Stockton Care Limited

Cherry Tree Care Centre

Inspection report

South Road
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TS20 2TB

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Date of inspection visit:
06 December 2022
09 December 2022

Date of publication:
06 January 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cherry Tree Care Centre is a residential care home providing personal care to up to 40 people. The home provides support to people living with dementia. At the time of our inspection there were 34 people using the service.

People's experience of using this service and what we found
Medicines were not managed safely. The home did not follow best practice guidance for the receipt, storage, and administration of medicines. Medicine record keeping was inaccurate and incomplete.

Risks to people had not always been recognised and mitigated. Care plans held inaccurate information and lacked detail to support staff to keep people safe. Incorrect calculations relating to people's weight management were not identified. Some best interest decisions regarding the use of bedrails were not in place. The deputy manager addressed this matter immediately.

The provider did not have effective systems to monitor the safety and quality of the care provided. This meant the failings we found had not been identified by the registered manager and the provider.

Staff completed safeguarding training. Incidents and accidents and safeguarding concerns were recorded. The provider had recognised that changes could be made in this area to drive improvement. People lived in a safe environment. Health and safety checks were regularly conducted.

The provider had a robust recruitment process. Enough staff were deployed to meet people's needs. The home had a warm friendly atmosphere. Staff knew people well. People told us they felt safe and staff treated them with respect.

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 home worked with external healthcare professionals to support and maintain people's health.

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 good (published 9 December 2019).

Why we inspected
The inspection was prompted in part due to issues within medicines, infection control, and quality assurance monitoring at the provider's other services.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Due to the shortfalls found during the inspection the provider was requested to produce an action plan detailing what action and by when, they would address the issues identified.

Enforcement and Recommendations
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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, risk monitoring and management, and the governance of the home.

Follow up
We have already requested an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Cherry Tree Care Centre

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 Health and Social Care Act 2008.

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 carried out this inspection.

Service and service type
Cherry Tree Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. During the inspection we were supported by the deputy manager.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 6 December 2022 and ended on 19 December 2022. We visited the service on 6 and 9 December 2022.

What we did before the inspection
We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 2 relatives and 8 people about their experience of the care provided. We spoke with 13 members of staff including the deputy manager, the administrator, 3 senior care staff, a cook, 6 care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records of 5 people and other records relating to the management of the home.

After the inspection
We continued to seek clarification from the nominated individual and deputy manager to validate evidence found.

Requires Improvement

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 good. At this inspection this key question has changed to requires improvement. 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.

Using medicines safely
• Medicines management was unsafe. The home did not always follow best practice guidance for the receipt, storage and administration of medicines.
• Protocols for 'when required' medicines were not always in place. Some contained out of date and incorrect information. Staff did not always record why a medicine was given and if it was effective.
• Medicines record keeping was poor. Staff did not always record times for time critical medicines. Variable doses of medicines were not always recorded which did not support accurate counts of medicines. Some medicine stock counts were incorrect or did not take place.
• Topical Medicines Application Records (TMARs) were not always in place. This meant administration of creams were not always recorded.
• Medicines audits were not effective. Whilst medicines audits had been completed, they failed to identify the issues we have found.

The provider failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risks related to specific health conditions had not always been recognised and mitigated. Care plans held inaccurate information and lacked detail to support staff to keep people safe.
• Monitoring of people's weights were not always effective. Inaccurate calculations were not identified. We found for one person; the service had not made an appropriate referral. However, the deputy manager advised that the calculation was incorrect.
• Some best interest decisions regarding the use of bedrails were not in place. The deputy manager addressed this matter immediately.

The provider did not ensure that risks to the health and safety of people had been fully assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

• People's environmental experiences were different. The 1st floor had worn chairs and some bare wood on handrails. The provider had an action plan in place to address this matter.
• People lived in a safe environment. Health and safety checks were regularly conducted. Staff had completed fire safety training and took part in simulated evacuation fire drills.
• Accidents and incidents were recorded and investigated. The provider had started to make improvements with reviewing the data to identify and learn from trends or patterns of incidents.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• Appropriate legal authorisations were in place to deprive people of their liberty.

Staffing and recruitment
• Staff were recruited safely. Recruitment checks had been completed to ensure that new staff employed were suitable to work at the home.
• Enough staff were deployed to meet the needs of people. People told us they did not have to wait to be supported.

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 supporting people living at the service to minimise the spread of infection.
• 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 responding effectively to risks and signs of infection.
• 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.

Systems and processes to safeguard people from the risk of abuse
• Systems were in place to reduce the risk of abuse and harm. Staff had completed safeguarding training.
• Safeguarding concerns were investigated and reported to the appropriate authorities.
• People we spoke with told us they felt safe. One person told us, "There are plenty of staff, I feel very safe."

Requires Improvement

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 our last inspection we rated this key question good. At this inspection the rating has changed 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; Continuous learning and improving care
• During the inspection we found concerns relating to people's safe care and treatment, the management of risk, and quality assurance monitoring. The deputy manager had identified a number of issues but had not started to address the matters as they had only been in post for 4 weeks.
• The provider did not ensure they had a strong oversight of the home. Quality assurance processes were either not effective or not in place.
• People's care and support and medicine management records were not accurate and complete.

The provider did not have effective systems in place to monitor and improve the quality and safety of the home. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider created an action plan detailing how they would address the shortfalls identified and were working to complete this.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others
• Staff were enthusiastic and knowledgeable about their roles. Staff worked well together and were supportive.
• The deputy manager had recognised that improvements were required to develop learning within accidents and incidents and had started to improve the recording of the information.
• The home worked with a range of health and social care professionals to ensure people received joined up care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had submitted the required statutory notifications to CQC following significant events at the home.
• The provider understood their duty of candour. The home had an open and transparent culture.

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

characteristics
• People, relatives and staff were encouraged to give feedback about the home.
• Staff had opportunities to express their opinions. Supervisions had been developed to promote learning and capturing staff comments. Team meetings were being reintroduced following the Covid Pandemic.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure medicines were managed safely. The provider did not ensure that risks to the health and safety of people had been fully assessed. Regulation 12

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems did not effectively assess, monitor and improve the quality and safety of the service. Regulation 17