

London And Manchester Healthcare (Romiley) Ltd

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cherry Tree House is a nursing home which provides personal and nursing care for up to 81 people who require this type of support. At the time of the inspection 68 people were using the service. Care is provided across three different floors, with one floor specialising in providing care for people living with dementia. Each floor has a number of communal areas, including a dining room and kitchenette, and a variety of lounge areas. All bedrooms are en-suite and there are adapted bathrooms to support people with specific needs in relation to personal care

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

There were environmental checks and risk assessments in place. We noted some shortfalls in how risks were identified and managed, and recruitment processes were not always robustly followed. People had individual care plans and risk assessments but they did not always contain enough specific detail. People and families told us they felt safe and that they had seen improvements from the new management team. Staff were very positive about how the provider had managed during the COVID-19 pandemic and felt safe at work.

People were assessed and supported to access the health care support needed although we noted some shortfalls. Most permanent staff were aware of the needs of people who required additional support with food or fluids, but care plans must include more details in this area. Staff told us the induction process and training covered everything they needed within their roles. People were supported to have 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.

There were systems for auditing and checking the quality of service, but these were not sufficiently robust to have identified the issues we noted during the inspection. There was a new management team in place and staff spoke positively about how the service was being organised and run. Most family members knew who the registered manager was and felt able to raise concerns and ask questions of the management team.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 January 2020) and there were a number of breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the safe care and treatment of people,

the maintenance of a safe environment and the management of the home. As a result, we undertook a focused inspection to review the key questions of safe; effective; and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree House on our website at www.cqc.org.uk.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to the management of individual and environmental risk, oversight of risk to ensure the quality of the service and robust recruitment processes at this inspection.

We have identified breaches in relationship to Regulation 12 (Safe Care and Treatment); Regulation 17 (Good Governance) and Regulation 19 (Fit and Proper persons employed). 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 not always effective.

Details are in our effective 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 Tree House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of 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

The inspection was undertaken by two inspectors and a nurse specialist advisor who visited the service on the first day of inspection. Two inspectors made phone calls to staff and an Expert by Experience made phone calls to family members following the onsite visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cherry Tree House 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. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with 14 members of staff including the nominated individual, registered manager, deputy manager, nurses, care workers and auxiliary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We were mindful of the impact of COVID-19 and the need to ensure we complied with current guidelines for care homes.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Inspection activity took place between 21 October 2020 and 23 November 2020. We carried out a visit to the home on 21 October 2020 and made telephone calls from the 2 November to the 23 November 2020. We attempted to contact all staff by telephone and spoke with 33 members of staff who work at Cherry Tree House. An expert by experience contacted family members and spoke with 10 family members.

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records.



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 we found that communication was not always effective at ensuring staff were updated about people's needs and people's care needs were not always being effectively met in a timely way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement has been made at this inspection and the provider was still in breach of regulation 12.

- Health and safety checks were completed within the home, but actions were not always robust enough to ensure safety. For example, where water taps were running too hot this was not identified quickly and there were no visual notices to alert people to the danger of scalds.
- People being cared for in bed were not always able to alert staff when needed. We saw that a call bell system was in place but call bell leads were often missing or inaccessible in people's bedrooms. The registered manager had noted this issue and ordered replacement leads but action had not been completed in a timely manner.
- A new electronic care record system (PCS) was in place which contained information about people's care needs and risks. Individual risk assessments were in place and reviewed but did not always contain sufficient detail to guide staff who may not be familiar with the person, for example in relation to behaviours that may present a risk to others. Staff generally felt positive about the new system, although not everyone was confident on its use and records were not always being accurately completed.
- Staff understood what action to take when people had an accident or injury. Observations were completed but there were some shortfalls in how such information was being recorded. This was discussed with the nurse on duty on the day of inspection to ensure good practice guidance was being followed.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection we found that people were not always supported by sufficient numbers of staff who knew people well and recruitment practices within the service were not sufficiently robust which placed

people at risk. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's care needs. Staff told us they felt there was generally enough staff, but did comment that they would like to have more time to engage with people. Staff told us that activities were available to people and staff would spend time talking with people and singing together whenever possible. We noted that staff were often task focused, especially at busy times of day such as meal times.
- People were supported by a consistent team of staff. Extra funding was in place to ensure sufficient numbers of staff could be supplied to cover any sickness during the Covid-19 pandemic. Agency staff were used to support people who had additional care needs. We noted that agency staff did not always have a clear understanding of people's needs and how to best engage and support them.
- Robust systems for ensuring safe recruitment was not always being followed. We found examples where gaps in employment and inconsistencies in application forms had not been fully explored, and missing references had not been followed up. The registered manager took prompt action and arranged for a further audit of staff files and action was taken to address any shortfalls in the recruitment process.

This was a breach of regulation 19 (Fit and Proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found no evidence that people had been harmed however, systems for safe recruitment were not being followed. This placed people at risk of harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were content at Cherry Tree House and those who lacked capacity appeared settled and responded well to staff. Relatives told us they felt their family members were well cared for and one relative said, "I think [family member] is well looked after. They are happy, calm and settled."
- Staff understood their duties to safeguard people. Staff were aware of procedure in relation to accident and incidents and told us they felt able to raise concerns and that these concerns were addressed. One member of staff told us, "The seniors, nurse and managers are good. If you have any concerns, you can raise them. They have always gone and addressed things and have an open-door policy."

Using medicines safely

- There were procedures and policies to ensure that medicines were safely stored. People's medicines were generally stored securely within the medication room which was only accessible to designated key holders. We did find some examples of prescribed creams and inhalers not being securely stored in line with best practice.

We recommend the provider review process for storing prescribed cream and ensure sufficiently robust systems of checks are in place.

- Information about people was readily available within the medication administration records. There were protocols in place for medication people required 'as and when', such as paracetamol for pain management.
- Controlled drugs were being managed in line with best practice guidance including secure storing, and regular checks being completed by two staff.

Preventing and controlling infection

- Staff felt the provider had managed the risks in relation to the COVID-19 pandemic well. They told us, "We

have always had plenty of personal protective equipment (PPE), everything we needed." and, "I've always felt safe coming into work."

- Staff were following current guidance and wearing appropriate PPE. We saw there was plenty of PPE available to staff and staff would change into their work uniform once onsite.
- The home was generally clean and free from unpleasant smells. We noted some short falls in the cleanliness of some soft furnishings, such as the coverings on bed rails. There were regular cleaning schedules and additional deep cleaning measures were in place. We observed that there was a significant demand on domestic staff which may not always be achievable.
- People and relatives told us they felt the home was clean. One family member told us, "It is very clean, I have no qualms with this." and another said, "I have done some window visits and I can tell they care. [Family member] looked clean and showered."

Learning lessons when things go wrong

- The registered manager completed monthly analysis of themes and trends to enable lessons to be learnt when things had gone wrong. Audits also included areas of good practice as well as areas for improvement. However, audits were not always completed or acted on effectively. This is discussed further in the well led section of this report.
- There were regular meetings across the units to review any incidents and concerns about the people living at Cherry Tree House including falls and weight loss meetings. The management team were responsive to the feedback given during inspection.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes and work was still ongoing in this area.

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

At our last inspection we found that that people's care needs were not always being met effectively and in a timely way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is discussed further in the safe section of this report.

- Staff worked with external health care professionals within the community and hospital to meet people's needs. Staff we spoke with understood when to raise concerns and make referrals to specialist services for advice and support. We did, however find examples where this had not happened in a timely manner. This was addressed by the registered manager.
- People were supported to access medical interventions. The local GP surgery's completed virtual ward rounds to review people's care needs and staff would contact the local out of hours service for medical advice when needed. Relatives told us they were kept informed about health care professional involvement and felt that staff would seek advice from services when needed. They told us, "If [family member] is poorly they get in touch and let us know what is happening."

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

- It was not always clear that people were receiving mouth care in line with best practice and their care plans. This was identified as an issue at our last inspection. The registered manager advised that a 'mouth care matters' programme was being rolled out to staff to ensure that people received daily oral healthcare support and work in this area was ongoing.
- People were assessed prior to admission to Cherry Tree House. There were new processes to ensure people had full care plans prior to admission. These were further developed during the initial assessment and work was in progress to develop person-centred care plans.
- Life story work was being completed with people and their families to help understand people's needs and choices. This information was being used to help staff develop an understanding of people's preferences and interests and develop activities relevant to the individual. Work was ongoing in this area.

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

- People were weighed regularly, and measures were put in place where weight loss was identified. The kitchen understood how to meet people's dietary needs. We saw staff were very busy at meal times and were not always able to offer the encouragement and prompts that people needed.

- People were not always receiving sufficient fluids. Fluids was an agenda point for daily meetings to help identify this risk and take action. We found that not all care plans contained enough detail about how to support people in this area. Themed supervisions had been completed with staff in this area.

- Care plans contained details about people's dietary needs. There was information available within the electronic care system and hand over records, about people who had modified diets. Meals were sourced externally and heated on site and some people and relatives commented that they would like to see more flexibility of the menu and home cooked meals.

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

- The home was spacious and had plenty of communal areas. A number of these were not being used to their full potential at the time of the inspection. There were plans to improve the home and make the dementia unit more dementia friendly.

- The home décor, including some areas of the building and furnishings were in need of some attention. Work was in progress but had been impacted by the COVID-19 pandemic. People appeared content in their environment.

- There were plans to adapt the reception area to facility visits from families following government guidance. At the time of the inspection the home was supporting window visits but intended to install specialist screens to improve visiting facilities for families and friends within the home.

Staff support: induction, training, skills and experience

- Staff told us the induction process was good. The induction process had changed, and a new induction booklet was in place. New staff completed relevant training and had opportunities to shadow experienced staff before working independently with people.

- Staff completed a variety of training relevant to their role. Staff said training was good and covered all relevant areas. Some staff had been offered additional training to enhance knowledge and professional development.

- Staff felt well supported in their roles. They told us they felt able to discuss any concerns with their line manager and that they were supported with any questions they might have about their role. One member of staff said, "If you need any help or have any questions, there is always someone around who will take time and explain things."

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.

- People's capacity was assessed to ensure people were supported to make decisions about their daily lives where possible. Where people did not have capacity, best interest decisions were made which involved the views of families and other healthcare professionals.

- The service had applied for authorisation where people were subject to restrictions. Information was

available within care records and staff had completed training in MCA and DoLS.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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

At our last inspection we found that that systems for governance were not sufficiently robust to ensure good practice and consistency throughout the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement has been made at this inspection and the provider was still in breach of regulation 17.

- There were systems for daily checks and audits of records were being completed. However, where checks identified potential risks or hazards, immediate remedial action had not been taken to mitigate or reduce the identified risks. This meant that people's care needs were not being consistency met and put people at risk.
- Robust systems for ensuring accurate and timely record keeping were not being followed. Staff used an electronic care record system, but this was not always being accurately completed and independent checks, such as checks of pressure mattress settings to ensure good oversight, were not being completed.
- Audits of staff files and recruitment were not being completed effectively. The last inspection had identified shortfalls in recruitment and subsequent checks and oversight had been implement but these had failed to identify and address the shortfalls we found during the inspection.

We found no evidence that people had been harmed. However, systems were still not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection there was a new management team in place, which included a registered manager, deputy manager, nominated individual and other unit based senior staff. Staff reported that they felt communication had improved and told us, "There is much more organisation now, we know where we are up to and work closely as a team."
- Staff had a clear understanding of the requirements of their role. There were systems in place for ensure staff were competent in their role and additional support was put in place for staff to support their

development. This included extra training and mentoring.

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; Continuous learning and improving care

- Relatives told us they were kept informed if their family member had a fall or was unwell. They told that us that they were given reassurances and felt confident that the registered manager would take appropriate action to address any learning. One relative told us, "I am much happier because of how much it has improved and now I can sleep at night. The registered manager is 200% on the ball and is approachable. I feel it [the home] is run differently, it more effective."
- Regular audits and quality checks were completed by the registered manager and their team. These were not always robust enough to identify shortfalls. Where shortfalls were noted, for example, in relation to updating care plans to reflect any changes and develop a more person-centred approach, action was taken to remedy these.

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

- There were various surveys and meetings in place to involve people, families and staff in the service. We had received whistleblowing concerns in relation to the management not listening and responding to staff concerns. However, this was not the experience shared by the staff we spoke with. They made comments which included, "[Registered Manager] has an open-door policy, you can speak to them about anything and they will take action. I've found them to be very accommodating."
- Relatives felt that communication worked well, and they were able to raise concerns and provide feedback which was readily addressed. One family member told us, "The new manager had their work cut out. They don't hide things like before, there is a big improvement."
- The home worked in partnership with others. Staff listened to, and acted on, advice from external professionals and clinicians

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the culture of the home. One staff member said, "Things are good here. I really like working here." and another told us, "Communication is good, we work well as a team and staff really care."
- Relative's agreed that they had seen improvements in how the home was run. One relative told us, "They send me photographs and keep in contact via email. The manager responds quickly to questions. I have more confidence...In the past I felt as if I was being lied to."
- Work to make care plans person-centred was ongoing. The activity co-ordinator was working with people and their families to find out more about individual's life story and work was ongoing to incorporate this into people's care plans.

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
Treatment of disease, disorder or injury	Systems for checking environmental and individual risk were not always sufficiently robust to ensure timely action was taken to address shortfalls.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	A robust system of recruitment was not always being followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems for oversight were not robust enough to consistently identify shortfalls in checks of risk, record keeping and recruitment.

The enforcement action we took:

A warning notice was issued to the registered manager and provider.