

ADL Plc

Cherry Tree House

Inspection report

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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

About the service

Cherry Tree House is a residential care home providing accommodation and personal care for up to 34 older people aged 65 and over. The home is arranged over two floors. At the time of our inspection 14 people lived at the service.

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

The service was not always clean and at times staff were expected to undertake cleaning duties within their caring role. Some furniture and fittings were damaged which meant these areas could not be effectively cleaned. Areas of the service needed redecoration and maintenance. The registered manager was not adequately monitoring the standards of cleaning.

Staffing levels needed to be reviewed as care staff were also responsible for additional duties including laundry and cleaning, which took them away from their caring role. Accidents and incidents were monitored and investigated, though records did not always evidence what was learnt.

Quality assurance systems were not effective and failed to identify shortfalls which placed people at risk or receiving a poor-quality service.

Processes were in place for reporting safeguarding concerns and people told us they liked the staff, felt safe and were happy in the service. People's medicines were administered safely. The provider's recruitment processes helped ensure only suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had worked at the home for a long time and morale was good as they felt valued and supported by the registered manager. Staff worked closely with relevant professionals.

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

Rating at last inspection

The last rating for this service was good (published 21 June 2018).

Why we inspected

We inspected to look at infection prevention and control measures under the Safe key question. We look at this in 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.

We found there was a concern with infection control so we widened the scope of the inspection to become a focused inspection which included the key questions of Safe and Well-led. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions 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. We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service.

We have identified breaches in relation to infection control and addressing quality shortfalls at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Cherry Tree House

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type

Cherry Tree House 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced on the first day but not on the second day.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager, and a care worker. We also spoke to a healthcare professional visiting the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to validate evidence found. We spoke with two relatives about their experience of the care people received.



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 rated as good. At this inspection this key question has 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

- People were at risk of developing infections as effective infection prevention and control systems were not in place to ensure good standards of cleanliness.
- Areas of the service could not be effectively cleaned. Furniture and flooring in some areas was marked or damaged and some pull cords were dirty, which impacted on the standards of hygiene.
- Equipment was not appropriately stored. Equipment such as weighing scales, laundry baskets and a commode were stored in bathrooms which restricted their use. We observed clean laundry being taken into the sluice, which could lead to cross infection. We discussed this with the registered manager who addressed the issue immediately.
- Cleaning schedules did not include all cleaning duties and were poorly completed. At times, care staff were expected to complete cleaning and laundry tasks during their shift, which took them away from their caring role.
- During the inspection, not all staff were observed wearing appropriate PPE. We discussed this with the registered manager as PHE guidelines identify it is good practice for staff in all areas to wear face masks to minimise the risk of cross infection and to protect themselves and others. The registered manager advised they would address the issue with the staff member.

We found no evidence that people had been harmed however, infection prevention and control systems were not robust enough to demonstrate the risk to people of infection was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staffing hours provided for cleaning and laundry tasks were insufficient to protect people, staff and visitors from the risk of the spread of infection and sustain the standards of hygiene required.
- When domestic staff were not available, care staff were expected to complete cleaning and laundry tasks on top of their caring duties. During the inspection, the registered manager confirmed they would look at the cleaning schedules and increase the cleaning hours to ensure this did not impact on the quality of care staff provided.
- The provider's recruitment processes helped ensure only suitable staff were employed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff recognised risks to people's safety and understood how to keep them safe, though risk assessments were not always robust. For example, one person's risk assessment did not identify the risks to others who

could potentially access cigarette lighters creating a fire hazard. The registered manager told us they would address this.

- Accidents and incidents were monitored and investigated, but the documents were not always fully completed. This meant it was not always clear what actions had been taken to prevent reoccurrence, or if lessons had been learnt. The registered manager confirmed they would review their processes to ensure lessons learnt were clear and shared with staff.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals. People and their relatives told us they felt safe and happy at the service, one person told us, "I feel very safe, staff are lovely, they look after us well."
- Appropriate referrals had been made to the local authority safeguarding team when any concerns were identified.

Using medicines safely

- Medicines arrangements were safe and managed appropriately.
- People received their medicines as prescribed.
- Protocols were in place to guide staff when to administer 'as and when required' medicines.
- Medicines were stored securely, and effective temperature monitoring systems were in place.

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 now 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, risks and regulatory requirements

- Governance systems in place failed to identify quality shortfalls and did not drive forward improvements.
- Quality monitoring systems had failed to identify the concerns we found during the inspection. These included infection control practices, staffing, lessons learnt from accidents and incidents and records. The registered manager told us they would review these after the inspection to effectively identify and address quality shortfalls.
- Thorough records were not always in place. We found thorough records had not been kept in relation to cleaning and individual risk assessments.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications the provider is legally required to send to CQC had been submitted as required.

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

- The service had a positive culture. One staff member said, "It's a great place to work, we all get along, a lot of us have been here a long time." A relative told us, "The manager is very open, if we need to talk about anything, we could speak to them. There is never a sense of inconvenience, they are not trying to hide anything."
- The provider was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People told us they felt listened to, were involved in the service and spoke highly of the registered manager. Meetings were held where possible, and questionnaires were sent out and responses analysed to help identify how the service could be improved.

- Staff were encouraged to share their views and contribute to decisions about changes. The registered manager held regular staff meetings to ensure staff were involved in any changes and decision making. A staff member told us, "The manager is very approachable, I can always have my say and say what I think."
- The registered manager was responsive to the feedback provided following the inspection. They were committed to making improvements to the service.
- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance. A healthcare professional told us, "We have developed a good rapport. The manager and staff are very approachable, we have a good relationship."

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 The provider failed to ensure effective Infection prevention and control systems were in place, putting people at risk of infection and ill health. 12(1) (2)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate an effective quality assurance system and maintain accurate, complete and contemporaneous records. 17(2)(b)(c)