

Mr John William Watts & Mrs Audrey Martha Watts
& Mr Simon John Watts

Cherry Tree Lodge

Inspection report

100 Wick Lane
Southbourne
Bournemouth
Dorset
BH6 4LB

Tel: 01202429326

Date of inspection visit:

14 August 2018

16 August 2018

Date of publication:

23 October 2018

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

This unannounced comprehensive inspection took place on 14 and 16 August 2018.

Cherry Tree Lodge is registered to provide accommodation and personal care for up to 20 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our previous inspection of the home, published in October 2017, we found the service was not compliant with The Mental Capacity Act 2005 (MCA) and we agreed with the registered manager some other minor improvements. At this inspection the provider had complied with our requirement and made improvements in the areas agreed.

The registered manager/provider had worked at the service for many years. 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.

People were treated with kindness, respect and compassion, and their privacy and dignity was upheld.

People were protected from neglect and abuse. Risks were assessed and people were supported to stay safe with the least possible restriction on their freedom. Pre-employment checks were followed to ensure candidates were suitable to work in a care setting.

People's physical, mental health and social needs were comprehensively assessed, and care and support was planned and delivered in a personalised way to meet those needs.

We identified at the inspection that fire safety was compromised by fire doors not being closed. The registered manager took immediate action, purchasing equipment so that doors could be left open at people's request.

People, and where appropriate their families, were involved in decisions about their care and support.

Relatives and friends could visit when they wished without notice.

The service had made positive links with the local community.

People had access to meaningful activities and were encouraged to follow interests and hobbies.

People were involved in menu choices. Mealtimes were relaxed and sociable occasions, with people receiving the support they needed to eat and drink at their own pace. Dietary needs were assessed and referrals made to dieticians or speech and language therapists as appropriate.

People were supported with their health care needs.

There were sufficient appropriately trained staff on duty to support people in a person-centred way. The service used regular agency staff, whom people knew, to fill any gaps in the rota.

Staff were supported through training, supervision and appraisal to perform their roles effectively.

Staff were valued, respected and supported to develop the service, through supervision, team meetings and ad hoc conversations with the management team. The service was open to the concerns of staff, whether through whistleblowing, supervision and staff meetings, or staff surveys.

Accidents, incidents or near misses were recorded and monitored for developing trends.

The premises were clean and well maintained. Individual bedrooms were furnished and decorated according to people's preferences.

People were protected from the spread of infection.

Medicines were stored securely and managed safely.

The service sought to support people to have a comfortable and dignified death when nearing end of life.

Clear information about how to make a complaint was available for people. Complaints were taken seriously and investigated openly and thoroughly.

The service worked in partnership with health and social care professionals and other organisations, to ensure people's care needs were met and that staff kept up with good practice.

The provider had quality assurance processes in place, which helped to maintain standards and drive improvement.

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.

People were protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination.

Risks were assessed and managed to protect people from harm.

There were enough competent, safely recruited staff to provide care and support in a person-centred way.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported by access to training so that they had the skills and knowledge they needed to carry out their roles.

People were positive about the standard of food. Meal times were not rushed and there were enough staff to provide support at people's own pace, if needed.

People had the support they needed to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect and kindness. Their privacy and dignity was upheld

People had positive relationships with staff, who knew and understood them.

Is the service responsive?

Good ●

The service was responsive.

People and, where appropriate, their families were meaningfully involved in developing their support plans.

Staff enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests.

The service dealt with complaints in an open and transparent way. Complaints and concerns were explored thoroughly and responded to in good time.

Is the service well-led?

Good ●

The service was well led.

The registered manager and provider were available and lead by example.

Staff understood their role and responsibilities, were motivated, and had confidence in their leaders and managers.

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. At the inspection we checked that the registered manager had taken action to address a requirement to comply with MCA and good governance.

This inspection was carried out on 14 and 16 August 2018 and was unannounced. An inspector and an assistant inspector carried out the inspection of the first day of the inspection and a single inspector on the second day.

Before the inspection we reviewed the information we held about the service. This did not include a Provider Information Return (PIR) as one had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also liaised with local authority and health commissioners to obtain their views.

The registered manager assisted us throughout the inspection. We met with the majority of people living at the home and spoke with seven people about their views of living at the Cherry Tree Lodge. We also spoke with three visiting relatives. We looked at three people's care and assessment records in depth as well as sections of other care records. We reviewed the medicine administration records, three recruitment staff files, staff rotas and other records relating to training, supervision of staff and management of the service.

Is the service safe?

Our findings

People who were living at the home and also the relatives we spoke with had no concerns in respect of safety issues.

Overall there was good risk management with measures and actions taken to make sure the premises were as safe as possible for people.

At the last inspection, the fire risk assessment had been reviewed by an outside contractor in July 2016, who recommended some changes to the fire safety systems. At this inspection we found that the fire control panel to the fire safety system had been upgraded as had been recommended by the contractor. The fire risk assessment had again been reviewed in July 2018, recommending replacement of the fire doors in the home. The registered manager had an action plan for ten doors to be replaced each month.

On the second day of the inspection we observed that fire doors in three people's room were not kept closed, which could have compromised the fire safety arrangements. The registered manager told us that these doors were being left open at the request of the residents' of these rooms. The registered manager provided us with evidence of purchase of fire guards by the end of the day. These would allow the doors of these rooms to be kept open, whilst maintaining the integrity of the fire safety risk assessment. By close of the day the fire safety arrangements were therefore being maintained. The new replacement fire doors on order had magnetic closure devices, again allowing people to have their door open without compromising the fire safety arrangements.

At the last inspection the registered manager had an action plan for the covering of radiators in the home to protect people from the risk of getting burnt. At this inspection we found that the registered manager had taken action as agreed. The highest risk radiators, namely those in people's bedrooms, had been covered. They had risk assessed the uncovered radiators in communal areas to make sure they posed no significant risk to people.

The registered manager had taken other steps to protect people from avoidable harm. This included a system to make sure the staff completed training in adult safeguarding. Training records and speaking with staff confirmed staff had the knowledge about the types of abuse and how to refer matters of concern. There were information leaflets displayed in the home about local safeguarding arrangements and how to make referrals.

Portable electrical appliances had been tested and equipment such as, hoists, stair lift and bath hoist had been serviced at required intervals.

Each person had a personal evacuation plan that provided staff with guidance should they need to be evacuated from the building in an emergency. There were also contingency plans in place for various emergency situations, such as loss of power.

The registered manager had carried out risk assessments in areas such as, malnutrition, falls, people's mobility and skin care to make sure people's care was delivered as safely as possible. Risk assessment underpinned the care plans in place for people.

There was a low incidence of accidents and incidents in the home. The registered manager monitored these to make sure there were no trends where action could have been taken to reduce likelihood of their recurring.

There was learning from safeguarding incidents. For example, the registered manager told us about one person who had very thin skin and bruised easily. The home provided the person with specialist equipment so that they could get to their feet on their own without assistance from staff.

People said there were sufficient staff to meet their care and support needs. The registered manager said staffing levels were kept under review with staff and therefore dependency profile tools were not used.

The registered manager had safe recruitment procedures in place. Before staff were employed at the home the required employment checks had been carried out to make sure staff were suitable for their role. These checks included, a photograph of the member of staff, proof of their identity, employment references, a health declaration, full employment history and a check with the Disclosure and Barring Service to make sure staff were suitable to work with people.

Medicine management systems were in place and people received their medicines as prescribed. There was a system that allowed auditing of all medicines entering the home. The registered manager and deputy reviewed and ordered people's medicines.

Staff who administered medicines to people had received training in medication administration and received regular medicine competency checks. Medication Administration Records (MAR) showed medicines had been signed for when given. There was a photograph at the front of each person's records to assist staff in correctly identifying people. MAR contained no unexplained gaps. People had their allergies recorded and guidance on the use of 'PRN' as required medicines was recorded. People were able to tell staff if they needed pain relief and so pain dependency tools were not used. Body maps were used to show staff where people's prescribed creams should be applied correctly.

Although the temperature of the fridge was being recorded each day, the registered manager agreed to buying a maximum/minimum thermometer for the fridge where medicines requiring refrigeration were kept in a locked plastic container. This would ensure safer monitoring to the temperature range of the fridge.

Is the service effective?

Our findings

The registered manager had taken action to address a requirement made at the last inspection. At the last inspection we made a requirement concerning The Mental Capacity Act 2005, MCA. This legislation 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. We made the requirement because the registered manager, within their documentation, showed that they did not fully understand the requirements of this legislation.

Following the last inspection the registered manager enrolled and attended further training. At this inspection we found that the registered manager and deputy manager had better understanding of MCA with mental capacity assessments recorded where necessary. The people accommodated at the time of this inspection, although some were living with early signs of dementia, were all able to make decisions about their daily lives. Mental capacity assessments had been undertaken appropriately.

Records were in place to show that before people moved into the home, a pre-admission assessment needs of their needs had been carried out. This procedure was in place to make sure a person's needs could be met.

On admission to the home, staff completed a range of more in-depth assessments with the person or their representative. The assessments covered needs commonly associated with old age such as, personal care needs, continence, risk of falls, communication, skin care, medical, social care needs, nutrition and hydration.

Some people had personal needs and risks associated in the delivery of their care, such as the use of bedrails. Where bed rails were used, people had bed rail risk assessments in place because of the risks of entrapment or their climbing over the top and injuring themselves.

Where people had been assessed as needing equipment, such as a specialist mattress, this had been provided.

Relatives were positive about the staff team, telling us the staff had the skills, training and knowledge to meet needs of people living at the home. Staff were overall positive about the training provided. Records showed that staff received core training in subjects including moving and handling, first aid, Mental Capacity Act, infection control and safeguarding.

New staff completed the Care Certificate, which is a nationally recognised induction training programme. The Care Certificate is designed to help ensure care staff that are new to working in the care service have initial training that gives them an understanding of good working practice within the care sector.

Staff were supported appropriately receiving regular supervisions and an annual appraisal.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People had access to a GP, dentist and an optician. Health and social care professionals told us that the home worked effectively and collaboratively in meeting people's needs.

People were very positive about the standard of food provided and made comments, such as, "The food is good; much better than the home I was in previously", and "I really enjoy my breakfast; the food is very good." The relatives spoken with were also of the opinion that the food was of a good standard.

We observed the midday meal, which was a positive experience. Those people requiring assistance with eating were assisted appropriately by staff, who sat beside people and were patient and encouraging.

Is the service caring?

Our findings

Overall, people were very happy with the standards of care provided at Cherry Tree Lodge. One person, on the first day of the inspection, told us that they were not happy in the home. However, when we discussed this with the registered manager, we found that the person's concerns were being addressed with their local authority care manager to try and resolve a complex situation. Other people were very positive about the home.

People living at the home all said how kind the staff team were, that they were helpful and supportive. One person told us, "I can please myself when I want to get up and go to bed but the staff are always there is I need them". Another person told us, "I am very happy living here; it's as good as a home can be".

A relative told us, "The care is really brilliant and the staff are very caring." Another relative commented that when they visited, their relative was always clean and well presented. They told us they had confidence in the home and in the care staff team, which gave them peace of mind.

Relatives also told us that they were always kept fully informed about people's care and were free to visit whenever they wished. They told us that they were always made welcome at visits and that they had formed good relationships with all of the staff.

Throughout the inspection staff took time to talk to people and to offer them reassurance if they were unsettled or wanting attention. When they spoke with people the staff were kind and patient.

Within people's care plans there was information relating to people's life history, their interests, people and things that were important to them and their preferred routines. Staff were knowledgeable about people and aware of the information within care plans.

Staff were respectful of people's dignity, referring to them in their preferred form of address and were discrete if they needed personal care. People told us that their privacy and dignity were maintained by the staff.

Is the service responsive?

Our findings

The registered manager had developed a care plan for each person that reflected their individual needs, using the information from the assessments that had been undertaken. For example, a person who had diabetes had a care plan in place that informed staff on what to do should a person have too high or low blood sugar. Care plans we looked at were up to date, being updated when people's needs changed and were reviewed periodically. Relatives told us that they had been involved appropriately. The registered manager was aware of when relatives had lasting powers attorney for welfare and when they should consult with relatives about people's care.

People confirmed that they had been fully consulted about the way they wished to be looked after and supported.

Staff knew people well and able to tell us about people's individual needs.

The home did not employ an activities coordinator, however, there was a programme for outside entertainers who regularly came into the home. People told us that they enjoyed these events and were happy with the activities provided by the staff. One of the providers came into the home every day and spent time talking with people, playing cards and games or sitting talking with people. One person enjoyed a daily newspaper that was delivered to the home. Other people were able to go out for walks or to spend time in the garden.

The service met the Accessible Information Standard, which became law in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. People's communication needs and sensory impairments were detailed within people's care plans.

People nearing end of life were supported to have a comfortable and dignified death by working closely with health care services and through consulting people about end of life wishes.

Clear information about how to make a complaint was available for people. The complaint's log showed the registered manager responded to and investigated complaints thoroughly.

Is the service well-led?

Our findings

The home was well managed and well run with the registered manager taking action to address the issues identified at the last inspection. Since that time, sadly, one of the providers in the partnership had died. We discussed with the registered manager/provider and other provider in the partnership the plans for future registration of the home and its management.

The registered manager provided staff with clear standards and expectations of how the needs of people should be met at the home. They led by example with the registered manager and provider working in the home every day. Throughout the inspection we saw that people and staff interacted and got on well with each other. There was a core of staff who had worked at Cherry Tree Lodge for a long time and had a strong loyalty to the providers. Staff were positive and proud to work in the home.

The home has been running for many years and established good links with the local community. Some people regularly went to the local pub where they were well known whilst others were taken out if they wished to local facilities where possible.

People were involved in the running of the home. They told us that the registered manager was always available to talk to and that they were listened to. Staff and residents' meetings demonstrated that people's views were obtained about decisions and matters such as menus and activities, as well giving news updates about the service.

The provider had a whistleblowing policy and procedures, which were publicised to staff. Staff told us they would not hesitate to raise concerns.

The provider had quality assurance processes in place, aimed at improving and maintaining standards. These included audits within the service and quality surveys involving families and people living at the home. The last surveys being carried out in December 2017, the results of which were positive with people happy with the service being provided.

The rating from the previous inspection was prominently displayed in the hallway. The registered manager understood their legal responsibilities and had ensured relevant legal requirements, including registration and safety related obligations had been complied with. Statutory notifications had been sent as required. A statutory notification is information that the law requires CQC are made aware of to support our monitoring function.