

Runwood Homes Limited

Cherry Tree Lodge

Inspection report

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Warwick
Warwickshire
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Tel: 01926425072

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Cherry Tree Lodge provides accommodation and personal care for up to 72 people, some who are living with dementia and some who are very frail and have physical support needs. The service consists of four separate units over two floors. There were 63 people living in the home on the day of our inspection visit.

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

People did not consistently receive safe care. Risks associated with people's care were not always identified, managed or mitigated. Systems and processes to protect people from the risks of harm or abuse were not always effective.

The provider's systems were not robust enough to ensure action was taken in response to risk. Senior staff did not always have the competence or confidence to carry out the responsibilities of their role effectively.

Some improvements were identified in infection control practices to ensure they always reflected the most up to date guidance.

The provider has produced an action plan with tight timescales and managerial oversight to improve standards and practice at the home.

Rating at last inspection

The last rating for this service was requires improvement (13 September 2019).

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service sustained serious harm. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about risk management within the service and the recording and reporting of accidents and incidents to ensure people were safeguarded from the risks of abuse. This targeted inspection examined those risks.

We looked 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 COVID-19 and other infection outbreaks effectively.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. Therefore, the overall rating for the home remains requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified breaches in relation to the risks associated with people's care to ensure they were safeguarded from the risk of harm, and in the management of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We requested an action plan from the provider to understand what they will do to immediately improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection 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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Cherry Tree Lodge

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection on specific concerns we had about risk management within the service and the recording and reporting of accidents and incidents to ensure people were safeguarded from the risks of abuse.

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 three inspectors.

Service and service type

Cherry Tree Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager 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

Our inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority and commissioners 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 the regional operations director and the deputy manager. We also spoke with seven members of staff including two care team leaders, three care staff, the well-being lead and housekeeping staff.

We reviewed four people's care records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about risk management within the service and the recording and reporting of accidents and incidents to ensure people were safeguarded from the risks of abuse. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures for the reporting and management of abuse and potential abuse.
- However, we found an inconsistent approach by managers and senior staff to the management of incidents that were safeguarding concerns.
- Prior to our inspection visit we were made aware of two incidents that had not been referred to the relevant external agencies as incidents of potential abuse. One staff member felt concerned their reporting of what they deemed abuse to a service manager, had not been acted on.
- Following an audit of people's daily records, both safeguarding issues had been identified by a regional operations director, but only after a further incident had occurred. Providers have to notify us of any significant incidents that occur in their service. Retrospective notifications had been submitted to CQC, but action had not been taken at the time to minimise potential future risks to people in the service. Information had not been shared with external professionals or learning actions taken, to reduce the risk of an incident happening again.
- During our inspection we reviewed the provider's safeguarding log for October 2021. This log recorded an incident on 12 October 2021 for 'unexplained bruising'. Action had been taken to inform the local authority, however we, CQC, had not been notified of this incident.
- Two staff told us when they reported safeguarding incidents involving people, there was limited, or no feedback provided to them. One staff member said, "We are kept in the dark. I have referred loads; I never know what happens or what's been done."

These concerns were a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's regional operations director assured us further training was being implemented to ensure managers and senior staff understood their safeguarding responsibilities and consistently followed safeguarding policies and procedures.

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

- Information we received prior to our visit indicated people did not always receive safe care because some

risks associated with their safety were not managed well.

- Some people could express themselves in ways that could potentially place themselves or others at risk of harm or potential harm. Staff did not always have information in a timely way to support people to express themselves, whilst keeping the person and others safe. For example, there was a delay of 19 days before a risk management plan was put in place for one person following an incident.
 - One person had been placed on 30-minute observations so staff could be sure of where they were in the home. We spoke with three staff who all told us the person was on hourly observations. Records did not evidence observations were being maintained, even on an hourly basis.
 - Where people needed support with their mental or emotional health, there was limited information within their care plans about triggers or de-escalation techniques to support staff in maintaining people's well-being.
 - We could not be confident emerging risks were shared with staff in enough detail during handovers to enable them to respond to people's fluctuating daily risks and support them effectively. For example, one person had been involved in a serious incident but the written handover report for that day recorded them as 'settled'.
 - One staff member described the handovers as 'very brief' and said, "It (handover) is not actually sufficient. Yesterday when I came in it was only when I looked at the device (electronic care system), I found out one lady was missing. I then found out she had a fall the previous night."
 - Accidents or incidents were not always recorded, or recorded in enough detail, to ensure actions were taken to keep people safe.
 - Incidents which exposed two people to risk were not always recorded within both people's records, so patterns of interactions could be identified.
 - Accidents and incidents were analysed each month by the registered manager to identify any trends or patterns. We identified three incidents that occurred in October 2021 which had not been recorded on the monthly analysis so the registered manager and registered provider could have accurate oversight of risk levels within the service.
 - We found some information on each month's analysis was carried forward from the previous month. This meant it was not always reflective of what had actually happened in the home in the proceeding four weeks.
- The culture of learning needed further improvement across the organisation, particularly where similar issues had been identified at other inspections of their homes and shared with the provider. Despite processes to share learning from other services within the locality, we found similar issues at this inspection as we had found at those inspections.

These concerns were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. We observed agency care staff, a visitor and volunteer not wearing face masks according to public health guidelines. Face masks were pulled below the chin and there were occasions when an agency staff member and a visitor gained entry to the home without wearing a mask.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Staff told us they had weekly PCR tests but only had a Lateral Flow Device test if they became symptomatic of COVID-19 or they were contact traced. This did not follow government guidance for care home workers. Lack of provider oversight of staff testing meant this practice had not been identified.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some cleaning records for shared areas of the home were not routinely updated and we received feedback that best practice in relation to handling infectious waste was not followed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about the governance processes supporting risk management within the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks had not identified risks associated with people's care were not managed consistently and risk management plans were not always implemented in a timely way.
- The provider did not have robust enough systems in place to ensure action was taken in response to risk. There was a lack of clarity as to delegated responsibilities for reviewing and implementing risk assessments. This meant important changes in people's care and support needs were not identified in a timely way to ensure they received safe and consistent care.
- The provider had not ensured senior staff had enough training and support so they could be effective in their role in managing risk. Improvements were required in record keeping around key areas of risk and risk management plans needed to be more detailed and more reflective of people's individual needs.
- Staff did not have confidence to challenge poor practice by other staff members or managers.
- Provider checks had failed to identify accidents and incidents were not always being managed in accordance with policies and procedures and staff were not meeting their legal obligations in respect of allegations of abuse.
- The provider promoted lessons learned as a way of improving the quality of care and people's experiences. However, this was not embedded within the culture of Cherry Tree Lodge and shared learning was not always evidenced within individual staff practice.
- The provider was not meeting their obligations under the duty of candour. Significant incidents had not always been reported to other organisations, healthcare professionals, CQC or relatives in a timely way.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional operations director and provider acknowledged the shortfalls we found in the service. Following our visit, the provider was asked to send us an action plan to tell us how they would improve the service. Their detailed action plan with tight timescales and managerial oversight would ensure action was taken to improve standards and practice at the home.

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 Risks to the health and safety of people were not always assessed. The provider had not taken all that was reasonable practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured systems and processes were operated effectively to investigate, immediately on becoming aware of, any allegation of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured robust quality systems or processes were fully effective to monitor the service appropriately, including people's safety.