

MGB Care Services Limited

Cherry Tree Lodge

Inspection report

34-36 Holme Road
West Bridgford
Nottingham
Nottinghamshire
NG2 5AA

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

- People continued to experience good outcomes as a result of their care and support.
- People lived as independent lives as they wanted.

People's experience of using this service:

Cherry Tree Lodge is a Victorian House. It was adapted to support people's needs, but the décor was faded and untidy. Two rooms, including the manager's office, were unsuitable for the purpose they were used. This was addressed by the provider after our inspection visit.

People were safe because staff understood their responsibilities to protect people from abuse and avoidable harm.

People were safe because their care plans included risk assessments that staff followed to keep people safe without undue restrictions.

People were supported by enough competent and skilled staff. Staff supported people safely and according to their individual preferences. Staff knew people well and had developed meaningful relationships with them.

People were supported to have their medicines at the right times. Arrangements for the management of medicines were safe.

Staff knew how to use the provider's procedures for reporting concerns, for example concerns about poor or unsafe practice or incidents between people where one or more experienced harm. The provider had whistle-blowing procedures and staff knew how they could report concerns direct to the local safeguarding authority or the Care Quality Commission.

Staff were kind, caring and passionate about the service provided and there was a positive culture. Staff supported people with dignity and respect.

People's needs were met by staff who had the relevant training and support.

People had a choice of meals and enjoyed a varied and balanced diet. Staff understood the cultural diversity of people and ensured that their cultural dietary needs were met. Staff also supported people to follow their faith and cultural needs.

Staff communicated well to ensure that people experienced care and support that was consistent,

irrespective of which staff were on duty. People's health needs were met. Staff supported people to access health services when they needed them.

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

People were involved in how the service was run and were supported to maintain their independence. They made their own choices about where they spent their time and how. They participated in a range of recreational, social and individual activities.

There was a registered manager who was away from the service; it was being managed by an acting manager. There were quality processes in place to monitor the service but these were based on standards that ceased to exist from 1 October 2014. The views of people, relatives, staff and visiting professionals had not been sought since 2017.

The provider had not ensured that the details of their registered office were correctly notified to CQC and Companies House; each organisation was notified of a different address.

Rating at last inspection: Good (report published 15 June 2016)

About the service: Cherry Tree Lodge is a care home for up to 12 people with learning disabilities. It is located in West Bridgford in Nottinghamshire. At the time of our inspection visit nine people were using the service.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement 

Cherry Tree Lodge

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Cherry Tree Lodge is a care home for people living with a learning disability.

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. The registered manager had been absent since July 2018. The provider had arranged for a staff member to be acting manager.

Notice of inspection

We gave 24 hours' notice of the inspection visit because it is small and the staff and people are often out. We needed to be sure that they would be in.

What we did:

Before the inspection visit we used the information the provider sent us in Provider Information Return. This is information we require providers to send us at least once annually to give us key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with the acting manager, three staff and two people who used the service. We looked at nine people's care records. We also looked at records concerning the management of the service and notifications we received from the service. We spoke with a health professional who was visiting the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Staff followed the provider's policies and procedures for keeping people safe and protecting them from avoidable harm.
- Staff knew how to report concerns about people's safety and they were confident their manager would take their concerns seriously.

Assessing risk, safety monitoring and management

- The acting manager assessed the risks associated with people's care and support and completed care plans for staff to follow.
- Staff understood the risks associated with people's behaviours and knew how to safely support people when they presented behaviour that challenged others.
- People were involved in assessing risks associated with activities they wanted to participate in.
- People had personal evacuation plans for emergency such as a fire. A fire risk assessment was in place.

Staffing levels

- The acting manager ensured there were enough staff to support people with their needs.
- Staffing levels were based on the extent of support people required. A staff member told us, "There are enough staff. We can give people the time they need."
- The provider's recruitment procedures ensured as far as possible that only staff suited to work at the service were employed.

Using medicines safely

- Staff supported people to have their medicines at the right times.
- Medicines were stored safely in lockable cabinets in an office. However, there was not enough space to fully open the cabinet doors which made access to medicines awkward. This also made it awkward for staff to check the contents of the cupboard. This was addressed by the provider after our inspection.
- There were safe procedures for disposing of medicines that were no longer required.

Preventing and controlling infection

- Cleaners were employed to keep the premises clean. They had the right equipment and followed good practice that was compatible with the Code of Practice on the prevention and control of infections.
- Staff wore personal protective equipment (PPE) when supporting people with personal care and when handling and preparing food. This reduced the risk of cross contamination.
- The service had a three-star food hygiene rating on 6 April 2018 which meant food hygiene was generally satisfactory.

Learning lessons when things go wrong

- The acting manager and senior staff reviewed incident reports to identify trends and acted to minimise the risks of incidents recurring.
- The acting manager involved staff in developing ways to reduce risks associated with people's behaviours.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs, but the décor required upkeep. This gave the service an untidy appearance that was commented on by a visiting professional.
- A person expressed to us that they were not satisfied with the décor of their room.
- A person's room lacked storage space for their clothes, some of which were stacked on a cupboard or hanging on the outside of a wardrobe. This gave an untidy appearance but also meant clean clothes were protected from dust.
- A carpet on a landing and corridor was heavily impregnated with an unpleasant odour that was felt around the home. The acting manager arranged for the carpet to be permanently removed after our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The acting manager assessed people's needs and kept these under review.
- People's care plans included details of how they wanted to be supported.

The Mental Capacity Act 2005 (MCA) 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 take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.

Staff skills, knowledge and experience

- Staff had relevant training and knowledge to equip them with the skills they needed to support people. A staff member told us, "My training helped me a lot. Especially understanding behaviour that challenges." Another staff member said, "My training gave me the confidence to support people."
- We saw that staff supported people well and with confidence. They managed challenging situations in line

with people's care plans and in ways that kept people safe.

Supporting people to eat and drink enough with choice in a balanced diet

- People had a choice of a variety of meals that provided a healthy and balanced diet.
- People were involved in decisions about food shopping and what meals should be available for them to choose from.
- Staff supported people with their cultural food requirements, both in how food was stored and how meals were prepared.

Staff providing consistent, effective, timely care

- Staff communicated well with each other about people's needs. They shared information at 'handover'.
- Staff supported people with their health needs. A visiting health professional told us, "The care is good. The staff act on our advice. Staff bend over backwards to ensure people access healthcare when they need. I'm impressed by the staff."
- The acting manager and senior staff engaged with health professionals and services that were involved in people's care. Staff supported people to attend health care appointments or arranged for health professionals to come to the home. This ensured timely inputs by professionals.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The provider's policies and procedures, training and support for staff all promoted treating with dignity, kindness and respect.
- People's care plans included a section 'What people like about me / what is important to me / how best to support me'. Staff we spoke with knew what was important to people. Records we looked at showed that staff supported people with what mattered to them.
- We saw staff demonstrate care and compassion. They gave people assurance when people demonstrated signs of anxiety.

Supporting people to express their views and be involved in making decisions about their care

- Staff provided people with information about their care in easy to read formats. They did this to support people to make choices and decisions about how they were supported and how they spent their time.
- Staff supported people to decide how they wanted health services, such as their medical practice, to communicate with them.
- People participated in resident's meetings where they decided what food should be bought when shopping so that there was a variety of choice. People decided what activities, such as holidays, they wanted to go on.
- People were given records of resident's meetings in an easy to read format using signs, symbols and pictures people understood. This meant people had a record of what had been discussed and agreed.
- The provider listened to and acted upon people's views. A person had their room sound-insulated so that it was quieter for them.

Respecting and promoting people's privacy, dignity and independence

- We saw people being treated with respect. Staff respected people's wishes, for example when, on what was a cold day, a person asked to have their windows open. Staff gave the person gloves to wear so that they would not get cold.
- People could spend their time where they wanted, whether in communal areas or in the privacy of their room. People who wanted to had keys to their rooms so they could decide who went into their room.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People experienced care that was focused on their needs and preferences.
- People's care plans were detailed and included guidance for staff about how people needed and wanted to be supported.
- Staff we spoke with demonstrated full knowledge of people's care plans. They told us they referred to them as the main source of information about people.
- Staff knew about what was important to people, for example their faith needs and culture, and they supported people to lead fulfilled lives.
- Staff supported people to follow their interests and hobbies such as bowling, horse-riding, walking and plane spotting at a local airport. People who enjoyed shopping were taught about the value of money.
- The acting manager met with people each month to discuss what they enjoyed and what they wanted to change or do better. A person told them they wanted to be better at bowling and staff showed them how they could achieve that.
- Staff communicated with people with sensory impairment or limited vocabulary using signs and symbols. Some people were supported to invent their own system of sounds and hand signals which staff understood and which meant they could identify how people felt or what they wanted.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible to people because it was available in an easy to read format. A person had made a complaint which was investigated and action was taken to achieve the outcome the person wanted.

End of life care and support

- People's care plans had a section for their end of life care and support but people had declined to discuss this. This section of the care plan was reviewed annually.
- People had been supported to cope with the bereavement of family members.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The provider's quality assurance system was based on CQC standards that ceased to exist in October 2014. This showed they had not kept up to date with CQC's guidance to providers.
- The acting manager requested the provider to address concerns about the odorous carpet and records storage on 10 August 2018. However, these actions were only completed after our inspection 21 weeks later. The unsuitability of the manager's office was addressed only after our inspection.
- The provider's quality assurance had not identified that old care records were stored in a disorganised manner in a room that was not adapted for records storage and retrieval. The provider addressed our concerns after our inspection visit and made the room suitable for orderly storage of records.
- The registered manager had been absent from the service since July 2018. Interim management arrangements were in place and the service was managed by an acting manager who had several years' experience of the service, including as deputy manager.
- The acting manager was aware of the responsibilities of a registered manager.

Continuous learning and improving care

- In their Provider Information Return the provider told us about improvements they wanted to make to enhance people's experience of the service. These included redecorating people's rooms according to their preferences. However, there was no plan of how and when this would happen.
- People's feedback from the questionnaire survey, resident's meetings and care plan reviews was used to identify improvements.

Leadership and management

- The provider stated in their Provider Information Return that the decoration of the home was something they wanted to improve. However, there was no plan about how or when they intended to make the improvements.
- The provider had expected the acting manager to work in an office that was little more than a walk-in cupboard. This housed supplies, equipment and folders of records. It was clearly unfit to be used as an office from which the service was managed. We discussed this with the acting manager. They confirmed after the inspection visit that the manager's office had been relocated to a larger room.
- Staff told us that the service was well managed. They told us the acting manager was supportive and available to them.

Provider promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff were provided with equality and diversity training. The staff we spoke with had a good understanding of people's diverse needs and their duty to uphold people's rights.
- The acting manager understood their duty of candour responsibility to inform CQC, the local authority, people and their representatives of incidents when things go wrong.
- The acting manager carried out regular audits and checks to ensure that people received care that met their needs and that the environment was safe.

Engaging and involving people using the service, the public and staff

- The acting manager involved people in decisions that affected them, such as activities people participated in and the food they had. This was through resident's meetings and every day conversation with people.
- The provider was in the process of sending a questionnaire to people to request their feedback about their experience of the service. We saw the questionnaire and saw that it included questions about people's comfort, safety, the quality of care and support people received and whether staff were caring.

Working in partnership with others

- We saw from people's care records that the service communicated and worked effectively with health and social care professionals who were involved in people's care. This ensured that people received support in a timely way.