

Mr & Mrs Y Jeetoo

Cherry Lodge

Inspection report

14 Lynton Road
New Malden
Surrey
KT3 5EE

Tel: 02082969188

Date of inspection visit:
24 October 2022

Date of publication:
30 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cherry Lodge is a residential care home providing personal care to 6 people at the time of the inspection. Cherry Lodge provides care to people with a diagnosed learning disability or mental health need. The service can support up to 9 people, and the home was at full capacity at the time of inspection.

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

Right Support: People were supported by staff to pursue their interests. People had a choice about their living environment and were able to personalise their rooms.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff did not always understand how to protect people from poor care and abuse. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right Culture: Governance processes were not always effective. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

Rating at last inspection

The last rating for this service was good (published 06 March 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

Enforcement and Recommendations

We have identified a breach in relation to good governance at this inspection. We have also made a recommendation in relation to identifying safeguarding concerns.

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.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our 'safe' findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our 'effective' findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our 'caring' findings below,

Good ●

Is the service responsive?

The service was responsive.

Details are in our 'responsive' findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our 'well-led' findings below.

Requires Improvement ●

Cherry Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 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

This inspection was carried out by one inspector.

Service and service type

Cherry Lodge 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 Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 the registered manager, two care staff, three people using the service and received feedback from two relatives. We reviewed three people's care files and medication administration records. We looked at three staff files as well as reviewing a range of other documents such as accident and incident and complaints 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 good. At this inspection the rating has changed to requires improvement.

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.

Systems and processes to safeguard people from the risk of abuse

- Potential safeguarding concerns were not always reported to the local authority safeguarding team. We identified two incidents that may have met the threshold for safeguarding and were not raised as concerns with the local authority safeguarding team.
- Staff were not always clear on the external agencies they were able to report safeguarding concerns to. One staff member was unclear on the action they would take if an allegation was not appropriately dealt with by management.
- Not with-standing the above, comments received included, "I feel the [people] here protect me" and "I feel that [person] is safe at the home and they follow all precautions, to make sure that is the case."

We recommend the provider take steps to ensure staff understanding of identifying and reporting potential safeguarding concerns is robust.

Learning lessons when things go wrong

- Incidents and accidents were recorded when they occurred. However, we were not always clear as to whether they had been fully investigated as they were reported on a log without full incident reporting forms always being completed.

The failure to ensure robust oversight of safeguarding concerns and records management was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

Assessing risk, safety monitoring and management

- Risk assessments were not as up to date as they could be. Whilst people had moving and handling risk assessments, they did not always have falls risk assessments in place. However, records showed that where falls occurred these were recorded as incidents. The registered manager took immediate action to improve this following our inspection.
- One person was identified as presenting behaviours that may indicate anxiety or distress; whilst there was a risk assessment for this; their care plan referenced a behaviour management plan. We were unable to locate this file however; staff assured us they were clear on how to respond to the person.
- We raised the above with the registered manager who took immediate action to improve risk assessments. We were satisfied with their response.
- Records showed that the safety of the premises was maintained and that regular health and safety checks

were conducted.

Staffing and recruitment

- Staff were safely recruited. This included a full employment history, proof of identity and Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet the needs of people living at the home. A relative said, "I am confident that there is always enough staff day and night to meet [person's] needs." We reviewed the planned rosters and saw each shift was allocated enough staff to ensure people's needs were met.

Using medicines safely

- People received their medicines when they needed to. Medicines administration records (MAR) were completely accurately and showed that people received their medicines at the right times.
- Where people were prescribed any PRN ['as required'] medicines, staff recorded their reasons for administration. One person said, "Yes I get them [medicines] when I need them, I know what I have."

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 supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.

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 good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving into the home. This included liaison with the placing local authority to ensure that people's care needs could be met.
- The provider followed best practice guidance in their care delivery. This included working with the STOMP principles. This is stopping the over-medication of children and young people with a learning disability and/or autism. Recent reviews of one person's psychotropic medication led to a reduction in medication and improved quality of life for the person.

Staff support: induction, training, skills and experience

- People received sufficient training to support them to carry out their roles. This included moving and handling, medicines, safeguarding and person centred care.
- Staff told us they received regular supervision and support from management. Records completion did not always highlight staff received supervisions regularly. We raised this with the registered manager who told us this was due to handwritten notes not yet being typed, and they showed us these. We will review their progress at our next inspection.

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

- People were supported to maintain a healthy diet. People were positive about the meals they ate at the home. One person said, "For dinner, we had lamb, it was good." They also spoke to us about their enjoyment in participating in meal preparation.
- Care records detailed whether people needed any support with eating and drinking. We also saw that people were consulted in menu planning for the week. Records detailed people's food likes and dislikes.

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

- The provider worked alongside other agencies to ensure people's health needs were met in a timely manner. Records showed that where people presented with a change in need that other healthcare professionals were contacted in a timely manner.
- People received support from other professionals such as dentists, podiatrists and mental health professionals. Where one person had increased use in their medicine records showed they were promptly referred to their GP.
- The provider ensured they liaised with people's social workers so that care needs were regularly reviewed.

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

- The premises had been through some updates but was still in need of some refurbishment such as redecoration and carpet replacement. We raised this with the registered manager who told us this was ongoing with the provider. We will review their progress at our next inspection.
- People's rooms were personalised and contained objects that were important to them. We saw that people were able to keep their rooms as they wished

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood how the MCA applied to their roles and understood the need to ensure that people were supported to make choices.
- Where people were not able to consent to elements of their care, best interest discussions were held and recorded in people's care files. Records showed that DoLS were applied for in a timely manner.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were well cared for. Comments included, "Staff are very kind", "They are excellent" and "The staff seem to be caring."
- Care records included whether people had any religious or cultural beliefs. This also detailed whether people attended any religious services in the local community; and how they wished to practice their beliefs in their day to day lives.
- Staff told us how they observed people's cultural wishes, with a staff member telling us, "We respect their culture." Observations on the day of inspection confirmed that staff took people's wishes into account.

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

- People were consulted in their decision making. On the day of inspection we observed positive interactions between staff and people; with staff seeking people's views on the lunch option for the day.
- People told us staff helped them to make decisions. One person said, "Very nice staff, they are kind and helpful."
- Records showed that people were provided with the opportunity to have monthly one to one sessions. These included a review of progress over the past month as well as setting goals for the future.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A staff member said, "You make sure you ask them [for permission] when delivering personal care, close the door and leave if they want us to, to wash themselves, give them time."
- Staff supported people to be as independent as they were able to be. One person told how they were able to access the community independently to shop, with staff support to manage their finances on their return.
- People at the home were supported to shop and choose meal ingredients, with them taking turns to prepare meals for the household throughout the week. Staff were clear on the tasks of day to day living that people were able to carry out independently, and spoke to us about how they encouraged this.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care, which reflected their choices in their day to day lives. This included their routines for personal care and bedtime; which detailed their preferred wake up and sleeping patterns. Care staff understood the importance of care plans, with one staff member telling us they read them regularly to retain as much information as possible about people's needs.
- A relative said, "I can speak to any member of staff at any time and if I need further information I can always call."
- Care records focused on the levels of support people needed, so that staff were still able to promote independence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had an appropriate Accessible Information Standard policy in place, which supported staff to ensure people's sensory needs were recognised. Where people needed information in other formats, this was made available to them.

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

- People were supported to undertake a range of activities. Activities were regularly discussed with people to ensure their suggestions were taken on board; resident meeting minutes confirmed this.
- People were supported to go on group or individual holidays, day trips to the coast and the local day centre. Some people visited the local community for shopping or to take walks. People often went for meals out or cinema trips.

End of life care and support

- People were supported to express their end of life wishes where they wanted to do so. Records showed that people's preferences were specified, including any religious or cultural choices that people made.

Improving care quality in response to complaints or concerns

- Complaints and concerns were appropriately responded to. The provider kept a log of concerns as they were received and any action taken to remedy these issues.
- The complaints policy was clearly visible, in pictorial format on the office door.

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 good. At this inspection the rating has changed to requires improvement.

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

- The registered manager did not ensure potential safeguarding concerns were always raised with the local authority; as reported under safe. We also identified recorded incidents that were not always notified to the Care Quality Commission.
- Risk assessments and care plans were not always reviewed as often as they should be. Any potential risk was mitigated as staff knew people well and the team was longstanding. Following the inspection, the registered manager submitted evidence to show that records were being updated.

The failure to ensure robust oversight of safeguarding concerns and records management was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

- The above points notwithstanding, the registered manager had taken on board feedback from a CQC inspection at their sister home. This had resulted in the implementation of appropriate medicines audits.
- The provider utilised an external consultant to carry out regular compliance audits across their services. In addition to this, the registered manager carried regular internal records audits.

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

- People and their relatives were positive about the culture of the home. Comments included, "I feel great living here, they [staff] are excellent" and "I think the home is very well run and meets the needs of [person]. People expressed to us that they were able to do the things they wanted to do."
- Staff spoke highly of the management support they received. Comments included, "[Registered manager's] a very nice person, and he helps with any issues I have, if I need support I can tell him" and "He [registered manager] respects you, if you need help, he's there, he's very understanding."
- The registered manager understood the importance of apologising when mistakes were made. They demonstrated they were receptive to feedback raised at both this inspection and that of other homes they managed.

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

characteristics

- People, their relatives and staff were regularly consulted on their views. This included regular surveys, resulting in action plans where areas of improvement were identified.
- People participated in regular house meetings where they discussed their social activities and meal planning as a home. Staff also attended regular team meetings where any changes to people's needs were discussed, learning shared and any wider provider updates.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other agencies. This included placing local authorities to ensure people's needs were regularly reviewed. Where people received specialist support, such as psychiatry, joint working was in place.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not always effective in ensuring records were up to date, nor did the registered manager always respond to incidents appropriately.</p>