

ADL Plc

Cherry Tree House

Inspection report

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Date of inspection visit:
18 August 2021
19 August 2021

Date of publication:
23 December 2021

Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service well-led?	Inadequate 

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 25 people lived at the service.

People's experience of using this service

People at Cherry Tree House did not receive a safe, effective or well-led service.

At the last inspection, we found concerns relating to infection prevention and control, staffing and quality assurance systems were not effective. At this inspection we identified the same areas required improvement.

Risks to people were not always identified and safely managed. Medicines had not been managed safely. People had not always received their medicines as prescribed.

There were concerns relating to people's safety; a lack of guidance and training for staff on how to support people in the event of a fire put people at risk of harm.

Safe recruitment processes had not been followed. Systems had not been maintained to calculate safe staffing levels and there were not always sufficient numbers of staff on duty. People described delays in care support, and we observed staff were overstretched in meeting people's needs. There was a lack of meaningful activities for people.

The service did not have sufficient infection prevention and control measures in place; government guidelines for working safely in care homes during the COVID-19 pandemic were not fully implemented or adhered to.

The service was not well-led. The provider had not taken adequate steps to monitor the service and to make sustained improvements. Audits had not been used effectively to monitor quality and safety issues.

Improvements had been made to many areas of the environment through reorganisation, renewal and redecoration. This had supported the maintenance of improved standards of hygiene.

Staff had access to training, supervision and support. Some staff with responsibilities for administering medicines had not had their competency assessed regularly and we made a recommendation about this.

Menus provided choices and alternatives, we received mixed feedback about the meals. Any concerns regarding nutrition or other health needs were referred to health care professionals.

Staff knew how to protect people from the risk of abuse and harm. The registered manager had used

safeguarding reporting systems when required.

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.

The provider had begun responding to concerns and had acted to make sure enough staff were deployed. Whilst some feedback recognised recent changes, further sustained improvements were needed.

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 requires improvement (published 8 December 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, shortfalls in care support and staff not wearing appropriate personal protective equipment. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

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 coronavirus and other infection outbreaks effectively.

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 have identified breaches in relation to safe care, staffing, fit and proper persons employed and good governance. You can see what action we have asked the provider to take at the end of this report.

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

Follow up

We will request an action plan for the provider to understand what they will do to 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.

Special Measures:

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

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

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 CQC. 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

The first day of the inspection was unannounced. We told the registered manager we would be returning on the second day.

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 work with the service, the local authority commissioners and safeguarding team. 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 spent time with people in the communal areas observing the care and support provided by staff. We spoke with eight people who used the service and ten relatives about their experience of the care provided. Discussions with relatives were conducted either on site or via telephone calls. We spoke with seven members of staff including the registered manager, deputy manager, care staff, the cook and the domestic.

We conducted a walk around of the service. We reviewed a range of records. This included multiple medicine and care records. We looked at one staff recruitment file. A variety of records relating to the management of the service, including maintenance checks and audits were reviewed.

After the inspection

We spoke with health and social care professionals. We continued to seek clarification from the provider to validate evidence found. We reported our concerns regarding fire safety to Humberside Fire and Rescue Service. We reported our concerns about COVID-19 precautions to the Infection Control Nurse at North Lincolnshire Clinical Commissioning Group and we contacted the local authority.

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. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

At our previous inspection there was a failure to ensure effective infection prevention and control systems were in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- People were placed at risk of contracting infections due to the inconsistent practices in place.
- Government guidance in relation to COVID-19 management had not always been followed. Health and social care professionals, people and relatives told us staff did not always wear their face masks.
- People were not supported to isolate following discharge from hospital when they met the criteria set out in government guidance.
- COVID-19 testing following admission for those people who met the criteria set out in government guidance, had not taken place.
- Safe systems to ensure whole home testing for staff were not in place. Staff were not completing the twice weekly Lateral Flow Device (LFD) tests.

Failure to ensure guidance was implemented in relation to the prevention and control of the spread of infections was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements to the standards of hygiene in the service had been made.
- A domestic worker had been employed and improved cleaning schedules put in place.

Using medicines safely

- Medicines were not managed safely. Records did not always provide a clear and complete account of the support provided with people's medicines.
- People had not always received their medicines as prescribed which included important medicines for the treatment of Parkinson's disease and pain relief.
- Staff had not always referred refused medication back to the prescriber to enable them to review treatment options.
- One person's controlled medicines were not stored safely in the controlled drug cupboard or recorded in the controlled drug register.

- Where people were prescribed 'as required' medicines, there were not always clear guidelines (PRN protocols) in place to inform staff when and in what circumstances these medicines should be given.
- There were shortfalls in medicines management relating to the medicines returns systems; frequency of recording the medicines fridge and room temperatures and safe medicines storage during medicine rounds.

The failure to adequately manage robust medicine systems and practice was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risk was not managed safely and effectively for all people who used the service.
- Care plans and risk assessments were not always in place or did not contain sufficient information for staff to follow to keep people safe and mitigate risks associated with specific health conditions.
- Risks in relation to window safety had not been fully assessed and managed.
- Some people's room doors did not have closure devices, which exposed people to risk in the event of a fire. The registered manager assured us they would be completing a full audit of the environment to assess and address all works needed.
- Not all staff had completed fire drills or evacuation training. This meant they may not know how to support people safely in a fire emergency.
- Accidents and incidents were monitored and investigated, although records still did not always evidence what was learnt.

We found no evidence that people had been harmed. However, people's safety was not always 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.

- People felt safe at the service. One person said, "Yes, I definitely feel safe here, everyone is very helpful and kind. Comments from relatives included, "They are a lot safer than they were at home" and "[Name of relative] had several falls at home but not here."

Staffing and recruitment

- Staffing levels had not been reviewed and increased sufficiently in line with the significant number of new admissions. Care staff also had responsibilities for catering and laundry which impacted on their caring duties.
- The provider had not considered staffing levels in line with people's needs. The staffing calculator tool had not been completed and updated since April 2021.
- Staff told us they were overstretched, struggled to meet people's care needs and regularly went without breaks. Comments included, "It has been overwhelming" and "I left the home in tears after my shift recently; some of the new residents need so much support and we don't have time to do everything."
- Most people and all the relatives we spoke with considered the numbers of staff on shift were insufficient. People described delays with meals, drinks, care support and medicines. There was a lack of stimulation for people.

Whilst we found no evidence people had been harmed, the failure to take adequate steps to make sure staffing levels were sufficient put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, the registered manager took action to increase the care staffing levels during the

day.

- Safe recruitment procedures were not followed. Full pre-employment checks had not been completed prior to new staff commencing work at the service.

Failure to operate effective recruitment procedures was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had deployed staff from the provider's other services. Following the inspection, they confirmed the recruitment of two additional care staff, a maintenance person, a cook and an activity coordinator.

Systems and processes to safeguard people from the risk of abuse

- Visiting professionals had raised safeguarding concerns in relation to the care people were receiving.
- Everyone we spoke with told us they felt safe in the company of staff. Comments included; "All the staff are kind and I trust them" and a relative said, "The staff treat the residents like family; very friendly and kind."
- Staff completed training and understood their responsibility to identify and report any safeguarding concerns to help keep people safe.

Is the service effective?

Our findings

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

At the last comprehensive inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were inconsistencies in the assessment and recording of people's care and support needs.
- The format of the respite care plan limited the recording of care directions for staff. Where the respite plan was used for people with more complex needs, there was a risk they would not receive all the care they needed or in the way they preferred.
- The provider had arranged for the senior care staff to complete additional clinical skills training to improve their competence in identifying any deterioration with people's health.
- People had good access to health care professionals. This included GPs, community nurses and therapists and the mental health team.
- Staff involved the person and family members in the assessment process. A relative told us, "During the risk assessment we were encouraged to put the bedroom furniture the way it is at [Name of relative's] home which was well thought of."

Staff support: induction, training, skills and experience

- Staff told us they had sufficient training. Additional training and support had been arranged in areas such as nutrition and clinical skills.
- Not all staff with responsibility for administering medicines had undergone regular refresher training or competency assessments of their practice to ensure this was safe.
- Although staff had not always received supervision and appraisal at the frequency as outlined in the provider's policies and procedures, they felt supported by the management team. The registered manager was introducing a new appraisal programme.

We recommend the provider adopts best practice guidance for those staff with responsibility for managing and administering medicines in the review of their knowledge, skills and competencies.

Supporting people to eat and drink enough to maintain a balanced diet

- Some care staff and the cook lacked knowledge of people's dietary needs. The advice from the speech and language therapist had not always been followed in relation to one person's diet. People's dietary information was provided to the cook during the inspection.
- Some people's food and fluid intake was not recorded in line with their risk management.
- People's weight was monitored, and weight loss was referred to the GP.

- Mealtimes were a good social experience. We observed some delays with meal service and staff struggled to monitor and support people effectively on the first day. Improvements were seen on the second day.
- People were provided with a choice of meals and drinks. Feedback from people was mixed; comments included, "The food is very good", "The meals have been a bit hit and miss lately, better now we have a cook" and "The quality varies, but most of the meals are okay."

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

- The environment was suitable for people. There was a range of aids and adaptations to support people's physical needs and those living with dementia.
- The provider had made improvements to the environment. Some communal areas and people's rooms had been redecorated and new flooring and furniture had been provided in many areas.
- Improvements were needed in some other areas of the service. Although a renewal plan had not yet been developed, the registered manager and director were planning to complete a full audit of the building to prioritise work.
- Rooms were personalised to people's preferences. People told us the home was homely and comfortable. Relatives told us the home was spacious and well laid out.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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.

- People made decisions about their care and felt staff listened to them, offered them choices and respected their decisions. One person told us, "The staff always ask how I like things done."
- The provider acted within the MCA when people had been assessed as lacking capacity to make their own decisions. Mental capacity assessments had been completed, best interest meetings held, and applications made for DoLS.
- The recording on some assessment records was inconsistent in relation to people's presenting mental cognition.

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 requires improvement. At this inspection this key question deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems and processes to monitor and improve the service and failed to keep complete, accurate and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- People were at risk of harm, because audits and the provider's systems of governance were ineffective in monitoring and making sure people received consistently safe and high-quality care.
- Shortfalls and concerns we identified during the inspection in relation to staffing, the management of medicines, COVID-19 risks, and the management of individual and environmental risks had not been identified or addressed by the provider's quality assurance system.
- Where shortfalls had been identified through the audit process, these had not always been addressed. For example, the staff personnel file audit in January 2021 had identified an issue that was still present on the day of the inspection in relation to the absence of a satisfactory pre employment check.
- There were basic communication shortfalls, which impacted on care delivery. For example, staff told us they had not had time to read care plans.
- There were recording shortfalls such as daily records of care, weekend cleaning schedules, the supervision and training records and medicines records. These included a lack of recording and inaccurate recording.

The failure to operate effective systems to assess, monitor and improve the quality and safety of the service delivered to people and to maintain complete, accurate and contemporaneous records was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made in relation to standards of hygiene, redecoration and renewal of the environment.
- Despite recent difficulties staff had experienced, they had confidence in the management team to recruit new staff and make continued improvements to the service.
- People and relatives spoke highly of the staff, their comments included, "They are lovely, just run off their

feet", "Staff have made it so that I see Cherry Tree House as my [relatives]'s home, they are kind and unflappable" and "Friendly, welcoming and bubbly; they are what makes the place."

Working in partnership with others

- Guidance from other professionals in relation to Covid-19 had not been followed, which put people at increased risk of harm.
- Staff worked in partnership with the appropriate health professionals to meet people's health needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and professionals were included in the development of the service. Meetings were held. Questionnaires were sent out, and responses analysed to help identify how the service could be improved, although the response rate was low.
- Relatives told us they could speak with the registered manager when needed and most said improvements were being made.

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 provider and registered manager were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies.
- The provider notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to operate effective recruitment procedures. Regulation 19 (1)(a) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure sufficient numbers of staff were deployed. Regulation 18(1).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed risks to the health and safety of service users or done all that was reasonably practicable to mitigate risks; including in relation to COVID-19 and the proper and safe management of medicines. Regulation 12 (1) (2)(a)(b)(g)(h).

The enforcement action we took:

We issued a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service and to maintain complete, accurate and contemporaneous records. Regulation 17(1) (2) (a)(b) and (c)

The enforcement action we took:

We issued a Warning Notice.