

Cherry Wood Grange Chelmsford Limited

Cherry Wood Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherry Wood Grange is a residential care home providing personal and nursing care to 62 people aged 65 and over at the time of the inspection. The service can support up to 65 people.

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

The systems in place to monitor the quality and safety of the service were not effective and had not identified the issues we found at inspection. Risks to people were not always safely managed. We have made a recommendation about risk management.

People's care records were not always personalised to reflect their individual needs and preferences and relatives were not always fully involved in reviewing care. We have made a recommendation about the care planning process.

Following a specific incident, the service had received support from the Clinical Commissioning Group to improve their processes for the safe management of medicines. At this inspection we found people received their medicines as prescribed and were supported by staff who had received the appropriate training and support to carry out their role. We have made a recommendation about medicines care planning.

Staff were safely recruited. However, we received mixed feedback about whether there were enough staff to meet people's needs. People and relatives told us staff were kind and caring in their support. Staff knew how to protect people from the risk of abuse.

People were supported to access healthcare services and the service worked closely alongside other health professionals.

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.

People were supported to take part in different activities and families were welcomed into the service.

People knew how to raise concerns and told us they were confident action would be taken to address their concerns. People were supported appropriately with their end of life care wishes.

The registered manager asked people, relatives and staff for regular feedback. The service put measures in place to learn from incidents and to look at how they could improve the service.

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 27 March 2019) and there was a breach of regulations. 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. The service remains rated Requires Improvement.

Why we inspected

The inspection was prompted in part by notification of a specific incident. The information CQC received about the incident indicated concerns about the management of medicines. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-Led sections of this full report.

Enforcement

We have identified one breach in relation to the provider's processes for monitoring the quality and safety of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Cherry Wood Grange Care 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.

Inspection team

The inspection was carried out by three inspectors, a medicines inspector and an assistant inspector.

Service and service type

Cherry Wood Grange 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 inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people who used the service and six relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, business manager, clinical lead, senior care workers, care workers and kitchen assistants.

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



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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to evidence the arrangements in place to respond to people's needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed. However, risk assessments did not always contain all relevant information staff needed to support people safely.
- Risk assessments had not always been reviewed following a change in people's needs. For example, where a person had a fall, their risk assessment had not been reviewed to check if any additional measures needed to be put into place.
- People's mobility risk assessments lacked detail about how staff should support the person with the equipment provided.
- Where people's weights were being monitored, information was not always accurately recorded, this meant it was not always clear what actions should have been taken, placing people at risk of harm. Following our feedback, the registered manager told us they had reviewed all weight monitoring charts and put an action plan in place to ensure records were updated and any weight loss quickly identified.

We recommend the provider ensures they put robust systems in place to monitor and review risks to people.

Using medicines safely

- Prior to our inspection, there was a specific incident which resulted in a person not receiving their medicines as prescribed. Following the incident, the service had significant support from the local Clinical Commissioning Group's medicines team. The service implemented changes to their practice which reduced errors and reinforced good clinical practice. A robust audit and training process was put in place to ensure medicines were used safely.
- The medicines records we viewed on inspection showed people received their medicines as prescribed. Medicines care plans were in place; however, these did not always contain clear information about how to support people with specific medicines which needed additional monitoring.

We recommend the service ensures care plans include information about medicines that require additional

monitoring or special administration requirements.

- Medicines were generally stored safely and securely. However, during the inspection we found access to the clinic rooms was not limited to authorised staff only. We raised this with the registered manager and changes were promptly made to address this.
- Where medicines were being given covertly (hidden in food or drink) the service ensured all appropriate checks were in place and it was in a person's best interest.

Staffing and recruitment

- We received mixed feedback about staffing levels and the deployment of staff across the service. One person told us, "When I press my call bell staff come quickly. Sometimes it takes a little longer if they're busy but it's not their fault and it's never for long." Another said, "Sometimes you have to wait, which is not good when you want help to go to the toilet." One person told us, "They've had lots of staff changes. They just don't know whether they're coming or going and it's having an effect on things."
- Staff told us there were not always enough on shift at certain times of the day. One member of staff said, "I don't think there's nearly enough, the residents don't get the quality time they deserve, and people's behaviours change quickly. It's not fair on the residents when we are short staffed, they don't get our full attention." Another said, "It's extremely busy here and we haven't got enough working on the floor."
- Staffing levels were highlighted as a concern at the last inspection. We discussed our feedback with the registered manager who showed us the dependency tool used to calculate staffing in the service. We also saw evidence of discussions with the team about increasing staffing levels and what to do if there were staff shortages.
- Robust recruitment processes were in place to ensure staff were safely recruited and suitable to work in the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said, "The carers are lovely, they look after us and keep us safe."
- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "I'd tell the senior and the manager. If I was really worried, I'd go straight to the police and tell them. I've never had to report anything here, but I know I could if I needed to."
- The service was aware of their responsibility in reporting concerns to outside agencies and had notified the local authority appropriately when concerns were raised.

Preventing and controlling infection

- Staff received infection control training and the registered manager completed regular audits of the home's environment.
- The service was clean and tidy throughout. One person told us, ""It is very clean here, it's spotless."
- We observed staff wearing protective clothing such as gloves and aprons when appropriate.

Learning lessons when things go wrong

- The service had worked closely with other professionals following incidents in order to learn from what happened and minimise the risk of a recurrence.
- The registered manager had involved staff in learning from incidents. They told us, "Team meetings are open and transparent, we debrief and look at what could we change to make it better. We look at risk assessments, care plans, and staff competency and training."

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 inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they started using the service and this information had been used to develop their care plans.
- Care plans were reviewed regularly; however, where people's needs had changed, their care plans had not always been updated to ensure they were still accurate. Following our feedback, the registered manager told us they had a plan in place to address this. More information about people's care plans is included in the Responsive section of our report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people's health needs had changed it was not always clear from their records how promptly the service had contacted health professionals for support. For example, where one person had required support with their continence needs, their records did not demonstrate a prompt response from the service. Following our feedback, the service told us they would be completing a weekly review meeting to ensure all relevant referrals were made and recorded in people's care plans.
- People were supported to access a range of health services. People's care plans showed they had received support from GPs, dieticians, district nurses and palliative care teams.
- Healthcare professionals told us the service worked well with other agencies. One professional said, "They are quick to get hold of us if needed and they listen to our advice."
- Care plans contained assessments and information about how to support people with their oral health.

Staff support: induction, training, skills and experience

- Staff completed an induction when starting at the service. One member of staff said, "I did my training and shadowed someone for about a week, they showed me the ropes and how to do stuff and I've had a supervision where we discussed what I was doing well and some gentle hints about how to improve."
- Staff received regular training relevant to their role and the registered manager monitored this to ensure it was completed and up to date.
- Staff spoke positively about the dementia training the service had put in place and how this had helped them to understand people's needs. The registered manager told us they were planning more specialist training in the future to support staff to understand other health needs.
- Staff told us they received regular supervisions and appraisals. The registered manager said they had reviewed their processes for delivering supervisions to improve their quality. They told us, "Supervisions weren't as meaningful as they could be, so we started the year with a new remit. For some it was just a tick box, now it's about how they engage with their team, and how they work."

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

- The lunchtime experience for people using the service was positive. Where people required support with eating and drinking this was done in a dignified and respectful manner.
- People were offered a choice of meal options and we observed staff showing people two meals plated up to enable a visual choice, the plated-up choices were also taken around on a tray to people eating in their rooms.
- People's feedback about the quality of the food was mixed. One person told us, "It tastes fine, but it's very unimaginative. You can tell what day of the week it is by what you're eating." Another said, "The food is generally good, we have a choice, it is beautifully served, and we can have a glass of wine if we choose to – it is all very high quality."
- People were encouraged to give feedback on the food during their resident's meetings and people's preferences were then incorporated into the service's menus.

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

- People's rooms were personalised to reflect their individual preferences. One person told us, "I love my room and I have my own veranda."
- The service had adapted different areas to meet people's specific needs. Where people were living with dementia, the service had created an indoor garden space with sensory items to touch and look at and where people could spend time with families and staff doing activities.
- The service had large communal areas, which enabled people to gather and socialise easily.
- The bathrooms were spacious and contained sensory lighting to create a calming and relaxed environment.

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.

- Staff received regular training in MCA and DoLS and were able to tell us what it meant. One member of staff said, "It's about whether people have the mental capacity to make their own decisions. If not, we make decisions for them. We support them to make their own choices and they have lots of choices here."
- Staff asked people for their consent before giving support.
- People's care plans showed their capacity to consent had been assessed and where needed, a DoLS had been applied for. The service made decisions in people's best interests and involved others in the process as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living in the service. One person said, "I think I'm very lucky to get to this age and have places like this to look after me. It's a lovely place and the carers are kind." Other people commented, "The carers are so nice and attentive, and they cheer us up when we're feeling a bit down" and "They are exceptionally nice people, very caring"
- Relatives spoke positively about the care staff provided. One relative said, "The staff are lovely and [person] is doing really well here." Another relative told us, "I find the carers are very good and they work really hard."
- Staff knew people well and could tell us how they liked to be supported.
- When people appeared anxious or upset, staff were quick to respond and offer reassurance. One member of staff told us, "It's all about knowing the people and what works for them."

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

- People and relatives told us the service involved them in making decisions. One relative told us, "You can get involved as much as you want to, and the home has certainly listened to us." Another relative said, "Any doubt about anything of if something is wrong, they phone me straight away to check."
- We observed staff offering people choices about what they would like to do and how they would like to be supported.
- Staff understood people's different needs and adapted how they communicated and offered support to ensure people were still able to be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative told us, "Staff do everything they can for [person], they are caring and speak to them with dignity."
- People's care plans gave staff guidance about what they could do for themselves and what they needed support with. This enabled staff to support people to maintain as much of their independence as possible.
- Staff were respectful of people's privacy. We saw staff supporting people to quieter areas, so they could talk more easily and on a 1:1 basis about their support needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives told us they were not always involved in people's care planning and reviews. One relative told us, "I've never seen a care plan, I didn't know anything about it.". Another relative said, "I wasn't involved. I asked for a copy and they gave it to me. It seemed ok, there were one or two things that weren't quite right but nothing big."
- People's care plans were not always personalised to fully reflect people's preferences or needs. One member of staff told us, "The care plans give you a good idea of the person, but I think they need to be updated more often and I think they aren't because staff are being pulled onto the floor."
- Information in the care plans was sometimes contradictory meaning staff may not support people in their preferred way.
- The registered manager told us the service was giving one member of staff the role of champion for care plans. They said, "They will sit down one to one with everyone who completes the care plans and look at good practice and how to complete the care plans."
- Following our feedback, the service told us they had already completed a full review of one person's care plan with their family.

We recommend the provider ensures people's care plans are personalised to reflect their needs and people and relatives are involved in care planning and review.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about how people communicated and an accessible information assessment detailing how information should be given to the person. However, the assessments did not always contain important information about the aids or resources people had in place.
- Staff recognised people's different communication needs and preferences. One relative told us, "Staff read [person's] facial expressions, they read her moods."
- The service made use of smart speakers to enable people to ask questions, listen to music and enjoy audio books.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback from people about the quality of the activities on offer. One person said, "They take me out on trips which is nice, even if it's only for a short time." However other people said, "There's not a lot to do here" and "There are some things to do here, but not that much."
- The registered manager told us there had been a recent change in activities staff. Activities programmes were in place and people were given the opportunity to talk about what activities they would like to do during their resident meetings.
- People were supported to maintain relationships, and families were welcomed into the service.

End of life care and support

- Relatives told us people had received good end of life care. One relative said, "The end of life care was brilliant, not only for [person] but for us too. We were here 24/7 and they produced beds, toothbrushes, food, and drinks. We felt supported by them."
- Where people were receiving end of life care, the service worked closely with the local hospice and other health professionals to ensure their needs were being met.
- The registered manager told us they had accessed customised training offered by the hospice to give staff a better understanding of people's end of life needs. They said, "We have a good working relationship with the hospice, we're proud of building that relationship."
- People had end of life care plans in place. However, these lacked detail and did not always reflect people's individual preferences.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place. Concerns were responded to appropriately and outcomes and actions documented.
- People and relatives told us they felt comfortable raising concerns. One relative said, "I feel they do look into concerns, they're really good like that. Another relative said, "They will act on it. It's never been the case where I've had to go back and ask for something again."

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 Good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have effective systems in place to monitor quality and safety. Audits completed by the registered manager failed to identify the inaccuracies and lack of personalisation in people's care plans and risk assessments which we found during our inspection.
- The specific incident referred to in the Safe section of our report demonstrated the provider had failed in their oversight of medicines management in the service.
- Systems in place to monitor people's health were not robust and had not alerted the registered manager to changes which may have posed a risk to people.
- Where records showed a risk had been highlighted, the registered manager lacked oversight of what action the service had taken to reduce this risk.
- The registered manager told us the service planned to improve their auditing systems and were in the process of instructing an external professional to review and streamline their quality monitoring processes.

Robust systems were not in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Staff said they felt supported by the registered manager. One member of staff told us, "I find the manager very supportive, they've been great, and I love working here."
- People and relatives spoke positively about the culture of the service. One person said, "It is a good atmosphere, the staff are very helpful, and they have a good sense of humour which is what you need." A relative told us, "The manager is very available and easy to talk to and it's always fine if you need to interrupt them."
- The service had introduced an annual 'Heart of Gold' ceremony where people in the service nominated staff they felt had gone above and beyond in their support. They also celebrated staff achievement through events such as 'Carers Week' and 'Nurses Day'. The business manager told us, "The team get so much from this, it makes them so proud of a job well done and shows them how much we appreciate their hard work."
- When incidents had taken place, the service had notified and updated the people involved and other

relevant bodies.

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

- People and relatives were encouraged to give regular feedback on the care provided. The service sent out annual satisfaction surveys and regular residents and relatives meetings took place.
- Staff were able to feedback on the service through regular team meetings and supervisions. One member of staff told us, "I've only been to one staff meeting so far but I thought it was good. They put into place an anonymous suggestion box for people who don't feel able to come forward and in the meeting the manager addressed each of the concerns."
- The service had received a number of compliments from people who used the service and their relatives. Comments included, "We cannot thank you enough for the love and care you gave [person]", "Thank you for the kindness and compassion" and "I received excellent support, without exception, staff showed real kindness and love."
- People's equality characteristics had been considered when the service started providing care.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us the service worked with a number of outside agencies to increase their learning and develop the service. This included working with the local authority as part of their PROSPER programme (promoting safer provision of care for elderly residents) to monitor falls, pressure care and infection risks in the service.
- The service had also worked closely with the Clinical Commissioning Group, local pharmacies and GP surgeries in a pilot to improve the systems in place for ordering and delivering medicines into care homes.
- The service was building positive links within the local community. The registered manager told us they were part of a project with a primary school where they were encouraging the children to become dementia friends to people living in the service. Students from the local college were also invited in every week to participate in activities with people. The registered manager said, "It's wonderful to see the engagement. They sit and do arts and crafts with people and they really enjoy the social aspect of it."

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 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to ensure the quality and safety of the service was monitored.