

ADL Plc

Cherry Tree House

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cherry Tree House is a residential care home providing personal care for up to 34 older people who may be living with a physical disability or dementia. At the time of our inspection there were 24 people using the service.

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

The manager had made some improvements since our last inspection, but concerns remained in some areas. Further improvements were needed to ensure people's medicines were managed safely. People remained at increased risk of receiving ineffective or unsafe care, because robust systems were not always in place to make sure their needs were consistently met. Care plans and risk assessments lacked detailed guidance for staff on how to meet some people's needs. Monitoring charts around food and fluid intake and the support provided for people to regularly reposition were not used effectively.

Whilst the manager was responsive to feedback, the concerns identified showed further improvements were needed to ensure issues and concerns would be consistently identified and addressed in future.

People felt safe and gave positive feedback about the care and support they received. Staffing levels had improved, and sufficient numbers of suitably qualified staff were deployed. Risks associated with the environment including in relation to fire safety, window opening restrictors and unrestricted access to the stairs had been assessed and managed.

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. There was a positive atmosphere within the service and people enjoyed the companionship and comradery they shared with other people using the service and the staff who worked there.

Professionals gave positive feedback about improvements made and how staff worked with them to meet people's needs. Staff had completed a wider range of training and supervisions and spot checks were being used to monitor performance and address any practice issues.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 23 May 2022) and there were multiple breaches of regulation. At this inspection, some improvements had been made, but the provider remained in breach of two regulations.

This service has been in Special Measures since 21 October 2021. During this inspection the provider

demonstrated some improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

Why we inspected

We carried out an unannounced focussed inspection of this service on 21 and 25 January 2022, 10 February 2022 and 3 March 2022. Multiple breaches of legal requirements were found. Following the inspection, the provider told us they had made improvements. We undertook this focused inspection to check on the reported improvements, and to confirm whether they were now meeting the legal requirements.

We also 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.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree House on our website at www.cqc.org.uk.

Enforcement and Recommendations

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.

We have identified breaches in relation to the safety of the care and support and the provider's governance arrangements at this inspection. Full information about CQC's regulatory response to more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 and local authority 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherry Tree House

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

The inspection was completed by two inspectors 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.

Service and service type

Cherry Tree House 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 House 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 service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service had been without a registered manager since 26 October 2021. A new manager started at the service on 29 November 2021, but they had not completed an application to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 14 people who used the service and three relatives about their experience of the care provided. We received feedback from five health and social care professionals and spoke with six members of staff including the manager, deputy manager, seniors, and carers.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at two staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant that whilst improvements had been made, some aspects of the service were not always safe or there was limited assurance about safety. There was an increased risk people could be harmed.

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

At our last inspection the provider had failed to assess and manage risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 12.

- People remained at increased risk of harm, because their care plans and risk assessments did not always contain enough information or guidance for staff on how to safely support them. For example, in relation to the support people required with stoma care or behaviours that may challenge.
- Robust systems were not in place to monitor and make sure people's needs were consistently met. For example, monitoring charts had not been used effectively to make sure people regularly changed their position to reduce the risk of them developing skin damage.

The failure to do all that is reasonably practicable to mitigate risks was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks had been completed to make sure people could be safely evacuated if there was a fire.
- Accidents and incidents were recorded and analysed. This helped ensure appropriate action had been taken to keep people safe.

Using medicines safely

At our last inspection the provider had not ensured medicines were managed and administered safely. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 12.

- Further improvements were needed to monitor and make sure safe systems were in place to manage people's medicines.

- Where people were prescribed 'as required' or variable dose medicines, clear guidance was not always recorded to help make sure staff administered an appropriate dose of people's medicines when needed.
- We could not be certain medicines requiring refrigeration had been stored at a safe temperature.
- Sufficiently robust systems were not in place to monitor medicines in stock and any unused medicines that needed to be returned to the pharmacy.

The failure to ensure the safe management of people's medicines was a continued breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was responsive to feedback and action had been taken on the second day of our inspection to begin addressing these concerns.

Preventing and controlling infection

At our last inspection the provider had failed to manage and minimise the risks associated with COVID-19. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up-to-date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to meet safely with visitors. Visitors were welcomed to the service and appropriate precautions were in place to minimise COVID-19 risks in line with government guidance.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified staff were deployed to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Recruitment checks were completed to help make sure suitable staff were employed.
- A safe number of staff were deployed, and people received unrushed support to meet their needs. We spoke with the manager about improving how they used a dependency assessment tool to help inform decisions about safe staffing levels.
- People gave positive feedback about staffing levels. Comments included, "They come quickly when I need help" and "They come to check on me a lot." A visiting professional said, "You rarely hear the buzzers going off now. The staff used to be run off their feet. It's better staffed now, and they seem more relaxed."

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service and with the care and support staff provided. Feedback included, "I always feel safe. That's the best thing about being here. I feel at home" and, "I have the best life here. I'm never lonely or frightened."
- People were protected from the risk of abuse or neglect. The provider had a safeguarding policy and staff had been trained to help them identify and respond to any safeguarding concerns.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always guarantee they would achieve good outcomes.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People remained at a higher risk of receiving ineffective or unsafe care. Care plans and risk assessments did not always show people's needs had been thoroughly assessed or contain enough information to guide staff on how their needs should be met.
- Robust systems were still not in place to make sure people's needs had been consistently met. For example, to monitor people's food and fluid intake, and support staff to identify and manage the risk of dehydration.
- Despite these concerns, people gave positive feedback about the quality, quantity and choice of food provided. One person explained, "The food is good and there is more than enough to eat."
- Staff offered people choices and provided respectful support where needed to help people at mealtimes.

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

- There had been a delay seeking medical attention for one person and we spoke with the manager about addressing this practice issue.
- Overall, records showed people were referred to healthcare professionals when needed and professionals gave positive feedback about how staff worked with them to meet people's needs. Comments included, "They are always very responsive and supportive when I visit", "The carers are pretty good, they will follow our plan and input" and "They are very good at accepting advice."

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured enough suitably qualified and competent staff were deployed to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff had completed a wider range of training relevant to the needs of the people they supported. Further training was needed in stoma care, and the manager took action to arrange this during our site visit.
- New staff completed training and had the opportunity to shadow other staff before working

independently.

- More regular supervisions and spot checks were used to monitor staff's performance and address any practice issues.
- People gave positive feedback about the staff. A professional told us, "They are very knowledgeable about the residents and there is a continuity with everybody knowing if there are any issues with certain people."

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.

At our last inspection the provider had failed to ensure people were lawfully deprived of their liberty. This was a breach of Regulation 13(1) & 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were protected from the risk of being unlawfully deprived of their liberty; a system was in place to assess people's needs and ensure applications had been made where necessary to deprive people of their liberty.
- Conditions on people's DoLS had been met.

At our last inspection we recommended the provider review good practice guidance relating to the MCA. The provider had made some improvements.

- People were asked to consent to their care. Mental capacity assessments and best interests' decisions had been made if people lacked capacity to consent to their care and support.

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

At our last inspection we recommended the provider review good practice guidance around designing, adapting and decorating the service to meet people's needs. The provider had made some improvements.

- Window opening restrictors reduced the risk of people falling from a height likely to cause harm. Risk assessments were used to help manage the risks associated with people unsafely using the stairs.
- Some dementia friendly signage had been put up to help people understand what rooms were used for and to navigate around the building.

- The provider completed audits to help identify repairs or areas of the service in need of redecoration. Further investigations were planned to check and make sure people had timely access to hot running water in all areas of the building.

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 inadequate. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and mitigate risks or take adequate steps to improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of Regulation 17.

- Whilst some improvements had been made in response to feedback from our last inspection, some risks remained. For example, further improvements were needed to ensure the safe management of people's medicines.
- People's care plans and risk assessments did not always contain enough information about their needs; care records did not always show effective systems were in place to monitor and make sure people's needs were met.
- A wider range of more regular audits and checks had been completed since our last inspection to help identify problems and drive improvements. However, the concerns identified during this inspection showed this system was not fully effective.
- The manager was responsive to feedback and began addressing the concerns found, but this was reactive rather than proactive management. Further improvements were needed to embed effective systems of governance and to ensure issues and concerns would be consistently identified and addressed in future.
- This was the fourth consecutive inspection where the service had been rated inadequate or requires improvement overall and there was a continued breach of regulation relating to the safety of the service.

The failure to adequately assess, monitor and improve the safety of the service was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not have a registered manager and had been without a registered manager since 26 October 2021. A new manager started at the service on 29 November 2021, but had not yet completed an application to become the registered manager.

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

- The manager understood the need to be open and honest with people if things went wrong.

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

- Regular surveys were used to monitor people's feedback about the service and identify improvements.
- There was a strong sense of community within the home and people enjoyed and benefited from the warm and friendly atmosphere.
- Visiting professionals gave positive feedback about how staff worked with them to meet people's needs. A professional told us, "It's improved since I've been coming here. We used to have concerns about how staff interacted with us and the patients. I've noticed the staff are more informed up-to-date and pleasant to chat with now."