

Uday Kumar and Mrs Kiranjit Juttla-Kumar Cherry Acre Residential Home

Inspection report

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Overall summary

The inspection was carried out on 8 December 2015 and was unannounced.

At our previous inspection on 20 April 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. The breaches were in relation to the safe storage of medicines and the potential risk of accidents through poor maintenance of the premises. The provider was not complying with the condition of their registration with CQC by not employing a registered manager at the home. We also made a recommendation to the provider, referring them to published guidance around employment law. We asked the provider to send us an action plan by 24 July 2015 telling us how and when they would make improvements. At the time of writing this report, the provider had not sent us an action plan.

Cherry Acre Residential home provides accommodation and personal care for up to 17 older people. At our previous inspection in April 2015 there were 6 people living in the home. At this inspection there were seven people living in the home, five of whom were independent and required minimal assistance with their care needs, one person was being supported with end of

life care. The accommodation is arranged over two floors. A stair lift is available to take people between floors. Staff provided assistance to people like washing and dressing and helped them maintain their health and wellbeing.

At this inspection, we inspected the safe and well-led domains to check if improvements had been made. We found that the provider had taken action to address the breaches from the previous inspection. However, there remain some areas where the provider could further improve including ensuring they fully meet the conditions of their registration and by ensuring that systems and equipment are serviced as required by law or published best practice guidance. We have reported on these and the provider will have to provide an action plan detailing how they will make these improvements.

At the time of our inspection there had not been a registered manager employed at the home since 24 January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the home. 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 home is run. However, the provider had appointed a manager who was in day to day charge of the service.

Summary of findings

The fire systems and other equipment were not adequately tested to minimise risk to people. For example, we asked the provider to send us up to date test certificates for the fire system, firefighting equipment, portable appliance test and lifting equipment such as the hoist by 10 December 2015. This information has not been received from the provider.

People we spoke with told us they felt secure and safe in the home. Staff continued to understand about protecting people from abuse and showed a good understanding of what their responsibilities were in identifying and preventing abuse.

Staff continued to respond to incidents in the home to maintain people's safety. Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. Staff understood what changes they needed to make after incidents had occurred to keep people safe and equipment was provided to assist staff to manage risk. People's health and wellbeing was supported by prompt referrals and access to appropriate medical care.

Risks were assessed by staff to protect people and guidance was provided to staff about managing individual risks. People were involved in assessing and planning the care and support they received.

The staffing levels had not increased but had been reviewed in light of the reduced levels of care needed. Therefore, staff were available to people in the right numbers and with the right skills to meet people's needs. Recruitment policies and procedures were in place that had been followed.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen again people's care needs would continue to be met.

Staff followed a medicines policy issued by the provider and their competence was checked against this by the manager.

The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received.

The manager carried out audits and reported on the quality of aspects of how the home was run. However, these had not identified the areas we identified during the inspection.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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 not always safe.

The environmental health and safety issues we raised had been corrected by the provider. However, equipment in the home was not always serviced in line with the law and published guidance.

Medicines were administered safely. There was sufficient skilled and experienced staff to meet people's needs. The manager used safe recruitment procedures and risks were assessed.

Staff knew what they should do to identify and raise safeguarding concerns and the manager acted on safeguarding concerns.

Is the service well-led?

The service was not always well led.

There was no registered manager in post. The provider was not meeting all of the conditions of their current registration. However, there was a manager in day-to-day charge of the service.

The provider had not met their obligations in responding to request for action plans and other information requested by CQC, both prior to the inspection and after the inspection.

Audits were completed to help ensure risks were identified, but these had not identified the issues we found in the home.

Cherry Acre Residential 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and Care Act 2014, and to check if the provider had made improvements to the home since our inspection in April 2015.

This inspection took place on 8 December 2015. It was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This was sent to the provider by 5 October 2015 and should have been returned to CQC by 30 October 2015. This is a form that asks the

provider to give some key information about the home, what the home does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

Prior to the inspection we looked at previous inspection reports and notifications of important events that had taken place at the home that the provider had a legal duty to tell us about.

We asked the provider to send us information about how they were meeting their obligations to ensure equipment and systems in the home were checked and serviced in line with published guidance and health and safety regulations. This was not sent to us.

We talked with two people. We also spoke with two care workers and the manager.

We spent time looking at records, policies and incident and accident monitoring systems. We looked at three people's care files, two newly recruited staff record files, the staff rota and medicine records.

Is the service safe?

Our findings

At our previous inspection in April 2015 we identified two breaches of regulations. Not all medicines were stored in line with published guidance and the premises had not been maintained to prevent accidents, trips and falls.

At this inspection, we found the provider had made improvements. However, people's safety was still compromised in some areas.

People we spoke with continued to feel safe and happy living at the home.

People were not protected from the potential risks of equipment and safety systems failing in the home or from the potential risks of waterborne viruses. The fire alarm systems were being tested weekly by the manager and this was recorded. A fire drill had taken place on 27 November 2015. There were records of specialist engineer visits to the home to repair faults. However, there was no evidence that servicing and preventative maintenance had been carried out on the fire warning systems in line with published Health and Safety guidance. The provider could not produce certificates demonstrating that periodic maintenance test had taken place on firefighting equipment, moving and handling equipment such as hoist and portable appliances in the home. For example, the last recorded specialist maintenance check of the firefighting equipment was April 2014. This meant that equipment available for early warning and for responding to emergencies may not be effective.

On the day of the inspection the provider could not provide any evidence that they had assessed the risks in relation to Legionnaires Disease or followed published guidance issued by the Health and Safety Executive or the Department of Health about the safe management of water supplies in care homes.

This was in breach of Regulation 12 (1) (2) (b) (d) (e) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in April 2014 we identified that some medicines were not stored securely. At this inspection we found that the provider had provided new storage cabinets that met published guidance about the safe storage of medicines.

People continued to be protected from the risks associated with the management of medicines. The provider's policies set out how medicines should be administered safely and staff followed the policies. The senior carers were responsible for administering medicines and we observed they were doing this safely. The medicines were dispensed from the medicines trolley. They were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Staff who administered medicines received regular training and yearly updates.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the home by staff and this was done in line with the provider's procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor. Medicines were stored at the correct temperatures. These were recorded.

At our previous inspection in April 2014 we identified that carpet on the landing was a potential trip hazard. At this inspection we found that the provider had removed the trip hazard by having a new carpet fitted to the landing. However, we noted that other parts of the home were becoming run down and shabby. For example, in some parts of the home the carpets were worn and threadbare. The manager told us that the provider intended to replace these carpets.

People were protected from harm and potential abuse by staff who understood their safeguarding responsibilities. The provider had reviewed their safeguarding policies and procedures. Staff followed the policy when reporting abuse. Staff had received training on recognising and reporting abuse and managing behaviours that may be challenging. They told us about their training and what signs of abuse to look out for. Staff were aware of the providers whistle blowing policy and told us they would blow-the-whistle if needed. The manager demonstrated that they understood their responsibilities by reporting incidents and occurrences within the home to Medway Council and to the Care Quality Commission. The manager

Is the service safe?

had completed an investigation into what happened. They had recorded what actions they had taken to prevent abuse happening. Staff were being proactive in their approach to prevent people suffering harm.

Staff told us about the guidelines they needed to follow to protect people who may require safeguarding and demonstrated they were aware of their roles and responsibilities in protecting people from harm. The manager understood how to report safeguarding concerns within the law.

Risk assessments, for the seven people living in the home had been reviewed and people's needs were accurately recorded. For example, individual assessments identified how people would be protected if they had behaviours that may cause harm to themselves or others. Also if they were at risk of falls or choking and if they needed any specialist equipment. Staff had continued to receive practical training in moving and handling of people and in managing behaviours that may challenge. The risk assessments highlighted what steps had been taken to minimise the risk to the individuals and it was followed by staff. This gave staff the information they needed to keep people safe.

Current staffing levels were meeting people's needs. We arrived unannounced at the home and found that in addition to the manager there were two staff available to deliver care. At night there were two staff delivering care. The recorded staffing rota's showed that staffing levels were consistent with the levels we found at the inspection. People's assessments had identified how much staff support each person required. People's dependency level profiles had been updated monthly. Although some people at the home were living with dementia, five of the seven people living in the home were virtually self-caring and

independent. One person was cared for in bed and had an end of life care plan in place. This person was kept safe by staff and by daily visits by health and social care professionals, such as community nurses.

Each person had a breakdown of things they did independently and when they needed staff support. Staff rotas showed care staff from the home covered extra hours when staff illness or vacancies occurred. This ensured people had continuity of care from familiar staff. Staff had been deployed with the skills needed to meet people's needs.

Individual incidents and accidents continued to be recorded by staff who had witnessed the event. The manager had a system in place to investigate each incident to see if they could be avoided in the future. Taking preventative measures reduced the number of incidents and protected people from harm.

Procedures remained in place that dealt with emergencies that could reasonably be expected to arise. These included individual personal evacuation plans for people so that staff and the emergency services could respond to people's needs appropriately if they required evacuation. The manager had identified other places where care and support could continue if the home had to be evacuated.

People continued to be protected from the risk of receiving care from unsuitable staff. One person had been recruited since our last inspection. The manager had followed the provider's recruitment policy, which addressed all of the things they needed to consider when recruiting a new employee. This made sure staff were suitable to work with people who may be at risk.

Is the service well-led?

Our findings

At our previous inspection in April 2015 we identified one breach of regulations. We also made a recommendation about employment law.

At this inspection, we found the provider had made improvements. However, a registered manager had not been employed at the home.

There was a manager in day-to-day charge of the home. However, the provider had consistently not complied with the current conditions of their registration because they had failed to appoint a registered manager to manage the home. This was recorded on their registration certificate dated 24 January 2011 as a condition of their registration. The provider had received written notification in January 2014, that they must have a registered manager in post. When we last inspected the home in June 2014, December 2014 and 2 April 2015 we recorded in the summary of the inspection report that there was no registered manager in post. At the time of this inspection, the provider had not submitted an application to register a manager at this location.

This was a continued breach of the Health and Social Care Act 2008 and Regulation 6, (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider failed to send CQC information they requested prior to the inspection through a provider information return (PIR) which would enable CQC to assess the actions the provider was taking to maintain the quality of the service people received. The PIR should have been returned to CQC by 30 October 2015. Also, the provider also failed to send CQC information they requested after the inspection in relation to how they were managing and preventing risks within the premises and from equipment.

This was a breach of the Health and Social Care Act 2008 and Regulation 17 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in April 2014 we identified that some staff had not received their wages in a timely manner. The provider had now taken action to resolve this issue. At this inspection staff told us that they had been paid on time since the provider had changed the pay date. This had reduced the risk to people of staff leaving at short notice as they had not been paid.

The manager and provider continued to send notifications to CQC and the local authority safeguarding team. They demonstrated they were capable of assessing and managing risk to the health, safety and welfare of people. Incidents in the home had been investigated and responded to since our last inspection. Staff continued to receive training which enabled them to meet the needs of the people living at the home.

The manager continued to carry out audits on a regular basis. Records showed these included monitoring people's wounds and the involvement of health and social care professionals. They carried out weekly medicines audits. There were completed quality audits in people's care plans showing people were happy with the home and no changes were needed.

Other monitoring included staff attendance to ensure people were supported by a consistent staff team. They looked at staff qualifications, staff care practices were evaluated by line manager observations and discussions with individual staff. If improvements were needed the manager followed these up.

People were supported to express their views. Throughout the inspection we heard staff seeking and respecting people's views and opinions. People told us that the provider visited the home more often and spoke to people asking how they were. The manager was well known by people in the home. People told us they knew who the provider was and that they sometimes came to ask them if they were happy living at Cherry Acre or had any concerns. The manager was approachable and took time to speak to people and staff when they were not in the office. Members of the management team were accessible and were familiar to people, their relatives and staff. People and visitors told us they felt able to raise questions or concerns with the manager or staff and that these were sorted out.

Staff told us that they continued to attend team meetings. These were sometimes attended by the provider. These meetings were recorded and made available to staff who could not attend. This ensured that staff were kept up to date with changes happening in the home and gave staff the opportunity to raise concerns they had with managers.

Staff we spoke with told us they enjoyed their jobs. They told us that things had been improving in the home recently. One said, "I love working here, I am quite happy."

Is the service well-led?

There were a range of policies and procedures governing how the home needed to be run. These were available to staff and kept under review.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers

Regulation 6, (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered person had not complied with the conditions of their registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (1) (2) (b) (d) (e) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person was not doing all that was reasonable practicable to mitigate risk in relation to equipment and the premises, or preventing, protecting and controlling the potential risks from waterborne illnesses.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (3) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to send information to CQC after it had been requested.