Nightingale Residential Care Home Ltd

Cherrydale

Inspection report

Springfield Road
Camberley
Surrey
GU15 1AE

Tel: 01276682585

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Cherrydale is a care home which provides accommodation for up to 22 older people who require personal care. At the time of the inspection 20 people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Cherrydale on 30 November 2016. The inspection was unannounced. The service was last inspected in December 2013 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. For example, we were told, "Yes I feel safe here," and a health professional said the community nurse team were, "Quite happy with the home…We have never discussed there being problems with the home."

People told us they received their medicines on time. Medicines administration records were kept appropriately and medicines were stored and managed to a good standard.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. Health professionals were positive about care at the service for example we were told, "I feel that the staff at Cherrydale are very caring and the patients seem well cared for and happy in their home. I do not have any worries about my patients who are living there and would be happy to send one of my relatives there."

There were enough staff on duty and people said they received timely support from staff when it was needed. People said call bells were answered promptly and we observed staff being attentive to people's needs.

Care was provided appropriately and staff were viewed as caring. For example, we were told; "They provide excellent care. I have never had any grounds for concern," "(My relative) is always nicely dressed, and her hair is brushed," and "I am really pleased with it. They are so wonderful with the residents."

The service had some activities organised. These activities included activities such as board games, keep fit, craft activities and some people had recently attended a church coffee morning.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People were happy with their meals. Everyone said they always had enough to eat and drink. People said they were provided with a choice of meals. People said they received enough support when they needed help with eating or drinking.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. We were told the registered manager was; "Lovely," "Approachable," "Nothing gets overlooked," and "Nothing is too much trouble for her." There were satisfactory systems in place to monitor the quality of the service.

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 safe

Medicines were suitably administered, managed and stored securely.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse.

The service was clean and well maintained. However some improvement was required to health and safety checks and to assist the prevention of infection and cross contamination.

Is the service effective?

Good

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to doctors and other external medical support.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There were suitable activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was very good.

Cherrydale

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 is 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 visited Cherrydale on 30 November 2016. The inspection was carried out by one inspector and an Expert 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. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we only had limited discussions with people who used the service. This was because people were unable to fully engage in conversation due to their dementia. We had contact (either through email or speaking to) with twelve relatives. We also spoke with the registered manager and four members of staff. Before and after the inspection we had written contact with five external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at four records which related to people's individual care. We also looked at seven staff files and other records in relation to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes I feel safe here," and a relative told us, "I believe(my relative) is safe." A health professional said the health team were, "Quite happy with the home…We have never discussed there being problems with the home."
The service had a satisfactory safeguarding adult's policy. All staff had received training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. Staff said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

People's medicines was administered by staff. People said their medicine was always on time and medicines did not run out. Medicines were stored in locked cabinets, and trolleys. Medicine Administration Records (MAR) were completed correctly. A satisfactory system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

Incidents and accidents were recorded in people's records. These events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks.

The service kept monies on behalf of some people. This was for when people needed to purchase items such as toiletries and hairdressing. Suitable records were kept, and receipts were obtained for expenditure. We checked monies kept, and cash tallied with the totals recorded in records. For other people the service did not keep money on their behalf and any expenditure was invoiced to the person's representative. Where necessary the registered manager said she would provide families with receipts and invoices for any expenditure.

There were enough staff on duty to meet people's needs. A member of staff commented, "There is always the right amount, and that is not too bad. I have never been here when there is not enough staff. There is little sickness. Staff understand they are needed." Rotas showed there were four care staff on duty in the morning, three staff in the afternoon and evening. During the night there was one care assistant on waking night duty. In addition there was always one member of staff who slept in at night. The registered manager worked at the service, on a full time basis. Ancillary staff such as catering, cleaning and maintenance staff were also employed. At the time of the inspection staff appeared not rushed and attended to people's needs

promptly.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. We did not see any bottles of hand gel around the service and these would be beneficial to help prevent cross infection. Staff wore uniforms but we did not see many of them wearing aprons. Again, use of these would be helpful to prevent cross infection.

We did find that some rooms, including one of the lounges felt cold. On the day of the inspection it was between minus two and zero degrees centigrade outside. We discussed this with the registered manager who said this was not usually the case.

We were told the laundry service was generally efficient, although one relative did say some items went missing from time to time. We we saw there were appropriate systems in place to deal with heavily soiled laundry. There were no offensive odours. A relative described the service as "Always clean and fresh."

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. We did not see a current gas safety certificate. The registered manager said she would liaise with the registered provider, check if this work had been done. If it had not been done, she would arrange a test and send a copy of the certificate to CQC. The electrical circuit had been tested and was deemed as safe. Records showed the passenger lift and manual handling equipment had been serviced. There was a risk assessment to minimise the risk of Legionnaires' disease, although we did not see any systems in place to take action to minimise the risks identified. There was a system of health and safety risk assessment in place. We could only find a record that the call bell system had been serviced in October 2014.There were smoke detectors and fire extinguishers on each floor. Fire alarms, emergency lighting and fire extinguishers were checked by staff, the fire authority and external contractors, to ensure they worked.

Good

Is the service effective?

Our findings

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she spent time with them to explain people's needs, the organisation's ways of working, and policies and procedures. New staff also worked alongside more experienced staff before being expected to complete shifts. The registered manager said the induction period lasted two weeks.

The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. The registered manager said all new staff were required to do the Care Certificate, irrespective of whether or not they had worked in care before.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in manual handling, fire safety, health and safety, infection control, safeguarding, and first aid. All staff had also undertaken further training about dementia awareness. Staff who administered medicines, and who handled food had received suitable training. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Staff, we spoke with, were positive about the training they had received. For example comments included; "Training is great…we have done so many courses," "(Training is) informative," and "The training we have received is useful." However we received one comment that staff could do with further training about dementia including how to provide more 'meaningful occupation' for people during the day. For example, helping people to be involved in household activities, and the provision of books, newspapers and magazines to help people to be more occupied and to help with reminiscence.

Staff told us they felt supported in their roles by colleagues and senior staff. There were some records of individual formal supervision with a manager, although the most recent records we saw were dated August 2016. However the staff we spoke with said managers were; "Approachable," and "Supportive," and staff felt they could speak with them at any time if they had any concerns or problems.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of everyone, the front door was locked for security reasons and to maintain people's safety. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in decisions about how their personal care was given and they were able to choose when they got up and went to bed.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. However we noted that the majority of staff had received no formal training about the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were happy with their meals. One member of staff told us, "People get plenty of food, and there is a choice. People can have egg and bacon for breakfast, there is fresh fruit and cakes. People like a traditional diet." At lunchtime we observed that everybody had enough to eat and drink. Staff said, because Cherrydale was a small home they knew people's individual likes and dislikes. A choice of meal was available to people. People were regularly offered cups of tea, coffee or a cold drink. At lunch time, either in the dining room, or in their bedrooms, we observed people receiving appropriate support to eat their meals. We were told vegetables were boiled very soft so there was no need for pureed food. We were concerned the nutritional value therefore may be compromised. Lunch appeared to be hot when served and the people who lived in the home appeared to enjoy it.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly.

The home had appropriate aids and adaptations for people with physical disabilities such as bath chairs to assist people in and out of the bath, and a passenger lift. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and comfortable. We felt there could be a large clock in some of the lounges so people could see what time and date it was. We received some negative comments about the building. For example, "The lift can be difficult to get in and out of." We were told this was particularly difficult if a member of staff needed to assist someone who was in a wheel chair. We were also told that the second floor sometimes lacked hot water, and staff would need to carry a bowl of hot water from the first floor to the second floor to help wash people. These matters were discussed with the registered manager.

Good

Is the service caring?

Our findings

Relatives were positive about the care people received from staff. We were told; "They provide excellent care. I have never had any grounds for concern," "(My relative) is always nicely dressed, and her hair is brushed," and "I am really pleased with it. They are so wonderful with the residents." A health professional said, "I feel that the Staff at Cherrydale are very caring and the patients seem well cared for and happy in their home. I do not have any worries about my patients who are living there and would be happy to send one of my relatives there."

We observed staff working in a kind, professional and caring manner. Staff were judged to be patient, calm, and did not rush people. Staff provided personal care discreetly. For example it became apparent, over dinner, that one person needed to change their clothes. Staff helped the person to their room with minimal fuss, and avoided the person being overtly embarrassed. One relative described staff as having a "genuine warmth," and another relative said staff were, "Very caring" and the home had a, "Homely, happy feel." The people we met were all well dressed and looked well cared for. A relative said, "They do an excellent job looking after (my relative's) physical needs." People's bedroom doors were always shut when care was being provided.

On the day of the inspection many of the people who lived in the home were sitting in the lounge. Although there were some visitors the room was generally quiet, for example with no background music. The television was on but nobody appeared to be watching it.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. There was information about people's background, and life prior to moving into the home. This information is useful to staff to help to get to know the person when they move into the home.The registered manager said where possible care plans were completed and explained to, people and their representatives.

People said their privacy was respected. For example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. One relative told us "I just turn up, I don't make an appointment, and mum is always dressed appropriately in a matching outfit and beads." People could go to their bedrooms, and also to one of the lounges if they wanted to meet with visitors.

Good

Is the service responsive?

Our findings

Relatives were very positive about the care they received from staff. We were told for example staff were; "Very helpful," "Extremely nice, they seem to really care about the residents," and "The staff have been really good to my mum." We observed staff acting in a kind and considerate manner. When people rang call bells for help these were answered promptly. A health professional said, "Cherrydale is an excellent care home: the staff are extremely caring and know the patients very well. The residents always appear happy and well cared for. The staff are friendly and approachable and are able to identify deterioration in patients' condition and seek advice appropriately. I have no concerns at all."

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person. One relative said it had been difficult for their mother to leave her home, but they had, "Settled better than we could have hoped," due to the support provided by the staff. Relatives said once people had moved in, the service had organised a review which relatives had been invited to attend.

Each person had a care plan. All records were stored electronically. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time. A district nurse said, "Any pressure areas are managed appropriately (by the staff team)."

The service arranged organised activities for people. Activities were organised by the staff on duty and there was no dedicated activities organiser. Relatives told us activities provided included jigsaws, knitting, keep fit, soft ball games, film shows with popcorn, and quizzes. One relative said people had recently made Christmas cards and calendars. We were also told people went to a church coffee morning. We did receive a comment that staff should involve people, if they wished, with more household activities such as laying the table, drying up or preparing vegetables to help people be more involved in the running of the home.

People said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern. We were told there were no formal complaints on record.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered persons (owners and manager of the service.) For example people told us the registered manager was approachable, and helpful. The registered manager was observed engaging very well with people who used the service. She made a point of supporting people to eat at lunchtime, and sat with them at various times during the day. The registered manager was described as, "Lovely," "Approachable," "Nothing gets overlooked," and "Nothing is too much trouble for her."

Relatives were positive about the culture of the service. The service was described by one relative as; "A home from home," and "It's homely not corporate," Another relative said, "I can only sing their (the staff) praises." Several relatives said it was good that the service had a consistent staff team, and that several of the staff had worked at the service for many years. This was seen as a considerable attribute of the service, and it was felt the consistency was very beneficial for the people who lived in the home. A member of staff said, "Cherrydale is a small home so you get to know the person and their family. Cherrydale is one big family." Another member of staff commented "The girls (care team) are very caring. People are here because they want to be here, and are not just here to earn money. People are always willing to help out."

Staff were positive about the culture of the team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. One member of staff said, "The girls (care team) are good. They have plenty of patience, time, provide good personal care and all get on well," and another member of staff said, "The girls are totally committed" and have "heaps of patience." We were also told, "Being a smaller home, it is more personal." Staff members said morale was good within the staff team. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager. One member of staff said, "(If I had any) my concerns would be taken on board and acted upon."

The registered manager worked in the service full time, and worked alongside staff. The registered manager said she was on call when she was not at the service. The previous registered manager had been promoted to become the area manager and was based in the service. We received comments that this created some confusion about who was in charge of the service as roles between the current registered manager, and the area manager could get blurred. We received comments that staff could receive different instructions from the different managers, and the different approaches could be confusing.

Several relatives confirmed communication between staff and families was good, and they were informed of any concerns staff had about people's health and welfare. For example we were told, "They keep me informed, staff are very friendly, very good" and another relative said, "We have a very good relationship."

The registered manager monitored the quality of the service by completing regular audits of care records, medicines, bedrooms, health and safety, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. Results of previous surveys were all positive. We saw numerous 'Thank you' cards thanking staff for the assistance they had

given to people who had lived in the home. A member of staff said, "Things are being done such as new carpets being fitted."

The registered manager said the owner and the area manager visited regularly. There were formal handovers between shifts, and the registered manager said she attended these regularly. There were records that three staff meetings had occurred in the last year. There were also records that residents meetings occurred.

The registered manager was registered with the CQC in September 2015. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.