

Cherry Tree Lodge Limited

Cherry Tree Lodge Private Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherry Tree Lodge Private Residential Care Home (referred to throughout this report as Cherry Tree Lodge) is a care home providing accommodation and personal care up to a maximum of 23 people in 1 adapted building. At the time of our inspection there were 20 people living at the service. Cherry Tree Lodge is also registered to provide personal care and support to people living in their own houses and flats in the community. However, at the time of the inspection Cherry Tree Lodge was not providing this service.

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

Various risks including fire and accident and incidents were not always monitored. People were safeguarded from abuse, the systems and processes for this service supported this. Medicines were managed safely. However, training in this area needed to be improved. The environment was clean and tidy, but some infection prevention practices needed improving. People were supported to have regular visitors. Recruitment processes were safe and there was enough staff to safely support people.

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; However, the policies and systems in the service did not always support this practice.

People were not always deprived of their liberty in a lawful and safe way. The necessary assessments were not always carried out in line with the mental capacity act. There was a system in place for staff when they commenced their role. However, not all staff had the relevant training such as medication and fire safety training. People's care plans did not always contain accurate information and were found to be conflicting. We made a recommendation about this. People and their relatives spoke highly of the assessment process and felt involved. The environment was accessible and suitable for people's needs.

People and their relatives spoke positively about the staff and the care they received. One person said, "The staff are lovely and caring." We observed encouraging interactions between staff and people during the inspection and we found people were treated with dignity and respect.

People's records and care plans were person centred. End of life discussions were taking place when appropriate and this was documented. People's communication needs were identified, and information was made available to people in an accessible format. A complaints policy and procedure was in place. However, people told us they had no reason to complain and no complaints had been logged. The registered manager was in the process of recruiting an activities coordinator and we observed staff engaging with people during the inspection.

Audits were in place. However, they did not always identify risk and there was little evidence of learning lessons when something goes wrong. There was no evidence of people and their relatives taking part in feedback or satisfaction surveys. Following on from the inspection the registered manager has now

implemented this to ensure people's voices are heard. Staff worked in partnership with various agencies to support people and staff meetings were taking place. Staff and visiting healthcare professionals spoke highly of the registered manager.

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

The last rating for this service was outstanding (published 4 February 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager and provider have been responsive to the feedback provided during the inspection and has implemented changes to improve the quality and safety of the service.

Enforcement

We have identified breaches in relation to risk management, staff training, mental capacity and good governance. We have also made a recommendation in relation to modified diets.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 Tree Lodge Private Residential Care Home

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 2 inspectors

Cherry Tree 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 Tree 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 reviewed information we had received about the service. We sought feedback from the local authority and professionals who work in the service. 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 information gathered as part of monitoring activity that took place on the 18 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people, to help us better understand their experiences of the care they receive. We spoke with 3 people living in the home and 4 relatives. We also spoke with 9 staff including, the registered manager, deputy manager, cook and care staff.

We had a tour of the building with the registered manager. We reviewed a range of care records, including, 4 people's care records, 2 staff recruitment files, records relating to medicines, building maintenance, cleaning and equipment checks and accidents and incidents. We reviewed evidence that was sent to us remotely as well as seeking clarification from the registered manager to validate evidence found. We looked at audit and governance data, training and supervision records as well as policies and procedures.

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 around safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

- Not all risks were assessed and monitored. For example, the required health and safety check certificates were not always in place and up to date.
- A fire risk assessment was in place but had not been reviewed within the appropriate time frame. There was a lack of fire safety checks and staff had limited knowledge of what to do if there was a fire. Not all staff had completed fire safety training.
- Accident and incident forms were completed following an accident, however during the inspection the staff including the registered manager were not aware that falls had occurred and there was no audit or analysis completed.

Systems were either not in place or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately following the inspection and told us they were reviewing all processes and paperwork relating to risk in an attempt to mitigate risk going forward.

Using medicines safely

- Medicines were stored and administered safely. However, staff didn't always receive adequate training to administer medication.
- The training records were inconsistent and staff that administer medicines are not all trained and competent to do so. This puts people at risk of harm. Following on from the inspection, the registered manager ensured all staff who administer medicines have had the appropriate training and undertaken a competency assessment.
- Protocols were available to guide staff when to administer 'as required' medicines and time sheets were in place for time specific medicines.
- People told as they received their medication as prescribed. One person said, "Staff are very good with medication, pain relief is carefully monitored."

Preventing and controlling infection

- Infection prevention and control practices were not always safe.
- Although the environment was visibly clean, there were large gaps in the cleaning records which meant there was no evidence that cleaning had taken place.

- Staff were found to be wearing PPE in line with national guidance. However, not all staff have undertaken infection control training.
- In 1 communal toilet, the peddle bin was not working. The registered manager ensured this was replaced after our visit.

Visiting in care homes

- There were no restrictions on relatives visiting their loved ones. We observed visits taking place during the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse, though there had been no recent safeguarding concerns.
- Everyone we spoke with told us they felt safe living at Cherry Tree Lodge. A relative said "As a family we are happy that our loved one is here and being looked after."
- Staff were aware of their safeguarding responsibilities to ensure people were protected from potential harm. However, not all staff had completed safeguarding training.

Staffing and recruitment

- Staff were safely recruited. All required employment checks had been undertaken prior to staff commencing employment.
- There were enough staff to support people safely. The registered manager had ensured safe staffing levels by using agency staff when needed. One relative said, "There is always staff around, the staff are very friendly and caring."
- Staff were visible around the home and readily available to support people when needed. We observed staff supporting people with essential care tasks, such as assistance with eating and drinking, as well as spending time in conversation with people.

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 the key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Necessary DoLS referrals were not always being made and people did not always have mental capacity assessments in place. This meant people were unlawfully being deprived of their liberty.
- Best interest decisions were not always in place and care plans were not always reflective of the restrictions within the service.
- Not all staff had completed MCA training.

The provider had failed to ensure systems and processes to prevent abuse of people operated effectively. This placed people at risk of harm. This was a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following on from the inspection, the registered manager has ensured that all people who are being deprived of their liberty have the necessary applications and assessments in place.

Staff support: induction, training, skills and experience

- The provider failed to ensure staff had received training to complete their role such as medicine administration, MCA, and fire evacuation training.
- The registered manager was not able find evidence that staff who administered medicines had their

competency checked.

- One staff member said, "I haven't done any (training) since I started 2 years ago".

The provider failed to ensure staff had received the appropriate training necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (2) (a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following on from the inspection, the registered manager arranged for all staff to complete mandatory training and competency assessments.

- There is evidence that staff have had recent supervisions and the staff we spoke to confirmed this. Staff also confirmed they had an induction when they first started, and we saw evidence of this in recruitment files.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Adapting service, design, decoration to meet people's needs

- People's needs and choices were assessed to ensure their care, treatment and support was delivered in line with current legislation, standards and evidence-based practice to achieve effective outcomes.

Assessments from health and social care professionals were also used to plan people's care.

- People and their relatives spoke highly of the assessment process and felt involved. One person told us, "When [person that lives at the home] moved in we had a meeting with the manager. We were asked about [person that lives at the home] preferences. We were also asked to bring things for her bedroom to make it more personal"

- Accommodation was accessible, safe, homely and suitable for people's needs. There was dementia friendly signage around the building which help support people who lived with dementia identify their rooms and other parts of the building.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People were overall satisfied with the food provided. However, the lack of documentation around people's nutrition made it difficult to monitor people's consumption. Staff did not record any food intake, despite some people being assessed as at risk of malnutrition.

- People were satisfied with the food provided. One person told us, "The food has recently improved and we now get 2 options at lunch time."

- We observed people's lunchtime experience on the first day of the inspection. The meal looked appetising and well-presented.

- Staff told us that there is food available if a person felt hungry outside of the normal mealtimes.

- When people required a modified diet to minimise the risk of choking, this was not always consistently recorded, and we found conflicting information in people's care plans. Staff knowledge of this area was contradictory. This placed people at risk of harm if the wrong diet was offered.

- A nurse visits the service twice a week and has spoken highly of the care that is delivered. The nurse told us, "The home is run really well, the care is good, and residents are well looked after. Anything I ask them to do they do it."

We made a recommendation that the service ensures they work in line with best practice guidance when supporting people who require a modified diet.

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. At this inspection this key question has remained the same. 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 were well treated and supported by staff who knew them well. The home had a friendly relaxed atmosphere. Throughout our inspection we observed staff to be kind, caring, compassionate and respectful. One person told us "The staff are lovely and caring, they know [person that lives at the home] well."
- Staff spoken with during the inspection understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People and their relatives were involved in care planning and people's decisions were respected. For example, people can choose what time they want to eat, what activities they would like to do and what time they wished to go to bed.
- People spoke highly of the staff. One person told us "Staff are very pleasant; they try their best."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People, their relatives and health care professionals spoke positively about the care and support people received. One relative told us "[Person that lives at the home] was very isolated before they came to Cherry Tree Lodge, now [person that lives at the home] is doing better and seems brighter."
- The culture at Cherry Tree Lodge was positive, we observed this during the inspection. Staff were sensitive when supporting people with personal care and respected their privacy.

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 as outstanding. At this inspection the rating has changed to 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

- Not all care plans contained consistent sufficient information. For example, 1 care plan had conflicting information about a person's dietary requirements. This has been mentioned in more detail in the effective domain.
- Other aspects of care plans showed detailed information on how to care for people and their preferences.
- The provider had plans to introduce a more thorough system of care planning.

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 understood the need for information to be made available to people in an accessible format.
- People's communication needs were identified in their care plans and during initial assessments.

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 encouraged to take part in events at the home and develop relationships. People's religious and cultural preferences were supported. For example, the local church visits the home regularly to perform hymns.
- The service was in the process of hiring an activity coordinator. During the inspection we witnessed various activities taking place which were person centred to people's needs.

Improving care quality in response to complaints or concerns

- An effective system was in place to ensure complaints were managed in an open and transparent way.
- People told us they had no reason to complain about anything. However, they were sure concerns would be dealt with appropriately.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished. Records were respectful and caring. They also identified religious or cultural wishes the person had.
- Advanced decisions about resuscitation were documented.

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 this key question was rated as outstanding. 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not always effective at improving the quality and safety of the service.
- There was a lack of management oversight of care records to ensure relevant regulations were met.
- Auditing tools were in place. However, they did not identify concerns found during the inspection.
- When an audit was completed, there was little evidence of learning lessons from concerns found meaning the risk had not been mitigated.

The failure to effectively monitor and improve the quality and safety of the service is a breach of regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider responded immediately during the inspection and made immediate improvements to their governance systems to improve the safety of the service.

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

- We found evidence that learning was shared through handover documents. However, we did find that significant incidents weren't shared amongst the staff team. For example, 2 people had an accident 1 month and no staff, including management were aware of this at the time of the inspection.
- The registered manager had engaged and been honest and co-operative throughout the inspection process.
- The registered manager understood our statutory notification process. This process is something providers must follow to inform us about certain things such as a change in management, a serious incident or instances of suspected or actual abuse

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

- The registered manager, staff and senior managers were committed to providing responsive person-centred care. Throughout our inspection, we observed staff and senior management were very pleasant and accommodating. There was a very warm relaxed atmosphere throughout the home.
- Staff and people told us that the registered manager was approachable and there was a positive staff culture. One staff member said, "The management are approachable, and I can raise any concerns with them."

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

- People said that they had not taken part in resident's/relative meetings or asked to complete surveys. Meetings and surveys are important to help empower people to bring up issues or concerns around their care and drive improvements within the service. The registered manager confirmed that no meetings for residents or relatives had taken place. However, this will be in place moving forward.
- Evidence of staff meetings were seen. Issues in the home were discussed as well as staff practice. This was also discussed during staff supervisions.
- We spoke to 2 visiting professionals during the inspection. Both healthcare professionals spoke highly of the service and the care being delivered.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks relating to the premises were appropriately managed. Regulation 12 (2)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure service users were lawfully deprived of their liberty. Regulation 13(5)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (2)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing .The provider had not ensured that all staff had carried out the necessary training for their role.

