch. We did not receive the Provider Information Return (PIR) due to technical issues. The PIR is a form in which the provider tells us what improvements they plan to make and what they do well.

During the inspection, we spoke with two people who used the service. We also spoke with three relatives on the telephone to obtain their views of the quality of the service. We reviewed three people's care files, people's medicine administration record (MAR) sheets, health and safety records and quality assurance checks. We spoke with three care staff and the regional director. We were not able to access staff files during the inspection as the acting manager, who held the keys to the filing cabinet, was away. After the inspection the provider reviewed staff files and sent us information on their staff recruitment, supervision and annual appraisal processes.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe and were happy using the service. One person said, "I am happy [using the service]." A relative told us, "Yeah, [the person using the service] is definitely safe." They told us they did not have any concerns about people's safety.

When we arrived at the service early in the morning we found two people's medicines in containers were left on the computer in the office rather than in locked medicine boxes mounted on the walls in people's bedrooms. Staff told us this could be an error made by them. We also saw another person's medicines were kept on a shelf in a small locked room instead of a locked medicine box in the person's bedroom. Staff told us this was because the medicine box was removed from the bedroom following an incident. Although staff monitored and recorded the temperatures of the areas where medicines were kept, we noted that the temperature of the room where one person's medicines were kept were not monitored and recorded. The regional director told us that they would look into and address these issues so that medicine storage and administration was safe.

We observed staff administering medicines. Most medicines were dispensed into blister packs. Staff administered the medicines, recorded and signed on the medicines administration record sheets (MARS) to provide assurance that people took their medicines. All staff who administered the medicines were trained in medicines administration and assessed as competent before being allowed to administer medicines. Senior staff audited the medicines and took actions when any errors were noted. We observed staff administering medicines. We also checked the MARS and medicines and found that they were all correct.

Staff had attended training on adult safeguarding and knew what abuse meant. They were able to tell us the different types of abuse and the signs they would look for, for example neglect of personal hygiene and unusual bruising. One staff member told us that the types of abuse included financial, emotional, verbal, sexual and neglect. Another member of staff said, "It's important to notice any changes [to the person's behaviour]." Staff knew about the whistle blowing policy and could tell us what this meant in relation to their responsibilities, including reporting any suspicions of abuse to their manager or any relevant authorities. Staff were aware of the external agencies they could report their concerns to, which included the Care Quality Commission, Local Authority and the Police should they be dissatisfied with the way their concerns were addressed by the provider.

A member of staff let us into the care home when we arrived in the morning. We were concerned that the member of staff did not give us information or tried to support one person who was anxious when approaching us. Later, during the inspection a senior staff explained that the person, "Had a behaviour of approaching and touching visitors". Although we were told by senior staff that staff were trained to support the person to ensure they and visitors were safe, we did not experience or observe staff taking appropriate action to support and reassure the person or make us feel safe. Senior staff told us they would ensure the member of staff and all other staff followed the person's risk assessment and guidance on how to support them. We checked and found the person's risk assessments were detailed and contained information for staff on how to support them. We also noted from a health professional's feedback that staff were confident

in explaining about the person's behaviours and reassuring them to feel safe.

We saw that each person had a risk assessment which identified possible risks and provided guidance for staff what measures they needed to take in order to reduce the risks and make sure people were safe.

When incidents were reported, staff took appropriate action to ensure they were resolved, and shared learning appropriately. The regional director also told us they audited incidents and accidents and they drew lessons from incidents. The regional director said that they learnt compatibility between people as being a main reason for the incidents people experienced. They said that since one person was supported to move on, the number of incidents at the service had reduced greatly. We were informed that future placement at the service would depend on the assessment of new people being compatible with the people using the service.

We saw that weekly fire tests were carried out and each person had their own fire risk assessment and evacuation plan to keep people safe in the event of a fire or emergency. However, we noted that a fire exit door in the annexe was boarded and the sign ('Fire Exit') was covered with a piece of paper. This had been a known issue to the provider and they told us that they had reviewed their fire risk assessment and that there was an alternative fire exit which people and staff could use. They sent us an email to confirm that an order had been placed and the work was likely to be carried out a week after this inspection.

Staff had attended infection control training and were aware of the process to follow and manage the spread of infections. The premises were free from malodours. However, we saw some areas such as the curtains, windows, skirting, chairs and carpets that needed cleaning. The provider told us that they were already aware and in the process of repairing the bathroom at the home. Staff told us they cleaned the communal areas and bedrooms. However, we noted that these did not reach all the areas needed.

We recommend the service seeks advice and guidance from a reputable source about controlling the risk of spread of infection.

The provider had a staff recruitment policy, which was last updated in May 2018. During the inspection we did not review staff files as they were locked in a filing cabinet and the acting manager was away. However, during our last inspection in March 2017 we found that all staff underwent a recruitment process, which included completing application forms, attending interviews, providing satisfactory written references, police checks and the right to work in the UK. A few days after this inspection the provider sent us an email confirming that all the necessary checks had been carried out before all new staff started work at the service. This ensured that people were supported by staff when were properly checked.

Relatives told us there were enough staff at the service. One relative said, "[Yes], when they take [my relative] off site, [the service provides] 2:1 [staff]. [My relative] has 1:1 staff support in house." When we arrived at the service in the morning, there were two care staff supporting three people. Staff told that one member of staff had rung off sick and they were short by one staff. They told us they had contacted an agency and were expecting a care worker to come. Later, a care worker came to cover staff absence. The staff rota showed that there were three staff on shift at Cherry Tree and two care staff at the annex. We noted the service used agency and bank staff to cover for staff absence. Staff told us that the staffing level was enough but staff absence and high turnover meant that they were sometimes under pressure. We discussed this with the regional manager and were told that they were recruiting staff.

Good

Is the service effective?

Our findings

Relatives told us regular staff had good knowledge of people's needs. One relative said, "I think they work well [with the person using the service], they know [the person] has a challenging behaviour." Another relative told us, "There are some regular staff who are marvellous [understanding and meeting people's needs]".

Staff attended an induction programme when they started work at the service. The provider confirmed staff who did not have care experience had to complete the care certificate. This is a training programme designed for staff who are new to working in the care sector. Staff told us that they attended various training programmes related to their roles. The provider's training matrix showed staff had attended and booked refresher training in areas relevant to their roles including the Mental Capacity Act 2005 (MCA).

The MCA 2005 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 make 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 authorisation 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 met. The service had made appropriate applications for people and records confirmed they had been in constant contact with the local authority for authorisations.

Although staff attended MCA training and knew how to respect people's rights and promote their independence, their understanding of MCA and DoLS was not satisfactory. We discussed this with the regional director who reassured us that they would provide all staff with MCA and DoLS training and support to ensure their knowledge was improved.

We noted that staff sought people's consent when providing care. Relatives told us they were happy with the staff because they talked to people and asked them how they wanted to be supported.

Staff had mixed views about the support and supervision they received. Some said they did not feel supported by the manager or senior staff whilst some said they were supported and supervised. Some staff were happy working at the service but others felt not so happy. The regional director reassured us that they would ensure staff had regular support and supervision.

People's nutrition and hydration needs were met. Two people told us they liked the food and they could choose to eat what they wanted.

The service promoted people's health. Records showed that people had attended health care appointments and had annual medical check-ups.

Good

Is the service caring?

Our findings

People and relatives told us they liked the service. One person said, "Yes, [I like living here]." One relative said, "Staff are very caring and you could tell they like [my relative] a lot. When I've taken my relative on holiday, the staff said they really missed [the person using the service] very much, and this showed to me that they were caring." Another relative told us, "Yeah, I think they are [caring]. They are really good to [my relative]."

Relatives told us staff communicated well with people. One relative said staff talked with people and listened to them. They said, "Staff listened and understood [people]." We observed staff speaking with people in a respectful and kind manner. We observed them talking with people about their favourite activities and what their plans for the day were. We saw staff talked to people and encouraged them to do things for themselves, for example, when choosing and cooking their lunch. This showed staff promoted people's independence.

People and relatives were involved in review of care plans. A relative told us, "Staff say [the person using the service] is [a grown-up person and have their own life]. I have been involved in the review of care plan. They listen." Another relative said, "We have just done a deputyship [to make particular decisions on behalf of the person using the service]." We saw care plans were personalised detailing each person's support needs.

Relatives told us staff treated people with respect and dignity. One relative said, "Yes, I do [believe staff treated people with respect and dignity]. [Staff have] have a nice temperament, they talk about [the person using the service] but not in a derogatory way [but] very positive." Staff told us how they ensured people's privacy when supporting them with personal care. A member of staff said, "I make sure that the bathroom door is closed and curtains drawn. I also knock on the doors and wait for permission to enter bedrooms."

Staff had good knowledge of equality and diversity. One member of staff said people should not be discriminated against because of their religion, race, or sexuality. People and the relatives we spoke with did not have concerns about discriminations of any kind.

Good

Is the service responsive?

Our findings

Relatives told us staff understood and responded to people's needs appropriately. Staff had good knowledge of people's needs and how to support them. They were aware of people's preferences, interests and behaviours. A member of staff described one person's routine behaviours and how they responded to meet the person's needs.

Each person had a care plan, which contained information about what they liked, what was important to them, and details of their needs and what staff should do to meet their needs. Staff told us the care plans were useful to them because they contained information about people's needs. They said they followed the care plans. Staff also kept daily records of people's support. Staff used this as a way of sharing information with each other.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included people's communication preferences. For example, one person's care plan stated, "The way I communicate is non-verbal. I like to use signs and pictures to communicate with others." Staff we spoke with knew and were able to communicate with people. We saw pictures staff used as a means of communication. Staff also told us other ways of communicating with people such as use of signs and gestures.

Relatives knew how to make a complaint. One relative said, "I would speak to staff or email the manager." Another relative told us, "I would tell [the manager] and social worker. I did complain [about an agency staff and the provider resolved it]." No complaints had been received since our last inspection in March 2017. The provider had a complaints policy and procedure, which were presented in easy-read format. The regional manager told us they welcomed complaints because they could learn from them and improve the service.

Although the service was located in a secluded area away from the local community, people were supported to access community facilities. A relative told us they were on a holiday with a person using the service and we noted people were also went on holiday with staff support. Care plans showed each person had an activity plan based on their preferences and risk assessments. Staff told us and records confirmed that people attended day centres, went shopping, the city, seaside and cafe's. We noted the service had a vehicle they used for travelling to places.

Good

Is the service well-led?

Our findings

Relatives' had mixed comments about the manager. One relative said they knew the manager and they had a good relationship with them. However, another relative said there were "so many managers in and out [of the service]," and "have not had a proper relationship with any one [of them]." During this inspection the acting manager was not present but we noted that they had applied to the CQC to be registered as a manager.

There was a clear management structure in place. The acting manager was supported by a deputy manager. Also, there was a lead senior staff who was in charge of shifts in the absence of the deputy manager or the acting manager. The regional director provided support and supervision for the acting manager.

The views of the staff regarding their support were mixed with some saying they felt supported and enjoyed working at the service, and others stating they did not feel they had enough support to do their job. One member of staff said, "I like working here. It is good to support people." Another member of staff told us, "I don't feel supported enough because of changes in management." We fed this back to the regional manager and they reassured us that they would address the issues.

The vision and values of the service were explained by the regional director and staff and this was to ensure people's independence and engagement. The regional director gave an example where one person was supported to move on to live in a supported living accommodation. We were also informed of a plan for another person to move to a re-developed self-contained accommodation within the service. Staff understood equality and diversity and ensured people's choices of activities, meals and care were respected.

Staff understood their duty to report matters that affected people at the service and records confirmed they sent notifications and safeguarding concerns to the CQC. We noted also that staff reported safeguarding concerns to the local authority so that they were investigated and appropriate action taken to ensure people were protected from abuse.

Staff told us relatives gave verbal feedback when they visited the service or attended care plan reviews. They told us they had "a lot of communication" with relatives. We noted a stakeholder survey had been sent out to the relatives but feedback was yet to be received by the provider. The regional director told us a similar survey was sent out last year but none was completed and returned. They told us that they would encourage stakeholders to complete the survey and return to the provider. We were told that the feedback would be analysed and action plan put in place to ensure improvement of the service.

The deputy manager, acting manager and the regional director audited various aspects of the service. This included regular health and safety checks, medicines, staff training, incidents and accidents, risk assessments and care plans. Records confirmed that these audits had taken place and recorded by staff. We noted that staff had regular monthly meetings where they discussed care practice and training issues.