

Care UK Community Partnerships Ltd

Cherry Orchard

Inspection report

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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

Cherry Orchard is a 'care home'. 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.

Cherry Orchard is registered to provide accommodation and nursing care for up to 40 people. The accommodation was arranged across three separate units on ground floor level, each with separate adapted facilities. All units specialise in providing care to people living with dementia. We inspected the service on 2, 3 and 4 May 2018. This was an unannounced inspection. There were 31 people using the service at the time of our inspection.

The service had a manager who was in the process of applying to become the registered manager for the service. 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.

At the last inspection on 10, 11 and 17 February 2016 the service was rated Good overall with a rating of Requires Improvement in effective. We made a recommendation because staff did not always receive regular one to one supervision and some staff needed to improve their knowledge of the Mental Capacity Act (2005). At this inspection we found improvements had been made to meet the recommendation.

People told us they felt safe using the service and their relatives agreed. Staff received safeguarding training and knew how to report safeguarding concerns. Recruitment checks were in place to ensure new staff were suitable to work at the service.

Risk assessments were completed and management plans put in place to enable people to receive safe care and support. Staff had a good understanding of infection control procedures and used personal protective clothing such as aprons and gloves to prevent the spread of infection. There were systems in place to manage people's medicines so they received them when needed.

There were effective and up to date systems in place to maintain the safety of the premises and equipment. Lessons were learnt when accidents and incidents occurred to minimise the risk of recurrence.

People's needs were assessed before they began using the service and they had access to healthcare professionals as required to meet their needs. Personalised care plans were in place, reflected people's needs and were updated regularly.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 and appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. People using the service

had access to healthcare professionals as required to meet their needs. People were offered a choice of nutritious food and drink to maintain good health.

Staff knew people they were supporting including their preferences to ensure personalised care was delivered. People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People had the opportunity to participate in a programme of meaningful activities. People and their relatives knew how to make a complaint.

Regular meetings took place for staff, people using the service and their relatives. The service had systems in place to seek the views of people and their relatives regarding the quality of the service. Quality monitoring systems were in place to identify areas of improvement.

People and their relatives told us the manager and management team were supportive and approachable.

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 remains good.	Good ●
Is the service effective? The service is rated good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Cherry Orchard

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.

The inspection took place on 2, 3 and 4 May 2018 and was unannounced. On the first day of the inspection the inspection team consisted of one inspector, a medicine inspector, specialist advisor in nursing and an expert-by-experience. A specialist advisor is a person who has professional experience in caring for people who use this type of service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is dementia care. The second and third day of the inspection was carried out by one inspector.

Before the inspection we looked at concerns raised and information we already held about this service. This included details of its registration and notifications of significant incidents they had sent us. Notifications are information about important events which the service is required to send us by law. We contacted the host local authority with responsibility for commissioning care from the service to seek their views.

We used information the provider sent us in the Provider Information Return. This is information you require providers to send us at least once annually to give some key information about service, what the service does well and improvements they plan to make.

We spoke with seven people using the service and ten relatives. We observed how people were supported and how staff interacted with people. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with four members of the management team; this included the manager, regional director, deputy manager and relief support manager. We spoke with 14 staff; this included three nurses, five care assistants, activity co-ordinator, receptionist, maintenance person, head chef, kitchen assistant, and housekeeper. We also spoke with a healthcare professional and a social care professional visiting in the service.

We looked at the care files for 17 people using the service including care plans, risk assessments and care and treatment records. We looked at medicines records of ten people. We reviewed the training records for all staff and looked at the recruitment and supervision records of four staff. We looked at the minutes of team meetings. We checked various policies and procedures including adult safeguarding procedures. We reviewed quality assurance and monitoring systems at the service.

Is the service safe?

Our findings

People and their relatives had mixed views about staffing levels at the service and felt there could be more staff available at specific times. When asked if they felt there were enough staff one person said, "Sometimes yes, sometimes not many." Another person told us "Sometimes there isn't, usually later in the day." Relatives also had mixed views. One relative said, "Yeah I think compared to what they have to do, everyone seems to cover and cope." However, another relative said, "On occasions there are not enough staff, other times too many, but this is very rare."

Staff told us there were enough staff however one staff member felt there could be more staff at certain times during the day to cover staff breaks. We spoke with the management team about this. They acknowledged the concerns about staffing levels and explained the service used a dependency tool to analyse the needs of people using the service. This informed the decision about the levels of staffing needed and was reflected in staffing rotas we looked at. We observed staff were available to assist and support people with their needs. We were satisfied the service was aware of the identified concerns and were working towards addressing them.

On the first day of the inspection we were concerned about the storage of hoists and trolleys in the assisted bathrooms which were causing obstruction and were a potential hazard for people using the service. We spoke with the manager and regional director about this. On the second day of the inspection all equipment had been moved to a designated area of the service. We were satisfied the service had addressed the concern.

People told us they felt safe at Cherry Orchard. When asked if they felt safe one person said, "Yes, people don't take advantage of me." Relatives told us they felt the service was safe. One relative said, "As a family we feel it is safe here." The service had systems in place to protect people from the risk of abuse. There was a safeguarding and whistleblowing policy which made clear the service's responsibility for reporting any allegations of abuse to the local authority and the care quality commission (CQC). Staff had completed training about safeguarding and whistleblowing and had a good understanding of the responsibilities for reporting any allegations of abuse. Staff knew how to report safeguarding concerns the process for whistleblowing. The management team were aware of their responsibility with regard to safeguarding and followed correct reporting procedure.

Risk assessments were carried out for people using the service. Risk assessments and contained information about the risks people faced associated with specific medical conditions and activities of daily living. Risk assessments were specific to the risk identified and contained clear guidance for staff of how to mitigate the identified risks. Records showed risk assessments were completed every six months or sooner if new risks were identified and were up to date. The registered manager told us staff did not use physical restraint when working with people. Where people exhibited behaviours that challenged the service risk assessments and guidance was in place to support people with this. Care plans showed a description of behaviour and guidance for staff including the use of one to one support and distraction techniques. This showed that risks were identified and managed by the service.

The service learnt from accidents and incidents. Records showed appropriate action was taken and risk assessments were reviewed and updated with management plans put in place to minimise reoccurrence of such accidents or incidents.

People were supported to take their medicines. Staff members had been trained to ensure they could do this safely and records showed that safe medicines practices were being followed.

Infection control policies and procedures were in place and monthly audits were carried out. Staff members had been trained and followed infection control procedures to minimise the risk of infection. Cleaning schedules and procedures in place ensured the risk of infection was minimised.

The provider had a robust staff recruitment procedure in place. Staff were employed subject to the completion of various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people using the service. Nursing staff had their registration status with the Nursing and Midwifery Council (NMC) checked by the service to ensure they were registered to practice. Staff told us and records confirmed that appropriate checks were carried out before staff began their employment at the service.

Fire safety procedures were in place including weekly fire alarm checks and staff training in evacuation procedures. Fire evacuation procedures were based on each person's needs and mobility and up to date records were available. Systems were in place to monitor the safety of the building and equipment used. Maintenance records were up to date. Systems and records showed the service was maintaining the safety of people using the service and equipment.

Is the service effective?

Our findings

At the last inspection in February 2016 we made a recommendation because some staff had gaps in their understanding of the Mental Capacity Act 2005 (MCA). At this inspection we found the service had acted on the recommendation and staff had received additional training.

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 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA. Care records included appropriate assessments of people's capacity to make decisions. There were communication plans in place which explained how staff supported people to participate in decision making.

Records showed applications under DoLS, had been submitted to the local authority when people were subject to restrictions to their freedom. Where DoLS had been authorised the service was complying with any conditions applied to the authorisation. The service followed the requirements of the DoLS. The management team were knowledgeable about the MCA and completing mental capacity assessments for people using the service. Staff told us and records showed staff received training and understood the importance of assessing whether people had capacity to make specific decisions. Staff explained and gave clear examples of how they sought consent from people before carrying out any care or support.

At the last inspection in February 2016, we made a recommendation because staff did not always receive regular supervision to discuss their on-going performance, development and any concerns. At this inspection, we found the service had acted on the recommendation and staff were supported to carry out their role through training and supervision meetings. Records showed staff had annual appraisals to discuss their goals and development. Staff were positive about the supervision and appraisal process. Records showed up to date staff training courses and details of planned future training. Staff were positive about the training they received and had the opportunity to undertake further training appropriate to their role. There were opportunities for staff to develop and change roles within the service.

New staff completed a two week induction programme. Staff were positive about their induction experience and records showed their knowledge was checked. Care staff worked towards completion of the Care Certificate following induction. The Care Certificate requires staff to complete a programme of training, including observations by a senior colleague, followed by an assessment of their competency.

People told us the service was effective in meeting their needs. A pre-admission assessment was carried out before people started using the service. There was clear information recorded about the person using the service, relating to their needs. The preadmission assessment included life history and, medical or mental

health history.

People and their relatives told us they were supported to access healthcare services and receive on-going healthcare support to maintain their health. One person said, "The GP comes every week and I see him for a check-up. He's usually here anyway." Records confirmed weekly GP visits. Fortnightly reviews of the health needs of each person living at the service took place. Records showed and we observed visits to the service from various health care professionals.

The service provided meals to meet people's nutrition and hydration needs. People told us they enjoyed the meals at the service. One person said, "The food is nice and it suits me." We observed people enjoyed the lunchtime experience. Menus and small plates of the meals on offer were displayed so people could make a choice. Alternative meal choices were also available. Staff supporting people with their meals did so patiently and maintained people's dignity. Snacks were provided throughout the day and evening and a variety of drinks were available. Care plans contained information about the nutritional and hydration needs of people using the service and showed involvement of dieticians as appropriate. The malnutrition universal screening tool (MUST) was used to assess people with the risk of malnutrition. The kitchen team were aware of people's specific dietary needs to manage their medical conditions, allergies, cultural and religious needs and if people required a soft or pureed diet.

Is the service caring?

Our findings

People and their relatives told us the service was caring. When asked if staff were caring one person said, "Yes they smile and ask are you alright. They do a little dance, sing song and a chat." Another person said, "Yes, I really think so." One relative said, "Staff are very kind here."

Observations showed staff interacting with people in a kind, respectful and personalised way. There was laughter and good natured exchanges between staff and people using the service. There was spontaneous singing and dancing. One person using the service said "I love dancing and they [staff] always dance with me. They are not as good as me though."

Staff were respectful in their communication with people using the service. They were aware of people's communication needs. Staff took the time to listen to what people were saying. They spoke slowly, maintaining eye contact ensuring they were at each person's eye level when speaking with them. Care records had communication guidelines to help people make choices. Staff provided information and explanations when supporting people with daily living activities. We observed a member of staff speaking with someone and encouraging them to wear a light jacket instead of a winter coat because the weather was warmer. They spoke gently and we observed the person changed their coat.

People told us the service respected their privacy. Staff treated people with dignity and respect. One staff member said, "I make sure doors are closed and curtains drawn for personal care." We observed staff supporting people discretely to meet their personal care needs. One staff member told us, "If someone is in the lounge and needs personal care you have to be very discrete and take them back to their room. You don't make a big deal of it, just go quietly and treat them how you would like to be treated." Confidential records were stored in the service's offices in locked cabinets and in password protected computers. Staff had a responsibility not to share confidential information about people with unauthorised persons. This protected people's privacy.

People told us the service promoted their independence. People were supported to remain independent and were encouraged to participate in activities outside the service. One person we spoke with said, "I'm going to be helping to get things ready for the garden, its summer. I like being outside."

At the time of our inspection the service was supporting people who were at the end of their lives. End of life care plans were reviewed or updated on a daily or weekly basis to ensure people were receiving the appropriate care in line with their wishes. Staff had end of life training and debriefing sessions. The service had a procedure for ensuring staff could identify people who at the end of their life did not want resuscitation to be attempted. Records showed there had been discussion with the person and with the involvement of their family members and medical professionals.

The service sought to meet people's needs in relation to equality and diversity. People were supported to take part in their cultural or spiritual practices and records showed they were supported to take part in religious services. Staff members were trained and knew about people's cultural backgrounds and told us how they supported them by providing specific meals and observing religious and cultural practices. The

service collected information about people with particular protected characteristics who used the service, to ensure their preferences were considered when meeting their needs.

Is the service responsive?

Our findings

People and their relatives told us they were happy with the care and support provided by the service. When asked about the care and support at the service one person responded, "Very good, I'm happy." One relative told us, "I really can't fault it. [Person using the service] room was decorated recently in [colour of choice]. It gives me goose bumps talking about it, it is so good here. If anything ever happens, they phone me night or day." Relatives told us they were involved in care planning and review meetings. One relative said, "Yes absolutely, totally. We also attend all review meetings." Another relative told us they were always invited and if they couldn't attend, the service updated them following the review.

Care plans were person centred and indicated involvement of people using the service use and their relatives. Comments and contributions made by people or their relatives were clearly stated in care plans. When people had complex nursing needs these were identified and management plans were in place to guide staff. This ensured people received the right care and treatment to manage their medical conditions. We saw involvement from specialist nursing teams with treatment plans in place to guide staff. Care plans reflected people's individual preferences and choice. There were details of people's life history which helped staff understand people's needs and provide person centred support. For example, one person had enjoyed sport and staff supported them to access safe areas where they could go for a run.

The service gave people choice and encouraged individuality. People told us the service promoted choice. People's rooms were personalised with photographs and treasured items. One person told us, "I like nice things on my dressing table and on my arm chairs. I have good taste."

The service provided a programme of meaningful activities led by activities coordinator and two assistants. People participated in one-to-one or group activities. One person said, "I enjoy music. I have a good tonal voice." Another person told us, "We will be doing some planting. [Staff member] bought flowers and I'm going to plant them." One relative said, "They all love music here and I've seen lots of singing and dancing. It's a happy place." The service had a large garden and people were encouraged to spend time outdoors. There were themed sheds for people to get involved in various activities. There were sheds adapted as a tea shop, garage with plastic tools, beach hut, sweet shop, country cottage and summer gazebo. There was a chicken coup and people were encouraged to feed the chickens. There was a car in the garden without an engine. People using the service were able to sit in the car and one person who used to work as a mechanic often "Checked it over." The service had a walled garden area with fruit trees which they had started to prepare as a vegetable garden for people to participate in planting and maintaining. Interactive murals on corridor walls with sensory items served to improve people's memory and dexterity.

The service had a complaints policy. People using the service and their relatives told us they knew how to complain if they needed to. One person said, "I would go to the manager." Another person said, "I would go to the nurse." One relative told us, "I would go straight to the office without hesitation. I have no complaints or a bad word to say about this place." The policy included timescales for responding to complaints and details of how people could escalate their complaint if they were not satisfied with the initial response. Records showed the responded to all complaints within the timescales specified in the complaints

procedure.

Is the service well-led?

Our findings

People using the service and their relatives told us they felt the service was well-led. When asked if they thought the service was well led one person said, "Yes, I like living here." One relative said, "We would recommend. It is a caring, professional and likeable environment. It is the best." Another relative said, "It is excellent." A third relative said, "It is a nice care home. I can't fault it."

The service had a manager who had been in post for six weeks at the time of our inspection. They had started the process to become the registered manager of the service. People using the service and their relatives knew the manager and told us they found them approachable. One person said, "Yes I spoke to [manager] today actually. Yes was very pleasant." One relative said, "It's a new manager but I'm impressed so far, very efficient." Throughout our inspection we saw the manager knew the names of people who used the service and interacted positively with them and their relatives. Staff were positive about the manager. One staff member said, "[Manager] is very proactive and has changed things. All the team are now so motivated."

However, some staff were not as complimentary about the management style of other members of the management team. They told us they were "Unapproachable," "Abrupt," and "Doesn't acknowledge staff." One staff member said, "I feel really down about it." Another staff member said, "We should always be able to come to work happy and so we can make people (using the service) happy. I don't get much support from [member of management team]. Not approachable." Another staff member said, "I don't always feel appreciated by [member of management team]." We spoke with the management team about this. We were satisfied they were aware of the concerns and had begun to address this.

Staff were positive about team support. They told us they supported each other and shared best practice. Staff were nominated by their peers and people using the service and relatives for a 'Gem award.' Good practice and team work was recognised and staff received awards in recognition of this. The management team told us they felt supported by senior management and shared best practice. There were support structures in place for nursing staff which included internal peer support from nurses within the providers group of care homes. The service had daily staff briefings. These meetings were attended by a representative from each unit and included staff from all departments of the service. Records showed discussions included clinical overview, staffing and management updates. Staff told us and records showed staff meetings had taken place. We looked at staff meeting records and saw the manager had schedules in place for future meetings.

The service worked in partnership with other agencies and health professionals who spoke positively about the service and were complimentary about their interactions with staff, communication and documentation in the nursing records and professional knowledge of staff.

Systems were in place to monitor the quality of the service. Monthly monitoring visits called Quality Outcome Reviews of the service were carried out by a member of the senior management team. Records showed service improvement plans put in place where a need for improvement was identified. Monthly

audits were also carried out by the manager and deputy manager. Records of audits included action plans from each audit to improve the quality of service delivery.

The service had systems in place to monitor the quality of records and service provision. As part of the quality monitoring there was a 'Resident of the day'. This person had their care file including care plans and risk assessments reviewed, maintenance checks completed in their room, and they received a special meal and activity of their choice. Family members were invited to attend the review and the service sought feedback about the person's care and quality of the service.

Relatives attended meetings at the service and told us they could speak with the manager outside of the meetings and didn't have to wait to raise any concerns or ask questions. We looked at results of surveys completed in April 2018 by relatives of people using the service which were positive.

The service submitted statutory notifications relating to significant incidents that had occurred in the service. The statutory notification is a notice informing the Care Quality Commission of significant events and is required by law. Staff we spoke with knew the procedure for reporting such incidents.