

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 caring?

Requires Improvement ●

Is the service responsive?

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 79 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 had 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

People and relatives told us they felt safe and cared for at the home. Medicines were being safely managed, stored appropriately and suitable systems for recording were in place. Recruitment processes were in place, but these had not been sufficiently robust to ensure staff were safe to support vulnerable people and some staff had been dismissed following concerns about their performance. People and relatives expressed concerns about the consistency and level of staffing. We observed that people were asked to wait before being supported and there had been complaints and safeguarding investigation following delays in people receiving support.

People were not always supported to have maximum choice and control of their lives and staff did not always supported them in the least restrictive way possible and in their best interests. People were generally supported to access health care services in a timely manner and the home worked closely with an out of hours medical service. There were, however, a few occasions when people had not received the correct support. Staff had received training and support to undertake their role, although the reported experience of this varied across the staff team.

People and relatives told us staff were kind and caring. We observed that regular members of staff knew people well but were very busy and task orientated.

The quality of care plans varied across the home and not all care plans were person-centred. We saw that there were instances where care plans had not been followed, which has resulted in safeguarding investigations, complaints and staff being dismissed. The home investigated and responded to complaints, although not everyone was satisfied with the response given. The home had one activity co-ordinator in place at the time of the inspection, but this was not sufficient to meet the needs of everyone living at the home. The registered manager understood how to meet the needs of people at the end of life, but these care plans were often not in place until a person was at this stage, meaning that they were possibly less able to contribute their views due to ill health.

There was a registered manager in place, however there had been changes in the management of the units since our last inspection and new unit managers were in place. Systems were not in place to ensure a consistent approach to care planning and ensure people's care needs were being met in line with their

needs and preferences. Systems to develop a positive culture and supportive environment were not effective to ensure that all staff had positive experiences of being supported.

Rating at last inspection

The last rating for this service was requires improvement (published 15 January 2019) and there were two 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 insufficient improvement had been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns we had received in relation to staffing and the delivery of safe care and treatment. A decision was made for us to inspect and examine those risks

Enforcement

We have identified three breaches of regulation. These relate to regulation 9 (person centred care) as people were not always receiving care in line with their preferences ; Regulation 12 (Safe care and treatment) as there was not always sufficient staff who knew people well, care plans and treatment needs were not always being safely followed and recruitment processes were not always sufficiently robust; and Regulation 17 (Good Governance) as there was not sufficient oversight to have ensured improvement had been made since our last inspection and ensure lessons were learnt across the home.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Cherry Tree 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.

Inspection team

The inspection team consisted of an inspector, an assistant inspector, an inspection manager, a specialist advisor with a nursing background and specialist interest in dementia and two experts by experience. 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 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

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including notifications the provider had sent to us. We analysed all information we had received via the CQC share your experience portal including complaints and concerns for themes and trends and considered this in the context of similar size and types of services. We contacted local commissioning teams to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this

information was used to identify key lines of enquiry as part of the inspection.

During the inspection

During the inspection we looked at 11 people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

We spoke with 19 people who used the service and 18 relatives about their experience of the care provided. We spoke with two visiting professionals. We spoke with 31 members of staff including the registered manager, deputy manager, commercial and business director, head of assurance, nominated individual, unit managers, care workers, and auxiliary staff including the cleaning, laundry and kitchen staff. 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.

After the inspection

We received additional evidence and information from the registered manager and management team and sought clarification on the evidence we had found. We received further feedback from three family members via the CQC share your experience website.

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.

Using medicines safely

At our last inspection we found there were inconsistencies in paperwork and suitable guidance and assessments were not always in place for people who required their medicine covertly or who requires PRN 'as required' medication. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 (g) in relation to the proper and safe management of medicines.

- There were suitable procedures to ensure people received their medicine safely. All medicines were securely stored, and records of administration were maintained.
- Guidance was provided in the form of PRN protocols. This provided staff with guidance on how to support people who need 'as required' medicine such as paracetamol for pain relief. There were suitable systems in place for recording information in relation to time sensitive medication to ensure that sufficient time was allowed between doses.
- People told us, "I need a lot of medication every day and they watch me like a hawk to ensure I take it all." and, "I get my medication. The staff see to that." One family member raised a concern, "They lost a recently prescribed antibiotic cream. They sent for an over the counter cream, but they still haven't replaced the prescribed cream and its ten days." We saw that this had been raised via the complaint's procedure.

Staffing and recruitment

- The home had recruitment systems in place which included reference checks and checks with the disclosure and barring service (DBS) to ensure the staff were not barred from working with vulnerable people. However, there had been times when concerns about staff's behaviours and performance had been identified following employment, suggesting that recruitment processes could be more robust.
- Where a second reference had not been received, a risk assessment was completed to mitigate any potential risk. In one file a second reference had not been received and a risk assessment was in place, however this person had been dismissed due to concerns about performance. We spoke to the management team about whether these risk assessments were sufficient to protect vulnerable people.
- We noted on one file, that references had been provided for a staff member from the manager and deputy manager of the Cherry Tree House based on their previous role and knowledge of that staff member. This is not a sufficiently robust and independent process for ensuring suitability of staff.
- Where there were concerns about staff performance, the management team was quick to take action to

address the concerns and we noted that a number of staff had been disciplined or dismissed as a result of this.

At our last inspection we found that the systems for ensuring consistency of staff this was not sufficiently robust to ensure that agency staff knew people's care and support needs. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12 in relation to ensuring staff have the qualifications, competence, skills and experience to safely provide care and treatment.

At this inspection we noted that although agency staff had reduced there were still shortfalls in the recruitment of permanent staff and concerns in relation to consistency and delivery of safe care.

- People told us, "The staff are very busy, they get short of staff." "I have to wait ages for help sometimes, but there are folks here that need more help than me." "Sometimes the home is simply understaffed." "It's not that there is not enough staff, they are not organised properly. Some people that live here have very complicated needs." One person told us, "The staff keep an eye on us all the time."
- Relatives said, "I'm slightly concerned about the continuous turnover of staff." "I have been here over two hours and no one [staff] has been near. So much for 30 minute checks." and, "The staff are in chaos, there are times they don't look like they know what they are doing, especially the agency staff."
- Staff had mixed views about whether staffing levels were sufficient although some reported improvements upon one unit. They told us, "We have a good team at the moment, but we have had a lot of staff turnover in the past." and, "There often is not enough staff because of the challenging behaviour." The registered manager advised us that they had increased the staffing levels on one unit following a request from staff due to the high levels of people who required additional support due to lack of mobility.
- Our observations during the inspection were that staff were very busy, call bells were generally responded to in a timely manner but people who were cared for in bed were often left for significant periods of time without any form of interaction. We all noted some occasions where people were asked to wait before they were supported with personal care.

The above demonstrates a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The home had systems and processes in place to ensure people were safeguarded from harm and people generally told us they felt safe in the home. People said, "I think we are safe here." "I think staff try their best to look after us." and, "As homes go, I think this is a good one."
- Positive feedback from relatives included, "I think safety does appear to be properly addressed." and, "I'm pleased that [family member] is in a safe place. I can leave knowing they are safe." However, were told of specific examples where a person's care needs had not been met by staff. Many of these of examples had been raised as complaints and addressed through the home's complaints procedure or safeguarding investigation. One relative commented, "There are improvements in the home. I do however feel this only applies to people with regular visitors who voice their opinion and question their relatives needs and care."
- The home investigated safeguarding concerns and we saw that action had been taken to address these. For example, staff had been disciplined or dismissed in some cases. We reviewed all the safeguarding concerns since we last inspected the service and noted that there were some reoccurring themes where care plans had not been followed, or a delay in treatment had occurred, leading to people being placed at risk of

significant harm. We found that the home had not a sufficiently robust processes to ensure concerns were escalated quickly and appropriately and ensure staff followed care plans.

Assessing risk, safety monitoring and management

- The home had systems for ensuring environmental checks were undertaken and completed. There was regular maintenance of all equipment including electrical, gas and water systems, and lifting equipment.
- There were systems for the assessment of risk and guidance for staff on how to reduce these risks. Risk assessments included environment and equipment. People had individual risk assessments in areas including choking risk, falls risk and the use of equipment such as bed rails.
- The home used technology to support the management of risk such as sensor mats and call bells. We noted that there were times when these were not being used appropriately. For example, we saw a safeguarding concern where the sensor mat had not been connected and a person had fallen. We reviewed one care plan which stated that a call bell should be within the person's reach as they were primarily being cared for in bed. When we checked the room, we saw that call bell was missing. This was immediately addressed by staff. Three relatives told us of recent occasions when the call bell had not been in place and when staff had told people to shout if they needed anything.

Preventing and controlling infection

- The home was clean and tidy during our visit and any unpleasant smells were quickly addressed. Staff did raise concerns that maintaining the cleanliness of the building could be a challenge due to the size of the premises. It was not always clear that information, such as when a person was poorly or had an infection, was always shared with domestic staff to ensure they were able to manage this risk and protect both themselves and others.
- The laundry was clean and tidy and had a system for managing soiled laundry to reduce the risk of it contaminating clean clothes. Staff were knowledgeable about managing risk and committed to providing a good quality laundry service.
- The kitchen had achieved a rating of five from the food standard agency (FSA). This is the highest rating awarded by the FSA. We saw that the kitchen was clean and tidy and there were systems to ensure the environment was hygienically clean, food was stored and heated appropriately, and the kitchen staff had received the training they required in this area.

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 or was inconsistent.

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

- Since we last inspected the service we saw that there were six safeguarding concerns in relation to delays in a person receiving treatment. This included delays in seeking medical interventions, delays in wound care being provided and observations of a person after a fall. From our review of daily notes and discussion with family members we also noted other examples, such as weighing people, testing for urinary infections and management of catheter care.

This placed people at risk of harm. The above demonstrates a further continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care records demonstrated that appropriate referrals were made for people who required specialist input such as speech and language therapy and physiotherapy.
- The home was working closely with a project to provide medical support during weekends and out of hours. This aimed to reduce the need for hospital admission.

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

- Care records demonstrated that people had received an assessment prior to admission to ensure that the service could meet the individual's needs. The quality of assessments and care plans varied and we saw good examples which were detailed and contained a life history and others that contained minimal information.
- We found examples when care was not being provided in line with people's care plans, choices and preferences. This is discussed further in the responsive section of this report.

Staff support: induction, training, skills and experience

- The registered manager told us they provided a full induction which included completing all the mandatory training and a week of shadowing which could be extended if this was needed. Staff accounts of induction varied but they generally felt that induction had provided them with the training and support they needed. They said, "The induction was fine, the eLearning was very good and in depth." and, "They covered everything." Staff did reference the high level of staff turnover and some felt that, "They [new staff] maybe haven't been as well supported as they could be."
- Staff told us they completed various training courses and said, "We're doing training all the time." Training records indicated that staff had all completed training in positive behaviour support. However, staff

commented, "I'm not sure if the rest [of the team] have had training [in supporting people with challenging behaviour] but I have previous experience from my last job but nothing here." and, "We've done eLearning on dementia but could do with a bit more on what to do [to manage behaviours that challenges]." The registered manager told us they had training for staff in relation to the management of actual or potential aggression (MAPA) arranged for the next few months to support staff when managing behaviour that challenges.

- We reviewed the training matrix and saw that staff were generally up to date with mandatory training. There were areas of practical assessment which were highlighted as being overdue for several members of staff. These included fire practical, first aid practical, and moving and handling practical. The registered manager told us that these sessions had been booked to be delivered within the next two months.
- Supervision records indicated that supervision was being provided to staff. However, staff gave various accounts of how they were supported within their role. Some staff told us, "I've never had a supervision but I do feel supported in my role. The unit manager is very supportive." "[Unit manager] is really supportive, it was difficult when we had not got a regular nurse or unit manager." "Do I feel supported? Half the time no and that's why people are leaving." and, "Changes happen and we are not always supported."

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

- Care records and handover sheets contained information about people's specific dietary requirements. This included nutritional care plans and choking risk assessments. Permanent staff and regular agency staff were aware of these specific needs and people's preferences and choices.
- Kitchen staff had a clear understanding of people's specific requirements and how these needs were to be met. Choice was provided for people and meals adapted in line with people's assessment and requirements.
- People could choose where to eat their meals. Some people ate in the lounge or their bedroom. We noted that in some cases tables of a suitable height were not in place for people who choose to eat their meal in areas other than the dining area and people were using side tables as an alternative. This may not be suitable for ensuring good digestion and could impact upon a person's risk of choking.
- Drinks and snacks were provided to people throughout the day. We did, however, note that at times not everyone had access to a drink when they were being cared for in bed.

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

- The home was spacious, tidy and free from obstructions and trip hazards. There were a variety of seating areas for people to use upon each floor, although some of these were not used regularly. Bedrooms were spacious, and people were able to personalise their bedrooms and bring items of furniture and belongings with them.
- There were a variety of adaptations upon the dementia unit to support people living with dementia to remain as independent as possible. This included specialist signs and memory boxes on bedrooms doors to enable people to identify their own bedroom.

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.

- Care records contained mental capacity assessments for day to day decisions, such as receiving personal care. Professionals and family had been involved in discussions and best interest decision meetings.
- The manager had a system of oversight where applications had been made for people and liaised with the DoLS team at the local authority on a regular basis. There were a number of applications that were still awaiting assessment from the local authority
- Staff has completed training in MCA and DoLS and the staff we spoke with had an understanding of that this meant and how to support people who lacked capacity. However, we found examples where people's choices and preferences were not always being supported, either because the care plan did not reflect these preference or care was not being delivered in line with these preferences.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives generally shared concerns about consistency of staff and told us that staff retention was a major issue. Relatives told us that there continued to be concerns about staffing levels, the use of agency staff and whether agency staff had the skills and knowledge to meet people's needs. One relative told us, "Bank holidays and weekends are the worse. Some days it is all agency or maybe one fulltime staff and the rest agency. It's not fair on the residents or the staff."
- Our observations during the inspection was that staff interaction with people were generally kind and caring. However, staff were always very busy and did not have the time to spend interacting with people. Staff told us they would like to be able to spend more time with residents and spoke with compassion about the people they were supporting.
- We saw that there had been some complaints regarding staff members being rude to people and relatives. We noted that these complaints often related to agency staff, and the home had taken action where these concerns have been substantiated to ensure these staff members did not attend further shifts at the home. In some cases staff had been dismissed.
- People and relatives generally spoke positively about the care and support received from permanent care staff. People told us, "The carers are really kind and caring." and, "I have my favourites, but I can say that they are all kind to me." Relatives said, "Without a shadow of a doubt staff do really care." and, "I find the attitude of carers very good here and that shows in the way they carry out their day to day responsibilities."

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

- Permanent members of staff understood people's needs and preference and how to meet these. There were communication tools available for staff to communicate with people who were not able to communicate verbally, although we did not observe these in use during the inspection.
- Assessment and care plans were in place for communication which considered how people communicated and their preference in this area.
- People and relatives generally told us they felt involved in decisions about their care. They said, "I know they will listen and act in the best interest of [my family member]." "You just need to ask if you want something." and, "There are very willing and helpful staff."

Respecting and promoting people's privacy, dignity and independence

- People generally felt that their privacy and dignity was respected. One person told us, "They are absolutely first class at respecting my dignity and privacy."
- Not everyone we spoke with felt independence was promoted and some people told us they would like to

be more independent, for example with continence support.

- Care plans contained details about what people could and could not do and provided some guidance to staff on how to promote independence. The quality of these varied from person to person.

Is the service responsive?

Our findings

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

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

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

- People had a variety of care plans which provided staff with guidance on how these needs were to be met. The quality of these and extent to which these were person-centred varied with some being very detailed and some only containing basic information and guidance. Where personal information was being collected and recorded it was not always clear how this was being used to develop person-centred plans of care. Care needs were being reviewed regularly by staff.
- The registered manager advised that improvements plans were in place in this area and work was ongoing. Additional support was being provided to the new unit managers to enhance their ability to develop person-centred care plans. The registered manager told us they planned to develop pen portraits which continued the key information about a person, their needs and interests.
- The management team told us they were aware of these issues and there was a plan to implement an electronic system for care plan and daily records.

We recommend that as part of the roll out of the electronic care plan system, care plans are reviewed to ensure they are of good quality and persons-centred and that all relevant areas of care are planned for in a timely manner.

- The care plans contained oral health care assessments and plans but it was not clear from daily records that people were being supported with oral health care. The majority of daily records we reviewed indicated that people had not received support with oral hygiene, although staff had been completed the records for other areas of personal care. One relative we spoke with raised concerns about the management of oral hygiene for their family member. They told us, "I remind the home about brushing [family members] teeth with the prescribed toothpaste."
- Since our last inspection there had been a number of complaints and safeguarding concerns where an incident had occurred as a result of care plans not being followed. We saw that the home had taken appropriate action to address this with the individual staff members concerns, which had included disciplining and dismissing staff. We saw that in some cases care was being delivered as directed by the care plan. However, we also noted instances where care had not been delivered in line with the person's care plans and preferences. This included preferences in relation to the gender of staff, preferences for support with continence, preferences in relation to getting up in the morning and the availability of call bells.

The above demonstrated a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection the activity co-ordinators had left and there had been a period of time when care staff were responsible for supporting people in this area. At the time of this inspection there was one activity co-ordinator who had been in post for the past four months.
- Staff told us, "There isn't enough stimulation. There are not enough activity co-ordinators. I'm sure there would be great improvement [if there were more activity staff]. Everybody would get something on their floor that is suitable for them and staff." "I know the activity co-ordinator has been doing a lot. They had an activity planned the other day but there is only one of them, there needs to be more I think." and, "I'd like to see more activities being done on each floor. Sometime people get bored."
- People and relatives told us, "There was a time when we had activities every day but not now." and, "I feel that activities are not always suitable for everyone." Our observations during the inspection were that a range of group activities were on offer and that some people did engage in these activities. However, it was less clear what form of stimulation people who were primarily cared for in bed received. Our observation during inspection were that staff interactions with people were task focused; staff often did have the time to provide meaningful interaction and stimulation for people on a one to one basis; and that people were left both within communal areas and within their rooms with limited stimulation.

The above demonstrates a further breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Friends and family were free to visit people throughout the day without restriction. Relatives told us they generally felt welcomed when visiting their family member.

Meeting people's communication needs

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

- We saw a variety of information was displayed throughout the home. The registered manager advised that this information was readily available in a variety of formats and languages, depending on people's needs and preferences.
- The registered provider had worked closely with speech and language therapy to develop communication keyrings to aid communication and provided training in this area. We did not observe these in use during the inspection, but we saw that permanent staff and regular agency staff appeared to understand people and their methods of communication.

Improving care quality in response to complaints or concerns

- The home maintained a record of complaints and we could see that these were investigated, and responses sent. However, our discussions with people and families indicated that not everybody was satisfied with the response to complaints or felt able to raise concerns. We discussed this with the registered manager and registered provider and they took steps to explore this further with people through relative meetings and discussions with those who had made formal complaints.
- The registered manager advised us that they treated concerns in the same way as formal complaints. Action was taken to remedy complaints on an individual case but it was less clear what action had been taken in relation to the themes and trends

End of life care and support

- Our review of care records demonstrated that very few people had been involved in discussions regarding end of life care and care plans were not always completed in relation to this area of support unless a person was requiring end of life care. This was discussed at our last inspection when we had sought assurance for the improvement of end of life care planning.
- The registered manager told us they recognised that end of life care planning was an area for improvement and they were working with external agencies to develop staff skills and training in this area. The registered manager advised that staff had recently completed training to enable more effective management of pain for people at end of life using syringe drivers.
- The registered manager advised that the home worked closely with service who specialised in end of life care and would seek advised and support as required.
- Clear information in relation to people who had Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions was in place and staff were aware of this. The relevant paperwork was in place, although we noted in one case the paperwork had not been updated since admission and had the incorrect address details. This was shared with the unit manager who took immediate action to address this.

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; Continuous learning and improving care

At our last inspection we found that the 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 had been made at this inspection and the provider was still in breach of regulation 17

- The registered manager told us they were committed to learning and improving the service. However, we found that areas for improvement identified at our last inspection such as consistency of paperwork and end of life care had not been resolved and there continued to be inconsistencies in the quality of care plans.
- Systems were not sufficiently robust to identify when care and support was not being delivered in lines with people's care plans and preference except when circumstance had led to a safeguarding concern or complaint being made.
- The registered manager had notified CQC of significant events such as safeguarding concerns. They were aware of their responsibility regarding duty of candour. When people made complaints or raised concerns investigations were completed and apologies offered. It was not clear how learning had been applied to wide issues in the home as we noted some repeated themes.

We found no evidence that people had been harmed however systems for governance were not sufficiently robust to ensure consistency of records and identify some of the concerns we found during the inspection. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a clear management structure and staff were clear about responsibilities. The management team shared responsibility for quality assurance and a wide variety of audits were completed throughout the year. We noted that where audits had identified areas for improvement, actions plans were in place.
- The rating from the last CQC inspection was displayed in the reception area and upon the provider website.

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

- The home had a variety of processes to promote a positive culture within the home. Staff had different views of how effective this was. Some staff members spoke very highly of the management team and told us, "The registered manager is extremely supportive." "We don't see much of the registered manager but my unit manager is fantastic, They are so supportive." and, "The registered manager's door is always open. It the same with all the managers."
- However, other members of staff told us, "We just get on with it really. We don't see the [registered manager] and I don't feel supported." "I don't feel listened to or supported. It feels like we are shouted down and palmed off." "The managers always have an excuse [about our concerns]." and, "I think management should be more practice and transparent with families and staff."
- The home displayed a set of values across the home including a poster reflecting the values journey. This had not been embedded with staff who were unclear about the values of the home and what this meant.

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

- There were various meetings for resident and relative and staff. One relative told us, "They do have regular meetings once every two months." Minutes from resident and relative meetings indicated that these were not always well attended but did provide an opportunity for people to receive updates about the home and plans for the future. Minutes from staff meetings indicated these occur on a regular basis and were used to give staff updates and share learning.
- The home had not completed surveys with people and families since our last inspection. There had been staff surveys but a paper-based survey had gone missing, and no one had responded to the electronic staff survey.
- We received mixed feedback from people about their involvement in service development. Not everybody living at Cherry Tree House that we spoke with knew who the registered manager was, and this was similar the case for relatives. Positive feedback included, "The registered manager is approachable." and, "I think this home is pretty well run." However, others told us, "Management does not seem to be around much." and, "From experience we are not entirely satisfied the management would always do the right thing."
- The home worked with other health care professionals, including doctors, speech and language therapy and dieticians to meet people's health care needs.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not receiving care and support which met their needs and reflected their preferences.

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	People were not always being supported by sufficient numbers of staff who knew them and their care needs well; care plans were not always being followed; communication was not always effective in ensuring staff were updated about peoples needs; and recruitment was not sufficiently robust.

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 of oversight were not sufficiently robust to have addressed the concerns we found at our last inspection and assess and monitor improvements across the home. It was not clear how lessons had been learnt from safeguarding incidents, complaints and concerns and applied across the home.