

Prime Life Limited

Cherry Tree Lodge Nursing Home

Inspection report

133 Macaulay Drive
Lincoln
LN2 4ET
Tel: 01522 545580
Website: www.prime-life.co.uk

Date of inspection visit: 18 February 2015
Date of publication: 24/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

We inspected Cherry Tree Lodge Nursing Home on 18 February 2015. The inspection was unannounced.

Cherry Tree Lodge Nursing Home provides support with nursing and personal care needs for up to 19 people who experience learning disabilities. It is located in a residential area of Lincoln. There were 17 people living in the home during the inspection.

At the last inspection on 12 August 2014, we asked the registered provider to take action to improve the way they

managed people's finances, monitored the quality of their services and provided people with the opportunities to participate in occupational and social activities. These actions had been completed. However, during this inspection we identified some areas of quality monitoring and the provision of occupational and social activities would benefit from further improvement.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has

Summary of findings

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. The registered manager was available throughout the inspection.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection no-one had their freedom restricted.

People were safe living in the home and they were treated with respect and dignity. Arrangements were in place to support people to enjoy activities and interests. However the activities were not always personalised or appropriate for everybody's need and wishes. We have made a recommendation about the provision of person centred activities.

People were supported to access appropriate healthcare services when they needed to and their medicines were managed safely. They were provided with a variety of foods and drinks. Menu planning took account of their nutritional needs and preferences.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They were knowledgeable and received training and support about how to meet people's needs. They delivered care that was planned to meet people's needs and took account of their choices, decisions and preferences.

Staff understood how to identify, report and manage any concerns they identified. Systems were in place to support people to raise concerns or make a complaint and staff listened to people.

Systems were in place to regularly assess and monitor the quality of the services people received.

Summary of findings

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 safe.

People were safe living within the home and they were supported in a way that minimised risks to their health, safety and welfare.

There were enough staff with the right knowledge and skills to provide the support people needed and wanted.

Staff were able to recognise potential abuse and knew how to report their concerns.

Good



Is the service effective?

The service was effective.

People's healthcare and nutritional needs were met appropriately.

Systems were in place to support people with decision making about their care and for those people who did not have the capacity to make their own decisions.

Arrangements were in place for staff to receive training and support to help them care for people appropriately.

Good



Is the service caring?

The service was caring.

People were treated with dignity and their privacy was maintained. Care was provided within a relaxed and comfortable environment.

Staff respected the choices people made about their care.

Good



Is the service responsive?

The service was not consistently responsive.

People were involved in planning their care to whatever level they were able. Systems were in place to ensure people who could not be involved had their best interests represented.

Activities of choice were provided for most people and they were supported to fully engage in the activities. However the activities were not personalised or appropriate for everybody's need and wishes.

Systems were in place to support people to raise concerns or make a complaint.

Requires Improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

People, their relatives and other visitors to the home were able to voice their views and opinions about the service provided within the home.

The registered manager and staff were well supported by the registered provider organisation and were encouraged to voice their views and opinions.

Arrangements were in place for monitoring and improving the quality of the services people received.

Cherry Tree Lodge Nursing Home

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 registered provider was 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 18 February 2015 and was unannounced.

One inspector carried out the inspection.

We looked at the information we held about the home such as notifications, which are events that happened in the service that the registered provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with four people who lived in the home. We looked at four people's care records. We also spent time observing how staff provided care for people to help us better understand their experiences of care.

Most people who used the service were not able to tell us about their care. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who cannot tell us about their care. We used SOFI during the morning in one lounge area and in another lounge area in the afternoon.

We spoke with one nurse, two care staff and the registered manager. We looked at three staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

At the last inspection of the home on 12 August 2014 we found that there was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010. This was because the registered provider did not have robust and transparent systems to manage people's financial affairs so their best interests were safeguarded.

At this inspection we found that the registered provider was no longer in breach of the regulation. They had worked with appropriate stakeholders to review the arrangements to safeguard people's finances, which included capacity assessments. The registered manager had also updated people's care plans to include how people's finances were managed.

One person was able to tell us they felt safe living at the home. They also told us they would speak with the manager if they were worried or concerned about their safety. We know that the registered provider and registered manager had worked with external agencies to address any concerns for people's safety that had been raised.

Staff had received training about how to keep people safe and demonstrated they understood how to identify and report issues of concern when we spoke with them. There was information available in the home about how to raise concerns but we did not see this openly displayed or in a format that everyone could access.

Risks to people's safety and welfare had been identified and assessed and up to date care plans were in place to manage those risks. Staff helped people use equipment such as bed rails and wheelchairs safely. They also knew how to manage other identified areas of risk such as people's vulnerability in a community setting and maintaining good skin care.

Records showed that the registered manager and the registered provider carried out reviews for areas such as accidents and incidents, concerns about people's safety and infection control to ensure they could identify any issues at an early stage and take action to make any improvements required.

We looked at three staff recruitment files and found staff had been recruited in line with the registered provider's policy. For example, the registered provider had carried out checks about their previous employment; they had obtained references from previous employers and confirmed people's identity. They had also carried out checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people.

Staff rotas reflected the number of staff on duty at the time of the inspection. People told us staff were around to help them when they needed support. Staff responded in a timely manner to those people who were able to ask for support with their personal needs. They also monitored the personal needs of people who could not request help so that they could provide the right support at the right time. There were enough staff available during the afternoon to support some people with limited home based activities as a group. Four people were supported to go shopping as a group.

Medicines were ordered, stored, recorded and disposed of in line with national guidance. This included medicines which required specific storage and recording measures to be in place. Staff carried out medicines administration procedures in line with good practice and national guidance. They ensured people's privacy and dignity were respected when they administered medicines by way of injections. They told us they had received training about how to manage medicines safely and records confirmed this.

Is the service effective?

Our findings

Two people said that staff knew what they liked and did not like and looked after them well. Throughout the inspection staff demonstrated an understanding of what people liked and wanted and how they made decisions about their care. Where people could not make decisions about their care staff followed care plans to ensure they received support based on good practice and in people's best interests.

Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They knew about best interest decision making for people who did not have the capacity to make their own decisions. We saw staff discussed the changing needs for one person and they gave due consideration to issues of capacity, consent and involvement as part of the future care planning process. Records showed that mental capacity assessments had been carried out where appropriate and best interest decisions were recorded clearly.

The registered manager told us no one currently had their freedom restricted by way of DoLS. Staff demonstrated that they knew what constituted restrictions to people's freedom. Records of a senior manager's visit to the home highlighted the need for the registered manager to review people's needs with regard to DoLS. The registered manager told us the review was underway.

Staff told us that they had received training about subjects such as dementia awareness, moving and handling people and fire safety. They also told us that new staff completed a thorough induction which included how to keep people safe. Records showed that training for subjects such as diabetes awareness and catheter management had been arranged. However the records indicated that some training, for example, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), safe administration of medicines and keeping people safe had

not been updated regularly. Records of a senior manager's visit to the home highlighted that the training matrix needed to be updated and further training arranged. The registered manager told us she was reviewing the training records to ensure all staff were up to date with current guidance and good practice.

Most staff told us they received regular supervision and appraisals with senior staff. They said they were able to discuss their training and development needs as well as any issues they had. However one member of staff said they had not received recent supervision but could discuss their training and development with the registered manager.

Three people told us they enjoyed the food served in the home. People were provided with a choice of hot and cold drinks and snacks throughout the inspection. We saw the cook spent time with people talking about the day's menu and their favourite foods. The cook had a clear understanding of people's dietary needs and menus were planned that took into consideration people's needs, choices and likes. Where necessary people had specific care plans to ensure they received the right type of nutrition in the right way. Care plans were based on the advice given by specialist healthcare professionals, which we saw staff followed.

Two people said they could see their GP when they needed to and went to the dentist. Staff supported a person to attend the dentist during the inspection. People's healthcare needs were assessed and recorded in their care plans. The care plans were up to date and reviewed regularly. There were clear records to show when people had seen healthcare professionals such as nutrition specialists, their GP and dentists. Staff told us and they demonstrated throughout the inspection a very clear knowledge and understanding of people's healthcare needs including epilepsy, skin care and end of life support.

Is the service caring?

Our findings

One person said, “I like it here, I love all the staff, they look after me good.” Three other people told us they liked living at the home. We saw people reacted in a relaxed and confident manner when they engaged with staff. The atmosphere within the home was relaxed and comfortable.

The latest survey for family members and visitors to the home showed that they were happy with the way people were cared for. For example, comments were made such as, “Residents always appear to be happy in the homely environment” and “Our [relative] was very happy in [their] home and that was down to the loving care by everyone.”

Staff spoke with people in a pleasant and respectful manner using the names and titles people liked. They respected people’s wish to be on their own when appropriate and responded quickly and effectively when people were upset or anxious. People were supported to maintain their independence to whatever level they were able using appropriate adaptations and equipment where necessary. Equipment such walking frames and adapted cutlery and crockery were available to people.

Staff maintained people’s privacy and dignity when they supported them to carry out personal care. They ensured

this care was carried out in private areas such as bathrooms and bedrooms. They gently reminded people how to maintain their own privacy and dignity when being independent with care needs, such as shutting toilet doors when they used them. They also helped people to understand how their behaviours impacted on others in the home to ensure everyone’s comfort.

Records showed the registered manager carried out regular audits regarding dignity and respect for people. The audits involved observation of care and staff interaction. The registered manager said that she discussed the audit outcomes with staff which helped them to develop and improve their skills.

Two people told us there were meetings for everyone who lived in the home where they could say what they wanted and staff listened to them. However we saw some people would not be able to actively engage in meetings due to their level of capacity and communication. We saw that there was information in the home about advocacy services but this was not openly displayed in a format that everyone could use. The registered manager told us that no-one currently used advocacy services but they would ensure the information was available to people in more appropriate ways.

Is the service responsive?

Our findings

At the last inspection of the home on 12 August 2014 we found that there was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. This was because some people were not fully supported to participate in social activities including accessing community resources.

At this inspection we found that the registered provider was no longer in breach of the regulation. We saw that improvements had been made to the way in which people were supported. For example, there was a monthly planner for the social activities and hobbies that people liked to do. The manager told us some of the planning was based on what people said they wanted to do and some was based on people's known likes and dislikes. It also included birthday celebrations and access to community resources such as restaurants, pubs and shops. People told us they sometimes went out for meals at pubs and restaurants in line with the plans. One person said, "I got a big chocolate cake on my birthday."

During the inspection one person was out for the day at an activity centre. During the afternoon of the inspection some people went shopping and some people were supported to enjoy a film. The shopping trip was in line with the activity planner. The manager also sat with people to discuss their wishes for a trip out the following day. People who were able to told us they liked shopping and having their make-up put on.

However, during a 45 minute period of the morning we sat with four people in a lounge. Staff were present in the room very briefly on three occasions to support people with personal care needs. Verbal interaction with people was limited to discussion about their care needs, although it was pleasant in nature. One person was able to occupy themselves watching TV and engaging in a hobby. One person flicked through books and two other people sat passively with no stimulation. The two people were not able to seek out staff support when they needed or wanted something. In another lounge during the morning three people sat passively, the TV was on but none of the people

displayed interest in the programmes. One person fell asleep. Staff passed through the lounge on two occasions whilst we were there and did not interact with people. People in this lounge were able to seek out staff when they wanted support or interaction and did so. There were no clear arrangements for a lead member of staff to ensure everyone had the appropriate levels of stimulation, occupation and social activity.

Two people told us they talked to staff about their care needs; other people were not able to be fully involved in assessing and planning their care due to their level of mental capacity. Care records showed when others who were important in the person's life had been consulted about care. Care plans included people's known likes, dislikes, preferences and how they communicated their needs and wishes. We saw staff provided the care that was set out in people's plans. Care plans were regularly reviewed to ensure they were up to date and people's needs were appropriately met. Monitoring charts for areas of need such as eating and drinking, and pressure area care were in place to show if and when people's needs changed. Throughout the inspection we saw people were supported to use equipment to maintain their independence such as walking frames and adapted cutlery.

Two people told us they would speak to the registered manager or other staff if they had any complaints about the services they received. One person said, "Oh they're very good, they'll listen to us." There was a policy available for people but we did not see this openly displayed in a format that everyone could access. The registered manager carried out a regular audit of any complaints or concerns raised with them to ensure any trends could be identified and early actions taken. Records showed that complaints were managed in line with the registered provider organisation's policy.

We recommend that the service seek advice and guidance from a reputable source, about the provisions of person centred activities for people with learning disabilities.

Is the service well-led?

Our findings

At the last inspection of the home on 12 August 2014 we found that there was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010. This was because the registered provider did not have effective arrangements to involve people in the development of the service. In addition quality checks had not been robust so that necessary improvements could be made.

At this inspection we found that the registered provider was no longer in breach of the regulation. We found there had been improvements to the way in which people were involved in the development of the service and how quality checks were carried out. People were now engaged in meetings about what they wanted to happen in the home with records to demonstrate the content of the meetings. Relatives and other visitors had the opportunity to record their views through annual surveys. The registered manager had also made arrangements to provide relatives with the opportunity to meet with them regularly to discuss their views.

Regular quality audits with action plans were in place for areas such as care planning, safeguarding issues, dignity and respect, weight and nutrition and medication. However, daily environmental checks by the registered manager had not clearly identified some issues we found related to the cleanliness of the home and broken furniture so there was no action plan in place to demonstrate how

they were to be addressed. The registered manager recognised the need to make improvements in this area and said they would inform us when the actions were completed.

People who lived in the home and staff told us the registered manager was approachable and supportive. People who lived in the home sought out the registered manager's company for chats and support. A staff member said, "You can go to her with anything." Another staff member said the registered manager was "hands on" with care so she knew what was happening in the home. We saw the manager was visible and available for staff and helped them with care issues and decision making.

Staff told us they were encouraged to express their views or any concerns they may have. They demonstrated their awareness of the registered provider's whistleblowing procedure and said they would use the procedure if necessary. Our records show there had been no whistleblowing reports within the previous twelve months.

The registered manager told us they felt fully supported by the registered provider organisation's senior managers. They said senior managers visited the home at least once a month and held regular meetings with home managers as a group so as to share good practice, new ideas and information about the organisation.

The registered manager understood their responsibility to inform us about any untoward incidents or events which occurred within the home. Our records showed they had done so in a timely manner.