

Lime Tree Care Ltd

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

Cherry Tree House is a residential care home providing personal and nursing care to up to 18 people. The service provides support to younger and older adults. At the time of our inspection there were 7 people using the service.

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

Records of restraint were not fully completed with required information such as the duration of the physical intervention or a staff debrief. This placed people at risk of unnecessary or disproportionate treatment.

Medicines were not safely managed, we found gaps in the recording of the administration of medicines and medicines were not always available.

Risks to people did not always have appropriate strategies implemented to protect people and staff from harm.

The service was not consistently working within the principles of the Mental Capacity Act 2005 (MCA) People had not been supported to maximise their decision making and records lacked detail on the information used to determine people's capacity.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider had failed to ensure there was adequate oversight of the service. Quality assurance systems and processes did not identify or address all of the issues found during this inspection.

People and staff were able to feedback on the service. However, relatives were not kept up to date on information and had not been asked to feedback on the service provided.

People were supported by sufficient, trained staff, who had been recruited safely to ensure people were suitable for their roles. The provider undertook appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.

The provider completed infection prevention and control processes to protect people, staff and visitors from the risk associated with infections and COVID-19.

People's bedrooms were personalised with their belongings, chosen pictures and artwork.

People were encouraged and supported to cook their own meals and people were involved with planning what they would like to eat.

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 inadequate (published 31 July 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 18, 19 and 25 May 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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 remained the same. The overall rating for this service is inadequate. This is based on the findings at this inspection.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, consent to care and oversight of the service at this inspection.

Follow up

We will request 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 overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service.

This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

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 well led.

Details are in our well led findings below.

Inadequate ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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 carried out by two inspectors.

Service and service type

Cherry Tree House 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 House is a care home with nursing 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

This inspection was unannounced.

What we did before the 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 (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 five people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, home manager, nurse, domestic assistant, senior support worker and support workers. We reviewed a range of records this included four people's care records and multiple medicine records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with two relatives of people using the service and six members of staff about their experience of the service. We continued to seek clarification from the provider to validate evidence found. We looked at multiple documents 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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection, the provider failed to ensure care and treatment was always provided in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 12.

- People were at risk from inappropriate restraint. Records did not always record the duration of the intervention and did not include a staff debrief. This placed people at risk of unnecessary or disproportionate treatment.
- Incident records of physical interventions had not been fully investigated or monitored to determine if the intervention was safe or proportionate. This continued to place people at risk of improper treatment
- People's risks had been identified in their care records, however appropriate strategies had not always been implemented to mitigate the risk of harm to them or the staff supporting them. For instance, where it had been assessed that all staff working with a person required specific training, Records evidenced this action had not always been implemented.
- Actions had not always been taken following incidents to reduce the risk of a reoccurrence. When a specific trigger had been identified which caused a person to become distressed, appropriate actions had not been taken to reduce the risk of the person experiencing this issue again.
- Medicines were not safely managed. We found multiple instances of where staff had not recorded if medicine had been administered or checked as taken, for people whose care plans instructed this. Medicines were not always in stock, records evidenced multiple occasions where medicine had not been available, this meant people had not always received their medicines as prescribed.
- Medicine records had not always been transcribed in line with best practice as handwritten medicine charts did not always include the required information. This meant that people were at risk of not receiving their medicines in accordance with the prescriber's instructions.
- One person's care record's contained conflicting information. We found the choking risk assessment in place for the person stated they were at medium risk of choking, but the monthly evaluation of this document stated they were at high risk.

Systems were either not in place or robust enough to demonstrate safety was well managed and risks were mitigated. The provider failed to ensure the proper and safe management of medicines was in place. 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.

- Environmental risks were well managed. Regular checks had been carried out which included water checks and fire safety.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong
At our last inspection the provider failed to ensure people were safeguarded from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safeguarding Service Users from Abuse and Improper Treatment.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 13, however, systems and processes required embedding to evidence sustained good practice.

- Systems and processes were in place to monitor accidents and incidents. This information was monitored and analysed by the registered manager; however, this process had not identified when records were incomplete.
- Staff had completed safeguarding training and understood how to report any concerns to the registered manager and relevant professionals.
- Staff had received training in how to positively support people who may show signs of distress. Staff told us "We watch how we word things, as [person] can take things the wrong way. The information we need is in [person's] care plan."
- Positive behaviour support plans had been reviewed and updated since our last inspection, they detailed the strategies in place for staff to follow.
- Systems and processes were in place to monitor wounds and injuries. This information was regularly monitored and analysed by the registered manager.

Staffing and recruitment

At our last inspection, the provider did not deploy suitably qualified, competent and experienced staff to meet the needs of the people using the service. This was a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18(2), however, systems and processes required embedding to evidence sustained good practice.

- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references.
- Staff demonstrated they had the skills and competence to support people and knew where they could seek information about people in their care plans.
 - There were sufficient numbers of staff deployed to ensure people were supported safely. Relatives and staff told us they felt the service was adequately staffed. One person told us "Staff always come to me when I want them".

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- The provider had safe systems in place to ensure visits were managed in line with the government guidance. People told us that they regularly had visitors and they were supported by staff to stay in touch with people that were important to them.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider did not always ensure consent to care and treatment was sought in line with legislation and guidance. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 11.

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 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.

- The service was not consistently working within the principles of the MCA. We found one person had restrictions in place which was not supported by a mental capacity assessment or best interest decision.
- Mental capacity assessments did not consistently follow the principles of the MCA. People had not been offered support to maximise their decision making and records lacked detail of the information used to determine when it had been assessed a person lacked capacity
- One person had specific conditions stipulated by their DoLS authorisation. We found that the conditions were not always met and risk management strategies in place contravened the DoLS authorisation.
- Care staff had a mixed understanding of the DoLS conditions in place. One staff member told us "We are told of the conditions as we need to know" but another told us "Although [staff] are trained on DoLS, we

don't always get told what conditions are in place. This is really frustrating"

The provider did not always ensure consent to care and treatment was sought in line with legislation and guidance. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Assessments lacked information on the equipment people used. One person's risk assessment stated they used a wheelchair when outside but there was no evidence this person had been assessed for this as it was not mentioned in their mobility care plan.
- People's choices had been recorded in their care plans. Care plans contained information on how these were to be promoted, we observed staff following people's care plans and offering choices during our inspection.

Staff support: induction, training, skills and experience

At our last inspection, the provider did not deploy suitably qualified, competent and experienced staff to meet the needs of the people using the service. This was a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 18(2), however, systems and processes required embedding to evidence sustained good practice.

- Staff had completed training which was suitable to meet the needs of the people they were supporting. All staff completed an induction which involved shadowing an experienced staff member. A staff member told us about their induction and said "I felt confident as I got to know the residents and know the staff"
- Staff spoke with knowledge about the people they were supporting and gave us examples of how they supported people in line with their care plans and risk assessments.
- Staff told us they felt supported in their roles by the provider. Staff attended regular staff meetings. This meant that important information was shared with the staff team and they had opportunity to discuss this as a group.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us external agencies had been involved in decisions that had been made regarding a person's care, however we saw no evidence of their involvement when specific decisions had been made.
- People had up to date health records in place, which detailed their appointments with external professionals.

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

- People's bedrooms were personalised with their belongings, such as, pictures and artwork.
- Communal areas of the service had a variety of games and art and craft materials which we observed people to be using throughout our inspection.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People had choices at mealtimes. One person told us, "The food is good, I have a budget and plan what I want sometimes I cook." Another person told us, " Staff help me to plan healthy eating, I have a budget and go shopping"

- People were encouraged and supported to cook their own meals and people were involved with planning what they would like to eat.

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 inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care
At our last inspection, the provider did not demonstrate effective governance, including assurance and auditing systems or processes. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17.

- Systems and processes were ineffective in ensuring documentation regarding physical interventions had been fully completed. We found incomplete records of physical interventions had been signed off by management. This put people at risk of inappropriate restraint.
- Information was not always accurate and up to date. Following our initial inspection feedback, the provider submitted evidence which differed to the information we viewed on site.
- The provider failed to ensure people's mental capacity and best interest decisions had been made in line with the Mental Capacity Act (2005). Systems and processes in place to ensure compliance with the legal framework had not identified these issues.
- Systems were not in place to ensure compliance with the legal framework of the Mental Capacity Act (2005). The risk to people of unlawful restrictions was not managed.
- Systems and processes in place to ensure that DoLs conditions were being met had failed as strategies had been actioned that contravened these conditions.
- The provider had failed to ensure there was adequate oversight of the service. Quality assurance systems and processes did not identify or address all of the issues found during this inspection.
- The provider had not always learnt from feedback given and improved the quality of care. The provider received information from our previous inspection regarding improvements needed. We found not all these concerns had been addressed on this inspection.
- Training records for the regular agency staff were not well managed. We found that staff had been regularly deployed without all necessary checks on the staffs training been completed.

The provider failed to demonstrate effective governance, including assurance and auditing systems or processes. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 provider understood their responsibility to keep people informed when incidents happened in line with the duty of candour.

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

- Relatives told us they were not kept up to date or informed about their family member, and that they had to ask for feedback as this was not offered. We did not find any evidence that relatives had the opportunity to suggest improvements to the service.
- The registered manager gathered feedback from people and staff about the quality of the service through discussions and surveys. People had provided mixed feedback about the service, the registered manager had informed people of the improvements they planned to make.

Working in partnership with others

- The service worked in partnership with other professionals such as GP's and speech and language therapists to support people to access healthcare when they needed 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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure consent to care and treatment was sought in line with legislation and guidance.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have systems place or robust enough to demonstrate safety was well managed and risks were mitigated. The provider failed to ensure the proper and safe management of medicines was in place.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to demonstrate effective governance, including assurance and auditing systems or processes.