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Cherry Tree Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Cherry Tree Lodge Cherry Tree Lodge is a family run home that provides accommodation and personal care for up to 20 people over 65 years of age.

This was an unannounced comprehensive inspection carried out by one inspector on 4 and 5 July 2017. We last inspected the home in April 2015 when we found no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection we found the registered persons had not taken action to fully address a recommendation made at the last inspection concerning The Mental Capacity Act 2005. There was still a need for better understanding and implementation of the Act and we made a requirement for improvement.

There was a registered manager at the home at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

An environmental risk assessment had been carried out and the registered manager agreed to having radiator covers fitted to eliminate the risk to people of receiving burns or scalds.

There were robust recruitment procedures in place to make sure suitable people were employed.

There was a positive culture and morale at the home, however, for there to be better governance of the home, clearer leadership and definition of responsibility between the registered manager and providers recommended.

Staff had been trained in safeguarding adults and were knowledgeable in this field.

Risk assessments had been completed to make sure that care and support was delivered safely with action taken to minimise identified hazards.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

There were sufficient staff employed at the home to meet the needs of people accommodated.

Medicines were ordered, stored, administered and disposed of safely and overall there was good management of people's medicines.

The staff team were both knowledgeable and well trained and there were induction systems in place for any

new staff.

Staff were well-supported through supervision sessions with a line manager and an annual performance review.

People were provided with a good standard of food, appropriate to their needs. Action was taken in circumstances where people had lost weight.

Relatives, staff and people were positive about the standards of care provided at Cherry Tree Lodge. People were treated compassionately as individuals with staff knowing people's needs.

People's care and support needs had been thoroughly assessed and care plans put in place to inform staff of how to care for people. The plans were person centred, covered people's overall needs and were up to date and accurate.

A programme of activities was provided to keep people meaningfully occupied.

There were complaint systems in place and people were aware of how to make a complaint.

Should people need to transfer to another service, systems were in place to make sure that important information would be passed on.

There were some systems in place to audit and monitor the quality of service provided to people. It was agreed that more in depth auditing would be carried out in order to better monitor the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was overall safe. People will be better protected from the risks posed by hot radiators once these have been covered.

There were systems in place to make sure people were both cared for safely.

Staffing levels were appropriate to meet people's needs.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was generally effective but improvements were still required in understanding and implementing the requirements of the Mental Capacity Act 2005.

The staff team were both knowledgeable and well trained.

People enjoyed a good standard of food that was appropriate to their needs.

Is the service caring?

Good

The service was caring.

The home had a longstanding staff team who demonstrated compassion and a commitment to providing good care to people.

People's privacy and independence was respected.

Is the service responsive?

Good

The service was responsive.

People's care and support needs had been assessed.

Individual care plans had been developed for people

.

There was a complaints procedure that was well-publicised and

followed.

Is the service well-led?

Requires Improvement

The service was generally well-led but there was still need for improvement through clearer leadership.

There was an open and transparent management culture and good staff morale.

People's and relatives views were sought about the quality of service provided.

There were systems in place to monitor and audit the quality of service provided but these could be improved.

Cherry Tree Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We reviewed the notifications the service had sent us since we carried out our last inspection. These had not included any substantiated safeguarding allegations. A notification is information about important events which the service is required to send us by law.

This inspection took place on 4 and 5 July 2017 and was unannounced. One inspector carried out the inspection on both days. We met with the majority of people living at the home and spoke with seven people who told us about their experience of living at Cherry Tree Lodge.

We met with one of the providers of the organisation, the registered manager and deputy manager, who all assisted us throughout the inspection. We also spoke with two members of staff and a visiting district nurse.

We looked in depth at three people's care and support records, people's medication administration records and records relating to the management of the service. These including staffing rotas, staff recruitment and training records, premises maintenance records, a selection of the provider's audits, policies and quality assurance surveys.

Good

Is the service safe?

Our findings

People were satisfied that the home was run safely and no one had any concerns in relation to their safety. One person told us, "I like it here, I have no worries", and another said, "If anyone needs a home, this is a good one".

People were protected from avoidable harm because the registered manager had ensured all the staff team had completed training in adult safeguarding. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. This had included knowledge about the types of abuse and how to refer allegations. There were also posters and information displayed in the home about local safeguarding arrangements and how to make referrals. The staff were aware of the provider's policy for safeguarding people who lived in the home.

The service was generally managed to protect people from avoidable risk and their freedom supported and respected.

The registered manager had engaged an outside professional company to carry out a risk assessment of the premises to ensure safety of people. At the last inspection in April 2015 there were uncovered radiators around the home that posed a risk to people from receiving burns or scalds. Although risk assessments had been undertaken and some action taken to make people safe from hot radiators, it had been agreed that radiators would be covered by the winter of that year to eliminate the risks. However, at this inspection the radiators had still not been covered but the registered manager confirmed that there was an action plan and radiators would be covered by the beginning of this winter. The registered manager will provide CQC with written confirmation when this work has been completed.

The registered manager had taken steps to make other hazards safer. For example, portable electrical equipment had been tested to make sure equipment was safe to use. Where bed rails were in use to prevent people from falling from bed, a risk assessment was in place to make sure people were safe from harm. It was agreed, however, that a more in depth assessment tool would be used in future, which covered all the risks associated with the use of bed rails.

Equipment used in the home, such as hoists, stair lift and bath hoist had been serviced at required intervals to make sure it was safe to use.

Personal emergency evacuation plans had been developed for each person, which provided staff with guidance in how to support people to safety if necessary. There were also contingency plans in place for various emergency situations, such as loss of power. The fire risk assessment had been reviewed by an outside contractor in July 2016 and all the high risks areas identified had been addressed. The registered manager was within the agreed timescale for taking action regarding lower risks.

The registered manager had carried out risk assessments in respect of the delivery of people's care; for example, malnutrition, falls, people's mobility and skin care. The assessments were regularly reviewed, or

when people's circumstances changed, to make sure that information for staff was up to date. The risk assessments were used to inform the care planning process to make sure that care was delivered as safely as possible.

Staff supported people to move around the home safely using appropriate equipment. We saw staff encouraging people to use equipment such as walking sticks to prevent people from falling.

The registered manager monitored accidents and incidents that had occurred. Being a small home there was a low incidence of accidents and therefore no trends had been identified but each accident had been reviewed and appropriate action taken where necessary.

People living at the home and also the staff spoken with all felt there were sufficient staff to keep people safe and to meet their needs. People told us that staff were available when needed and that call bells were answered within a reasonable period of time. Dependency profile tools were not used. The registered manager said staffing levels were kept under review through dialogue with staff. Staff duty rosters reflected the staffing on duty on the days of our inspection.

Robust recruitment processes were being followed with required checks carried out to establish the suitability staff. This included; a disclosure and barring service check (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Medicines were managed safely with a monitored dosage system in place. Medicines were kept in locked medicine cabinets and there were suitable storage facilities. Where medicines required refrigeration staff kept a record of the temperature range to make sure they were kept at the correct temperature. There were appropriate systems in place for the management of controlled medicines. Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures in a safe manner. Medicine administration records were kept up to date and showed people received their medicines as had been prescribed by their GP.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in April 2015 we recommended that more detailed mental capacity assessments were undertaken for people who lacked capacity and that, where 'best interest' decision were made on behalf of people. At this inspection there were still shortfalls. This meant that people did not always have their rights protected.

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.

At this inspection we found that the assessment for one person, who lacked capacity for making decisions about daily living, included a statement that "…any larger decisions would be with the person's next of kin". However, the next of kin did not have legal authority to make decisions on behalf of their relative. The person also did not have capacity to give informed consent to have their medicines administered. No mental capacity or 'best interest' decision was recorded in relation to this.

An application for a DoLS had not been made for some people who fell under the criteria for a DoLS application. The above constituted a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

By the second day of the inspection, the registered manager had enrolled on a manager's course regarding the MCA, in acknowledgement of their need for better understanding of the Act and its ramifications for acting in people's best interests.

People living at the home were confident of the staff's abilities, making comments such as; "The girls are all very good", and, "They do a good job".

The registered manager had delegated staff training to the newly appointed post of deputy manager to ensure staff received training that was appropriate to their role. Records confirmed courses staff had attended and when they were due for update training. Examples of training undertaken included; The Mental Capacity Act 2005, dementia awareness, moving and handling, infection control, adult safeguarding and health and safety training. Staff were also able to further their knowledge through attending other courses such as end of life training. New staff completed an induction that included working alongside experienced staff as well as completing the national Care Certificate which sets out minimum levels of knowledge and training for health and social care staff.

Staff told us they felt supported by the registered manager and also by the providers. They told us they received direct 'on the floor' supervision of their work practice, as well as formal one to one supervision sessions with their line manager. Records were in place to evidence people's supervision history and annual

appraisal.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were satisfied with the standard of food provided. They made comments, such as; "The food is very good; they know the things I like" and, "It's not bad at all". Nutritional assessments had been completed and identified people's needs and personal preferences. People's weight was regularly monitored and action taken when people lost weight. The menu for the week's meals was displayed in the dining room.

We observed the lunchtime period, which was a positive experience for people.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including opticians, chiropodists, GPs and specialist health professionals. The visiting district nurse told us that the home worked well with their service; they made appropriate referrals and ensured any guidance about people's treatment was followed through.

Good

Is the service caring?

Our findings

People all spoke positively about the standards of care provided in the home. One person told us, "It is good here; they are very caring", and another person said, "It's been lovely". Another person commented, "They are so friendly; I feel at ease here". One person told us about their being able to bring their pet dog with them to the home, which had been very important to them. Another person was able to keep a caged bird.

During our inspection we observed members of the team interacting and talking with people. Staff used people's preferred names and engaged in friendly conversation. It was clear there were positive relationships between them and people appeared relaxed and comfortable in the presence of staff.

Staff were also observed supporting people patiently and kindly and did not rush them, either with their meals or in escorting them around the home.

Staff spoke caringly of people and were able to describe what activities they liked to take part in. This showed staff knew the people well and provided support and care in an individualised manner.

People told us the staff respected their privacy and dignity by knocking on bedroom doors before entering and ensuring that personal care was provided behind closed doors.

People also said that visitors were made welcome and that they could visit at any time.

Good

Is the service responsive?

Our findings

People were satisfied with the way the staff responded to their changing needs and had no concerns about how their care was planned and delivered. They felt staff were responsive when they called for assistance or if they required support.

A pre-admission assessment of a person's needs was always carried out before a person was accepted for a placement at the home. This procedure was followed to make sure the home could meet the person's needs.

When people were admitted to the home, more in-depth risk assessments and assessment tools were used to develop an individual care plan with each person. Care plans were not all up to date at the time of inspection. The registered manager had just returned from a period of absence, during which time some of the management tasks had fallen behind and staff were catching up on updating care plans. Generally, care plans reflected people's needs and were person centred in the way they were written providing sufficient information about each person's abilities and how staff should support people to maintain their independence. It was agreed that a care plan would be developed for one person who had diabetes to make sure staff knew what to do if the person suffered from too high or low blood sugar levels. This was an area for improvement.

People had been provided with specialist equipment where this was needed, such as an air mattress. Where these had been provided, there was a system to make sure people's mattress settings corresponded to their weight.

Within people's care plans there was information about people's life history and interests so that personal care and activities could be provided to each individual.

Staff supported people with activities and independent people were also contracted to provide entertainment and occupation for people. People told us they were satisfied with the levels of activities.

The complaint's policy was displayed in reception so that people and their relatives were aware of how to make a complaint. People told us that they had confidence in the registered manager to investigate any complaint fairly. There was a system for logging complaints which showed none had been received since the home's last inspection in April 2015.

There was a system in place for when people had to transfer between services, for example, if they had to go into hospital or be moved to another service. An information sheet was in place containing all important information which would go with the person to make sure they would receive consistent, planned care and support if they had to move to a different service.

Requires Improvement

Is the service well-led?

Our findings

Cherry Tree Lodge is a family run business with Mr and Mrs Watts and their son, Mr Simon Watts, registered as the providers of the service. Mr Simon Watts is also the registered manager of the service. At the time of the inspection he had recently returned to manage the home following a period of absence. During the time of his absence the home was managed by Mrs Watts. One of the long standing staff members had also been promoted to deputy manager to assist in the running of the home, which was seen as a positive improvement.

Staff told us that they were pleased the registered manager had now returned and that this was positive for the running of the home. This was because some managerial tasks had slipped, such as the updating of care plans and assessments . One member of staff said, "It feels like the captain is back". Generally, there was good morale and loyalty amongst the staff team for both the providers and also the registered manager; however, they told us that sometimes there were differing views between the providers and the registered manager. The registered manager said they were working with the other providers to improve the home's leadership.

Surveys of people using the service and relatives had been carried out in October 2016. Results had been analyzed to see if there were any areas for improvement but overall, comments about the service were positive.

The registered manager carried out regular audits of medicines held within the home but told us they did not carry out other regular audits. Quality assurance and monitoring of the service could be improved should more auditing take place, in areas such as infection control, health and safety and record keeping.

The registered manager was aware of the issues that required notification to CQC and had submitted notifications as required.

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 11 HSCA RA Regulations 2014 Need for consent Failure to comply with the requirements of The Mental Capacity Act 2005.