

Care First Class (UK) Limited

Cherry Lodge

Inspection report

6 Manningford Road
Druids Heath
Birmingham
West Midlands
B14 5LD

Tel: 01214305986

Date of inspection visit:
27 February 2019
01 March 2019
04 March 2019

Date of publication:
24 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Cherry Lodge is a care home that provides personal care for people, some of whom are living with dementia. At the time of the inspection 43 people were living there. The home was established over three floors with communal areas that included a dining area, three lounge spaces and a large garden. The home also provides short stay interim beds (EAB) for people discharged from hospital, who may require further assessment of their care and support needs before returning to their own home or into residential/nursing care.

People's experience of using this service:

- At the last inspection, we found the provider to be in breach of Regulations 11, 17 and 19 of the Health and Social Care Act 2008 (Regulations 2014). We asked the provider to complete an action plan and send us monthly updates to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good. At this inspection, we found that although some improvements had been made, some aspects of the service required further improvement.
- Since the last inspection, the registered manager and operations director had started to implement new processes to bring a clear and consistent oversight of operations. During the last 12 months, the service has experienced some challenges which has resulted in the loss of a number of care and senior care staff. The changes in staffing have meant that planned improvements have not always happened or have not been sustained.
- The provider's governance systems to monitor and check the quality of the service provided for people were not consistently effective and still required further improvement. The management team and provider were extremely open and transparent with us about the current improvements required to the service and were enthusiastic and committed to turning the service around. Although we saw new systems and processes were being put in place to support the necessary improvements, it was too soon to comment on their effectiveness.
- People and relatives told us they felt the service was safe and there were sufficient numbers of staff to support people. New staff members had completed their induction training. However, there were gaps in staff training, supervisions and observations of staff practice. The registered manager had recognised these gaps and plans were in place to make the required improvements.
- Risk assessments and care plans were not always up to date and reflective of people's support needs and in some cases, staff were supporting people in different ways. The registered manager explained as part of the ongoing improvement plan to develop the service, the system for revising care plans was under review to ensure people were included in the process and that care reflected people's individual needs.
- Staff had access to equipment and clothing that protected people from cross infection.
- People were assisted to have enough to eat and drink and told us the food was good.
- People accessed healthcare services to ensure they received ongoing healthcare support.
- People, as much as practicably possible, had choice and control of their lives and staff were aware of how

to support them in the least restrictive way. Staff demonstrated an understanding of how to support people to make choices. There had been an improvement in the completion of mental capacity assessments and appropriate deprivation of liberty safeguard applications had been completed which meant the provider was compliant with the law.

- People were supported by kind and caring staff that knew them well. Staff encouraged people's independence, protected their privacy and treated them with dignity. People were supported by staff that knew their preferences.
- There was a complaints procedure in place and people and relatives told us their concerns were dealt with positively.
- There were mixed views from people and their relatives' concerning their involvement in providing feedback on the development of the service.
- Staff felt supported by the management team.
- People, their relatives and staff were happy with the way the service was managed and the provider worked well with partner organisations to ensure people's needs were met.

Rating at last inspection:

Requires Improvement (report published 02 March 2018).

Why we inspected:

At the last inspection, multiple breaches of the regulations were found. We imposed a positive condition on the provider's registration to submit monthly updates to us on how the service was improving. This was a planned inspection to check on the progress of the service in making the required improvements.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Cherry Lodge

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and one expert by experience carried out this inspection on the 27 February 2019 with one inspector returning on the 01 and 04 March 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people and dementia.

Service and service type:

Cherry Lodge is a care home. People in care homes receive accommodation and personal care. 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:

The inspection site visits on 27 February and 01 March were unannounced with a further announced visit on the 04 March 2019.

What we did:

We reviewed information we had received about the service since they were registered with us. This included details about incidents the provider must notify us about, such as allegations of abuse and we sought feedback from the local authority and other professionals who work with the service. We assessed the Provider Information Return (PIR) we require providers to send this to us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with 12 people, five relatives, eight staff that included domestic, catering, care and senior staff, three healthcare professionals, the registered manager, the operations director and the provider. We used this information to form part of our judgement.

We sampled ten people's care and medication records to see how their care and treatment was planned and delivered. Other records looked at included four recruitment files to check suitable staff members were safely recruited and received appropriate training. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service. Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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. Regulations may or may not have been met.

At the last inspection we found the provider had not met all the legal requirements because improvement was required with their recruitment processes. We also found improvement was required with the management of risks and the completion of contemporaneous risk assessments, infection control, the timely response of staff following incidents or accidents and the safe administration of medicines. At this inspection the service had improved their recruitment processes to meet legal requirements. However, further improvement was required with the management of risk to people and the completion of up to date and effective risk assessments.

Staffing and recruitment

- Pre-employment checks for staff were followed up before they started to work at the home to ensure staff were suitable to work with people.
- People and relatives were happy with the level of staffing provided. One person told us, "They [staff] come quickly if I use the call bell."
- Overall, staff we spoke with told us they thought there were enough staff on duty to support people. Some staff felt the home could benefit from additional staff members early in the morning and during the night shift. Our observations saw that staff responded promptly to calls for assistance and people told us they did not have to wait for long periods of time for staff to support them.

Assessing risk, safety monitoring and management

- Risks to people were assessed but lacked detailed guidance for staff on how to manage individual risks. For example, we asked staff how to best support one person that could present with behaviours seen to be challenging. Although the person had never come to any harm; we found all the staff supported them in a different way. The management team had identified this was an area requiring improvement and had already started to implement new processes to address this issue.
- Behavioural charts were being completed but there was no process in place to monitor for trends, the action taken, what could trigger the behaviours or clear, concise instructions to staff on the best way to help the person settle down.
- Body maps were completed for people but these did not always give a reason for the wounds or consistently track their progress. However, staff told us any changes in people's needs that could increase a risk of avoidable harm, were promptly referred to the appropriate healthcare professionals to ensure people's support needs would continue to be met. Records we looked at confirmed appropriate referrals were being made.
- Checks were carried out on the facilities and equipment, to ensure they were safe. This included fire safety systems, water temperatures and electrical equipment. Gas and other appliances were also regularly serviced. Fire safety checks were completed and people had personal emergency evacuation plans (PEEP)

in the event of an emergency.

Using medicines safely

- There had been some improvement in the management of medicines since the last inspection. People told us they received medication at the right times. One person told us, "I have medication regularly, they [staff] don't forget to give it to me." Records showed medication was given in line with people's care plans.
- Feedback we had received on the day suggested delays in three people receiving their medication. On checking their medicine administration records we found they had received their medicines as prescribed by the GP.
- Staff had completed training on how to administer medicines.
- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. Although there were protocols in place for staff to follow when giving these medicines, there could have been more detail describing the behaviours or signs to look for that could indicate a person was in pain. This was discussed at the time with a senior staff member.

Preventing and controlling infection

- At the last inspection, there was some further improvement required to the cleanliness of the home. At this inspection, there had been an improvement although there was a strong smell of urine from some furniture items which we discussed with the provider at the time.
- We also noted some dining tables were not always effectively wiped down after meal times and residue of stale food and spillages were left leaving the plastic table cloths sticky.
- People told us they were happy with the cleanliness of the home. One person told us, "I like it here, it's nice and clean and I am comfortable."
- Staff spoken with told us they had a plentiful supply of personal protective equipment (PPE) such as gloves and aprons that they used when delivering personal care. This ensured people were protected from cross contamination and infection.

Systems and processes to safeguard people from the risk of abuse

- The provider had reported safeguarding concerns to the local authority and ensured they were investigated appropriately.
- Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member said, "People are safe because we have good security in the home and if we saw that something was wrong we would stand up for that person and raise a safeguarding."
- People and relatives we spoke with told us that they felt the home was a safe environment to live in. One person said, "I feel safe because the people are nice here." One relative told us, "It [the home] has a safe atmosphere, there is always staff around."

Learning lessons when things go wrong

- The provider had learned lessons from past failings, recognising that a stable workforce and management team was key to making and sustaining improvements.
- Accidents and incidents had been reported to appropriate authorities but the outcome had not always been recorded to review for trends and how to mitigate future risk. However, a new accident/incident form had been developed to make it easier to check that all the required actions had been taken to minimise future risk and learn from mistakes.
- Records showed the registered manager worked in partnership with the local authority when conducting safeguarding investigations to ensure people remained safe.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

At the last inspection the provider had not met all the legal requirements because improvement was required in assessing people's mental capacity to consent to their care and treatment. Improvement was required to ensure healthcare professionals' guidance was shared with staff; peoples' dining experience was more positive and improved staff knowledge concerning people's specific dietary requirements. At this inspection the service had improved their mental capacity assessments and best interests process to meet the legal requirements. However, improvement was required to the home's environment and staff training.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We found several examples where MCA assessments and DoLS applications had been completed and where authorisations had expired they had been re-applied for. This meant the provider was compliant with the law. Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- Consent forms had been signed by people and there had been an improvement from the last inspection to demonstrate the person understood the particular decision to be made and provide informed consent. We discussed with the management team about checking the person's ability to consent more than once and at different times of the day to maximise opportunity.
- People told us staff sought their consent in line with the MCA and confirmed staff would ask their permission before supporting them. One person told us, "The staff explain properly to me what they want to do for me."

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

- The home's décor required maintenance. For example, walls on the ground floor corridors had holes in them and plaster was missing. Although there had been an attempt to make the home environment more dementia friendly, more could be done. For example, there was no consistent dementia friendly décor or orientation aides despite there being people living at the home with levels of forgetfulness and confusion.
- Items of furniture in the main lounge and the foyer were impregnated with an unpleasant odour. The provider explained the furniture was cleaned regularly but it was apparent from the furniture's stained

appearance that it needed replacing and this had been identified at previous inspections.

- People told us they liked their bedrooms and we saw people being able to choose to spend time alone or with others. We saw people spending time in the garden enjoying the sunny weather.
- The building had a lift that enabled people to move safely from floor to floor and around the building with limited restrictions.

Staff support: induction, training, skills and experience

- People told us they felt the staff were trained to meet their support needs. One person told us, "I think that the staff know what they are doing, I am satisfied here."
- Staff told us they had received support from the management team, although supervision had not been regular. One staff member said, "I haven't had a supervision but if I had any issues I'd go straight to [registered manager's name] I wouldn't wait." The turnover of staff meant that areas of staff support had lapsed such as training, supervision, observations of practice and annual appraisals. The registered manager confirmed they had started to reintroduce a formal structure for regular supervisions, observations of staff practice and annual appraisals.
- New staff received an induction which included completing required training and shadowing more experienced staff. Staff did not complete the Care Certificate but had completed some training that reflected the Care Certificate standards. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- We saw plans being made to ensure staff received up to date training and provide staff with additional training aimed at meeting the individual needs of people living at the home, for example, training in behaviours that challenge.

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

- People's needs were assessed prior to admission. People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation. People's gender preferences for staff support were known and respected.
- The service had conducted reviews of people's needs, although they had not been consistently completed and there were some gaps. The provider's own internal audits had also identified care plans were not always reviewed in accordance with their own policies and we saw that an action plan had already been implemented to address this with a completion date set for 31 March 2019.

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

- Improvement was required in the monitoring of people's fluid intake. Fluid charts were not being fully completed with a running total kept of fluids offered and taken to record whether targets were met, whether the information had been reviewed and if further action was required. The registered manager told us that fluid charts were reviewed by senior staff every day and the necessary action taken but this was not formally recorded.
- People at risk of malnutrition were on food charts which were completed. People were weighed monthly and changes in weight were monitored and appropriate referrals made to agencies as required.
- Most of the people we spoke with told us they enjoyed the food and if they did not like what was on the menu, they could request something else. One person told us, "The food is very good and there is a choice and there is enough to eat."
- People could choose where they wanted to eat and staff were available to support and prompt people at meal times. Food was provided in line with people's needs. For example, some people required softened food and we saw that this was provided.
- People were offered a choice of hot and cold drinks and snacks on a regular basis throughout the day.

- We observed the lunchtime experience for people. They were not rushed and were able to take their time to eat their meals at their own pace. We did not see seconds being offered despite some people eating all their food.

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

- People had access to healthcare services when required to promote their health and well-being. One person told us, "The GP will come if needed, the chiropodist and the optician comes too and sometimes the hairdresser."
- Staff monitored people's health care needs and would inform relatives and healthcare professionals if there was any change in people's health needs. Feedback received on the first day of our site visit suggested staff did not always respond promptly to instructions left by health care professionals. We reviewed the care plans and visitors notes and could not find evidence to corroborate this. Two visiting healthcare professionals told us, "They [staff] are good at following instructions and I have no issues." "Staff respond quite well to my instructions."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection improvement was required because people did not always receive person centred care and staff did not always speak about people in a respectful way. At this inspection there had been sufficient improvement to rate the question, is the service caring, as good.

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

- People and their relatives confirmed they were treated with kindness and spoke positively about the staff's caring attitude. One person told us, "The staff are not rude to the residents but some of the residents are very rude to the staff."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and staff continued to encourage and reassure people who became distressed and confused.
- Staff spoke with genuine affection and kindness about the people they supported and told us they enjoyed their jobs. One member of staff told us, "I love the residents, that's why I come to work and if they are smiling, I know they're happy, then I go home happy knowing I've done a good job today."

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

- We saw people were given lots of opportunities and asked to make choices about everyday life in the home such as what drink and food they wanted and where they wanted to sit.
- People and relatives told us they felt staff listened to them. One person told us, "I get up when I want. Once they [staff] called me too early in the morning, I soon told them not to and they stopped doing that."
- Staff told us they would always do their best to involve people in decisions about their care. One staff member told us, "If the person says no (to be supported with their personal care) then I will wait and try again later."

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. For example, we saw people being prompted by staff who then stepped back and let people complete tasks on their own when they could do so. For example, encouraging people to try and eat independently whilst providing support and guidance when necessary.
- People we spoke with told us staff encouraged them to try and do some tasks for themselves to maintain some level of independence. One person told us, "I couldn't have found a nicer place, they [staff] help me to keep my independence by supporting me to do things myself."
- People's dignity and privacy was respected. One person said, "Staff respect my privacy, they knock before entering my room."
- People were supported to maintain and develop relationships with those close to them. Relatives told us

they were free to visit anytime and always made to feel welcome.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection improvement was required because people did not always participate in meaningful interests and there were no outcomes recorded against complaints. At this inspection there had been sufficient improvement to rate the question, is the service responsive, as good.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who were knowledgeable about people's care and support needs.
- Staff knew how to communicate with people and ensured they used their knowledge about people when providing choices.
- People and relatives, we spoke with told us they were asked if the level of support being provided met their needs and if there was anything people wanted to be done differently.
- People's spiritual and cultural needs were respected. For example, culturally appropriate food was available to meet people's individual needs. One person told us, "The staff understand my culture, religion and respect my needs, likes and dislikes."
- We did not see many individual activities taking place and three relatives we spoke with felt there could be more done to stimulate people's interests. On the first day of our visit, we saw little in the way of meaningful activities, however, on the second visit this had improved because the activities co-ordinator was on site. From watching people's reactions, they looked happy to participate in the activities that took place. For example, there was a quiz which people seemed to enjoy. We saw one person was taken to the shops and another person had a painting set purchased for them. We saw one person was reading the local newspaper, people were also sat relaxing in the main foyer listening and singing along with the music and some people chose to remain in their rooms. We spoke with the activities co-ordinator and they told us they had made a concerted effort to encourage people to participate but this was not always welcomed by some people. One person we spoke with said, "I prefer to stay in my room and will go down to the lounge sometimes but it can get a bit noisy."

Improving care quality in response to complaints or concerns

- People and their relatives we spoke with knew how to complain and felt confident that if they did make a complaint it would be dealt with quickly.
- We saw that since the last inspection there had been a small number of complaints which had been investigated and addressed providing complainants with an appropriate response. The registered manager explained there had been a number of complaints concerning lost or misplaced items of clothing and we saw they were actively addressing these concerns for people.

End of life care and support

- Nobody living at the service was receiving end of life care. However, the registered manager explained peoples' end of life care would be discussed and planned and their wishes be respected should this be

required. People were able to remain at the service and would be supported until the end of their lives as long as the home could meet their assessed needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At the last inspection the provider had not met all the legal requirements because their quality assurance systems had not been routinely followed when monitoring recruitment processes, accidents and incidents, the effectiveness of staff MCA training, the recording of additional fluid and food supplements given to people and the audit of the response times to people's call bells. At this inspection whilst we saw some improvements had been made, further improvements were still required to be made and any improvement sustained.

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

- Providers must have systems and processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The management team had been in post for just over 12 months and had inherited a number of longstanding issues found at previous inspections. We saw they had made some headway with regard to making the required improvements. This had had a positive impact on staff morale. One staff member told us, "There has been definite improvements from last year's inspection, the home is better run, [registered manager's name] has had a positive impact on the place which is just what we needed with all the changes in managers over the last few years."
- A number of new systems and processes had been put in place to drive improvements but it was too soon to comment on their effectiveness as they were not yet embedded in practice.
- Throughout the inspection we found the management team honest, open and transparent about the required improvements to the service. They demonstrated enthusiasm and commitment to making the required improvements to ensure safe and good quality care.
- The provider had submitted monthly reports to CQC as required to do so in line with their registration conditions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff told us they felt listened to and that the management team were approachable.
- Staff had not received regular supervision nor had they attended regular team meetings. However, they confirmed they felt able to speak with the registered manager if they had any worries or concerns. One staff member told us, "[Registered manager's name] is a good manager, they'll help you with anything you need."
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. It is a legal requirement that organisations registered with the Care Quality Commission (CQC) notify us

about certain events. These included incidents such as alleged abuse. We found notifications were received as required by law, of incidents that had occurred.

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged with people and relatives through resident/relative meetings held at the service although there were mixed responses received from people and relatives about the frequency of these meetings.
- The registered manager recognised that the current method of engaging with people and seeking their views required improvement and had recently introduced a process working alongside Healthwatch to try and encourage people, visiting relatives and professionals and staff to complete questionnaires. Healthwatch is an independent consumer champion for health and social care in England.
- Trust and confidence in the service had been shaken due to the frequent changes of staff and management. However, feedback from people, relatives and staff was positive about the current management team. A person told us, "I am very happy and contented here (at the home)." A member of staff said, "Everyone who works here cares and people are cared for. I know there are things that still need improvement but there are plans in place to do this. The management team are developing our (staff) role. It's good working here, it's rewarding and I feel supported in my role."

Working in partnership with others; continuous learning and improving care

- The service liaised with organisations within the local community. For example, the Local Authority and the hospital discharge teams to share information and learning around local issues and best practice in care delivery.
- The service had a strong emphasis on team work. There was a handover between shifts and staff discussed matters relating to the previous shift. Staff told us they all worked together as a team. One member of staff told us, "We support each other and work well as a team". One person told us, "It is good service here, I appreciate the way they [staff] work and look after us." A relative said, "The manager co-ordinates and runs a tight ship."