

Cherry Lodge Rest Home Limited

# Cherry Lodge Rest Home

## Inspection report

75 Whyteleafe Road  
Caterham  
Surrey  
CR3 5EJ

Tel: 01883341471  
Website: [www.cherry-lodge.net](http://www.cherry-lodge.net)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherry Lodge is a residential care home providing personal care to 19 people aged 65 and over at the time of the inspection. The service was supporting their maximum registered amount of 19 people who are accommodated in one adapted building.

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

People told us that they felt safe at Cherry Lodge and were supported well by caring staff. Staff showed good knowledge of how to identify a safeguarding concern and how to report it.

People's risks were managed well by staff and assessments were thorough, regularly reviewed and care plans offered correct guidance for staff. Regular audits were completed to ensure the quality of the home continued to be of a high standard. In the previous inspection it had been found that there was not an up to date legionella risk assessment. This was now in place.

Since our last inspection a new analysis model had been introduced to learn from accidents and incidents. This new system identified trends and patterns for staff to take action to prevent reoccurrence.

People were supported to take their medicines safely. Staff were up to date with training and regular competency checks were completed by management.

Staff were knowledgeable about people's needs and individual risks. Staff supported people to access health professionals and follow up additional appointments and individual referrals in a timely way.

The care people received was person-centred. Staff knew individual likes and dislikes and encouraged people to take part in activities they enjoyed.

People and staff were involved in the running of the home and worked as a team. People and staff told us they felt listened to by the provider and management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 14 June 2019) and there were two breaches of regulation. These were in regards to the correct recording and reporting of safeguarding and accidents and incidents, as well as audits not highlighting health and safety risks. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 March 2019. At that inspection we rated the service a Requires Improvement rating and two breaches of legal requirements were found.

The service completed an action plan following our inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as requires improvement.

At this inspection we reviewed the key questions of Safe and Well-led only and this report covers our findings in relation to these key questions.

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 assurances that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved from Requires Improvement to Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Lodge Rest Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme when we will carry out a fully comprehensive inspection looking at all key questions. 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Cherry Lodge Rest Home

## 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 our 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

This inspection was carried out by two inspectors.

#### Service and service type

Cherry Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This was an announced inspection. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection because this was a focused inspection following up on what we found at our last inspection. A provider information return 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 reviewed information we had received about the service since the last inspection.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the home manager, senior care workers and care workers. The home manager's role contains many responsibilities including to complete all weekly and monthly audits and essential checks as well as confirming rotas and staffing levels.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staffing levels and quality assurance records. We also spoke at length with the registered manager who was unavailable on the day of the inspection.

# 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 improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safeguarding. This was because one incident had not been recorded correctly as a safeguarding and the relevant referrals had not been made. At this inspection, we found improvements and all incidents or safeguarding concerns had been reported to the relevant authorities. This included thorough detail on referrals and correspondence with the local authority documented. The management team were knowledgeable on what action was to be taken in response to a safeguarding incident or concern.

- People told us they felt safe at Cherry Lodge Rest Home. One person said, "I feel safe here, can't complain about anything."
- Staff were able to identify different types of abuse and were confident on how to report a safeguarding concern and what action to take. One staff member said, "We have lots of safeguarding training. I would go straight to the management team to report any concerns. If I saw a bruise for example I would report this to management. If I felt things were not being taken serious I would take further."
- There was a safeguarding policy in place and all staff had completed recent safeguarding training to ensure they were prepared to respond quickly to any concerns.
- All relevant incidents or safeguarding concerns had been identified quickly and referred to the local authority in a timely way.

Assessing risk, safety monitoring and management

- Environmental risks were assessed so action could be taken to reduce the risk of harm to people. Many checks were completed on a weekly basis to ensure the home was safe. These included a health and safety checklist, an electrical monitoring checklist, kitchen safety monitoring and temperature checks amongst others.
- Staff were knowledgeable in people's individual risks. Clear risk assessments were in people's care plans and these were seen to be followed during the inspection. For example, one person was at risk of falls. Staff were seen to support the person throughout the day to safely mobilise in line with their risk assessment. A relative told us, "They know Dad and they know all his needs, who he is and what he likes. It comforts me to know Dad is here with people who know everything about him."
- Staff followed medical professionals' advice to support people whilst managing their risks. An example was seen where a person had been referred to the Speech and Language Therapy (SALT) team and as a result was on a softened diet and thickened fluids. All staff were knowledgeable about this and ensured the person was safe during meal times. The person received the correct textured food during lunch and the

correct thickened fluids throughout the day.

- There was a fire risk assessment and each person had their individual Personal Emergency Evacuation Plan (PEEP). This advised staff on what support each person needed to exit the home in the event of an emergency.
- The home had a COVID-19 contingency plan that had been created in response to the global pandemic. This included conversations with all staff on who was willing to stay at the home if they had to initiate a complete home lockdown.

#### Staffing and recruitment

- People told us there were enough staff to meet their needs. One person said, "There are enough staff here to look after me and everyone."
- Staff told us that they were comfortable with the staffing levels. One staff member said, "There are enough staff here in the home. I have time to support people. None of the residents are having to wait. They always come first." Appropriate staffing levels were confirmed by rotas that detailed each shift.
- The registered manager followed safe recruitment processes. This included reference checks, full interviews and checks with the Disclosure and Barring Service (DBS). The DBS check confirms potential staff were suitable to support the people using the service.

#### Using medicines safely

- People told us staff supported them with their medicines. One person said, "Yes they are very good with my medication. I always get what I need and yes staff always know what they are doing."
- Staff received regular medicine administration training and the management team completed frequent competency checks. This ensured all staff remained knowledgeable in how to support people with their medicines.
- There were weekly and monthly medicine audit checks which confirmed people continued to receive their medicines safely. These included stock checks to ensure all areas of medicines was in order and correct. It also ensured stock was rotated and refused medicines were recorded correctly. A sample of Medicine Administration Record (MAR) sheets were reviewed and seen to have no gaps and were completed correctly.
- PRN (as required) medication had protocols in place to detail when each person may require it.
- Medication was stored correctly and in line with guidance. This included regular temperature checks completed for the storage area.

#### 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 assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Learning lessons when things go wrong

- Where people had accidents and incidents these were recorded thoroughly and where necessary were reported to the relevant authorities.

- Since the last inspection a log to identify trends and patterns had been introduced to the accidents and incidents procedure. This enabled the management team to take action to reduce the chance of reoccurrence. An example was seen where a person had repeatedly fallen over a short period of time. Falls prevention plans had been put in place such as a sensor mat by the person's bed and increased monitoring by staff. This had reduced the amount of falls this person had experienced.
- The registered manager had a further audit to confirm the correct action had been taken in response to accidents and incidents. This was in place to ensure all actions were followed up in a timely way.

# 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. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of good governance. This was because accidents and incidents were not recorded correctly to ensure proper action was taken and audits had not highlighted issues such as the need for a legionella risk assessment. At this inspection, we found improvements had been made to these areas.

- New systems had been implemented to the recording of accidents and incidents. This had ensured that any trends or patterns were identified and addressed by the management team in a timely way.
- There were detailed, thorough audits completed on a regular basis. These identified any actions required to improve the service. The home manager completed numerous audits to ensure the safety and effectiveness of the home. The registered manager who is also the provider completed a further quality assurance audit that covered the overarching quality of the service.
- At the last inspection there was no up to date legionella risk assessment in place. This had now been completed.
- There was analysis of any concerns or complaints raised to ensure all chances of improvement to the service could result in action taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us that the home had a positive atmosphere and culture. They told us they felt supported by staff who were relaxed and caring in their approach. One person said, "The manager is very nice. They (staff) come and speak to me and make sure I am okay. It's nice to know they care and come and see me."
- Staff told us they enjoyed working with each other and the team work was effective. One staff member said, "We work well as a team and we are always talking to each other about how people are and how we can improve their lives whilst they live here".
- The staff and management team worked hard to ensure they met people's needs. During the inspection the home manager held a virtual call with a medical professional to complete an assessment. This information was then seen to be communicated to the person's family member to ensure every aspect of communication was continued.

- Staff were confident and understood their role within the home. The home manager said, "As a management team we get so much support from [provider], all staff are completely involved with the running of the home. Suggestions are always being made and acted upon." The registered manager said, "I welcome all suggestions for improvement, I have such a wonderful team of staff that it wouldn't make sense to not act on all their wonderful suggestions."
- The registered manager told us how important it was to be open and honest with people and relatives. They said, "If something goes wrong, or someone isn't happy we all work together with the person and the family in an open, transparent way. That's the only way it's going to work to get the best results."

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

- Resident meetings were held where the management team sought ideas for improvement and welcomed concerns to address. People were fully engaged with the running of the home. An example of this was suggestions had been made for "themed" days in the home. People were then involved with designing and making the decoration for the events.
- Staff told us that they could always suggest ideas. One staff member said, "It's nice that we are listened to and action is taken straight away. It's nice to see that something we said improved the home in some way."
- Staff kept in regular contact with relatives. One relative said, "Dad fell a while back and they called me to tell me what had happened and what was being done to support him. [Home manager] or [registered manager] or someone will always ring me if there is anything wrong at all. He gets everything he needs here."
- Throughout the pandemic staff had continued regular partnership working with the district nursing team and a GP hub that had been set up in response to the pandemic. One relative said, "[Person] lost a lot of weight recently and they were on it straight away and supported him. His weight has now hugely improved".