

MNS Care Plc

Cherrytrees Care Home

Inspection report

Mandley Park Avenue
Salford
Greater Manchester
M7 4BZ

Tel: 01617926883

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12 March 2021
31 March 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cherrytrees Care Home is a nursing and residential care home located in Salford, Greater Manchester and is operated by MNS Care Plc. The service can support up to 32 people, with 27 living at the home at the time of our inspection.

People's experience of using this service and what we found

We found improvements were required to infection control practices at the home. Appropriate systems were not always in place to protect people from the risk of abuse. People living at the home and their relatives told us the home was a safe place for people to live. There were enough staff to care for people safely and proper recruitment checks were carried out when staff started working at the home.

At the time of our inspection, the home did not have a registered manager, although a new manager had now been appointed and was in the process of registering with CQC. The feedback we received about management and leadership was positive. The current staff team spoke of a positive culture at the home and there were a range of systems in place to seek feedback to improve the quality of service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published December 2018).

Why we inspected

We looked at infection prevention and control (IPC) measures under the Safe key question. We look at this at all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Initially, our inspection only looked at IPC practices within the home. However, during this visit, we identified other areas of concern and took the decision to change the inspection to a focused inspection looking at the key questions of Safe and Well-led. This report only covers our findings in relation to the key questions which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion (Caring, Effective and Responsive) were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherrytrees Care Home on our website at www.cqc.org.uk.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherrytrees Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Cherrytrees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a registered manager in post at the time of our inspection. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The new home manager had applied to register with CQC at the time of our inspection.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 12 and 30 March 2021. We visited the home on both 12 and 17 March 2021 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with four members of staff including the regional manager, current home manager and two care staff.

We reviewed a range of records. This included four people's care records and a selection of medication administration records (MAR). We also looked at three staff files to check staff were recruited safely. A variety of other records relating to the management of the service were also taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was Good, although had now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were not assured the provider was using PPE effectively and safely. At the time of our visit the staff toilet was being used as a changing room, meaning there was risk of cross contamination. This had been rectified by the second day of our inspection. Staff had not accessed training provided by the local authority regarding PPE. This was arranged after our inspection.
- We were not assured the provider was accessing testing for people using the service and staff. Staff were not carrying out twice weekly lateral flow device (LFD) testing as required. We were informed arrangements had now been made for this to be introduced.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Although high touch areas, slings and hoists were being cleaned, these were not documented. A form to capture this information was introduced by the second day of our inspection.
- Although the provider's infection prevention and control policy was up to date, IPC audits were not always being carried out within the required timescales.

This meant there had been a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding Safe Care and Treatment. This was because appropriate systems were not always in place to assess the risk of, prevent and detect the spread of infections.

- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had received safeguarding training relating to both children and adults and when spoken with, displayed an understanding about safeguarding procedures. However, we identified concerns about staff not always recognising when abuse was taking place.
- During the inspection, we observed a person living at the home displaying inappropriate behaviour towards other people. Their care plan stated this type of behaviour was of high risk and should be documented on an Antecedent-Behaviour-Consequence (ABC) chart. However, the behaviours were not always recorded. The information was also detailed in their pre-admission assessment as being a long-standing issue.

- Staff were present when some of these behaviours took place, however nothing had ever been reported to the local safeguarding team for further investigation.
- We raised this as a safeguarding concern after our inspection. We also received an update from the manager that an ABC chart had been implemented and that relevant professionals had been contacted to review the person's placement. Further training had also been arranged for staff regarding safeguarding.
- Accidents and incidents were recorded within people's care plans, although as detailed above, not all incidents were being documented regarding people's care and certain behaviours.

We recommend the provider continue to embed appropriate safeguarding systems and processes to ensure any instances of abuse are identified.

- Both people living at the home and relatives told us they felt the service was safe. One relative said, "I do think the home is safe. I would not be able to look after her at home, so she is in the right place now." A person living at the home added, "I do feel safe. The building is secure."

Assessing risk, safety monitoring and management;

- We looked at how risk was managed within the home. A full fire risk assessment had been completed, with the level of risk assessed as 'Tolerable'. Appropriate maintenance work had also been carried out to the premises regarding gas safety, electrical installation, the passenger lift, hoists and portable appliance testing (PAAT). Additional window restrictors had also recently been installed.
- People living at the home had a range of risk assessments in place regarding their care. These covered waterlow (for skin), falls and nutrition. We found appropriate systems were in place to mitigate any risks presented to people, with the necessary health professionals involved to provide additional support to people.
- People had the necessary equipment available for them to help keep them safe. For example, pressure relieving mattresses which we saw were maintained at the correct setting to provide sufficient pressure relief and reduce the risk of skin breakdown.

Staffing and recruitment

- Appropriate recruitment checks were carried out such as requesting disclosure barring service (DBS) checks, carrying out interviews and obtaining references from previous employers.
- There were enough staff to care for people safely and the feedback from staff, relatives and people living at the home were that current staffing levels were sufficient. A member of staff said, "It can get hectic, but we are able to prioritise to make sure people are safe." A relative said, "Yes, there always seems to be staff around."

Using medicines safely

- Medicines were ordered, stored, recorded and administered safely. During the inspection we looked at four MARs which were all completed accurately with no missing signatures by staff.
- Medicines were stored in secure trollies, within a locked treatment room which we saw was always locked when not in use. A medicines fridge was also used, with regular checks of the temperature taken to ensure medicines did not spoil.
- Both people living at the home and relatives told us they felt medication was given safely and on time. PRN (when required) plans were in place to guide staff as to when certain medicines needed to be given and under what circumstances. A person living at the home said, "No issues and I feel I get my medicines when I need them."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles and understanding quality performance, Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As mentioned within the safe domain of this report, we identified concerns regarding infection control and safeguarding. The provider had identified the infection control concerns as part of their own quality assurance systems and had implemented an action plan to resolve these issues prior to our inspection. Between the first and second days of our inspection, action had already been taken to resolve the infection control shortfalls.

- Due to a breach of regulation 12 (regarding safe care and treatment) being identified in the safe domain of this report, the well-led key questions cannot be rated higher than Requires Improvement.

We recommend the service continue to improve their governance systems, particularly when identifying safeguarding incidents.

- The service had a range of governance systems in place including audits which were carried out both at registered manager and provider level. Spot checks were also carried out at night time and competency assessments were undertaken of areas such as staff administering medication.

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys to obtain feedback. Staff and resident/relative meetings were also held so that feedback could be sought and used to make improvements. Some of these had taken place less frequently than expected however due to COVID-19.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from everybody we spoke with about management and leadership at the home. Staff told us the new home manager had made a very good start since taking up their new role. One member of staff said, "It is fantastic, I must say. I can see a real difference and he is a good leader." A relative said, "It seems well managed and there is good leadership." A person living at the home added, "The manager is very nice and is managing the home well."

- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "I enjoy the job and working here. I feel very passionate about providing care to people."

- Both people living at the home and relatives were complimentary about the care provided which ensured

good outcomes were achieved. A relative said, "I think the care here is very good. The staff, I cannot fault them. The staff are all top rated in terms of being caring." A person living at the home also added, "This is my home and they provide very good care to me. They are very good to me and look after me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong ; risks and regulatory requirements;

- The provider and home manager understood the requirements and their responsibilities under the duty of candour. At the time of our inspection, the home shared their current action plan which contained areas for improvement which were being worked towards. We could see from reading meeting minutes and speaking with the home manager that steps had already been taken to address areas of concern within the action plan.

- Regulatory requirements of the service include submitting statutory notifications to CQC about incidents such as deaths and serious injuries. Ratings from the previous inspection also need to be displayed and were located in the main reception of the home.

Working in partnership with others

- The home worked in partnership with a number of other agencies in the Salford area, including social workers, GP's and district nurses.

- The home also attended conference calls facilitated by the local authority during the COVID-19 pandemic. This was attended by other homes in the Salford areas and presented the opportunity to share thoughts and ideas to improve the quality of care people received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Appropriate systems were not in place to ensure safe care and treatment.
Treatment of disease, disorder or injury	This was specifically regarding part (h) of the regulation because the service did not always assess the risk of and prevent, detect and control the spread of, infections.