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Cherry Acre Residential Home

Inspection report

21 Berengrave Lane
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Kent
ME8 7LS

Tel: 01634388876

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27 July 2016

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inadequate ●
Is the service well-led?	Inadequate ●



Summary of findings

Overall summary

We received concerns in relation to the management of the service, infection control, health and safety and the state of the premises. These concerns had been raised by Medway Council.

In response to the concerns raised we undertook a focused inspection which was carried out on 27 July 2016 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 14 and 22 June 2016. Due to continued concerns about the provider's management of the service, we were unable to give the service a rating. There were still areas of concern in relation to the maintenance of the premises, on-going testing of systems, staff training, the vulnerability of the provider around financial viability and the fact that the provider intended to increase the number of people living at the service after the inspection.

This report only covers our findings in the safe and well-led domains in relation to the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Acre Residential home on our website at www.cqc.org.uk

Cherry Acre Residential home provides accommodation and personal care for up to 17 older people. The service had low occupancy levels and had not been fully operational since December 2014. For example, at our previous inspection in June 2016, there were only seven people living in the service. At this inspection there were five people living in the service. People receiving care had low needs and were relatively independent and required minimal assistance with their care. The accommodation was arranged over two floors. Staff provided assistance to people like washing and dressing and helped them maintain their health and wellbeing.

The provider had appointed a registered manager. There were audits of the service being undertaken by the registered manager. However, the provider was not supporting the registered manager by providing the necessary recourses in response to premises defects and to deal with the planned maintenance and servicing of the premises and equipment.

The premises were dated, shabby and dilapidated, but the provider only initiated improvements when they were asked to do it by an external body, such as the local authority or regulator. The provider was not able to sustain a level of quality between inspections by managing and monitoring their own service effectively.

The provider was unable to demonstrate how they ensured they monitored the quality of their service against published legislation and regulations to maintain people's health and wellbeing and make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The provider had not dealt with issues raised about the upkeep of the premises.

Risk in relation to the environment were not fully controlled in line with published guidance and legislation.

Is the service well-led?

Inadequate ●

The provider was not providing the financial investment and resources to sustain and maintain the safety of the premises and planned staff training.

Audits were completed by the manager to help ensure risks were identified, but the provider had not responded to the issues. The provider continued to be reactive not proactive.

The provider had appointed a registered manager.

Cherry Acre Residential Home

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.

This focused inspection took place on 27 July 2016. It was un-announced. The inspection team consisted of one inspector and an inspection manager.

We took account of information sent to us by the local authority relating to concerns about infection control, cleanliness, dilapidation of the premises, electrical and fire safety, lifting equipment testing and the risk posed by the provider not being able to meet legislation and regulations that were designed to protect people's health, safety and welfare.

We carried out a full internal and external visual check of the premises. We spoke with the registered manager and the provider. We observed the care people were receiving. We sampled relevant sections of audits, policies, risk assessments, care plans and maintenance certificates where these had been raised as part of the concerns.

Is the service safe?

Our findings

We were responding to information following a visit to the service in July 2016 by staff from the local authority contracts, health and safety and infection prevention teams. They had shared with us their concerns that people were at risk from un-serviced lifting equipment, that the premises were unsafe and that people could be at risk from poor infection control, the ineffective management of potential waterborne viruses and a lack of effective measures to control infestations.

Concerns had been raised about whether the provider had properly assessed the risk people faced from fire in the service and whether the provider had done everything they could to ensure people were safe. Information from the local authority and fire service evidenced that the provider had information available to them that showed the fire protection in the service was inadequate. The provider had failed to take account of this information to ensure the proper assessment of people's needs in relation to their ability to evacuate the premises quickly, and what protection they should be afforded during any evacuation to protect life. For example, having the correct staffing levels to ensure everybody could evacuate quickly and safely and looking at people's mobility. Several people lived in parts of the premises that would not enable them to leave quickly without staff support. In some cases, this was because they would not be able to manage the stairs if there was a power failure or because people were so far from a fire exit that they would not be able to escape a fire in time. The provider was unable to tell us why they had not acted on safety advice given to them in writing.

Concerns had been raised about cleanliness and infection control within the service based on The Health and Social Care Act 2008 code of practice issued by the Department of Health and about the management of infection control and waterborne viruses, like Legionella. The provider had sent us a legionella test certificate in February 2016. This showed that the water in the service was free from infection. There was a legionella policy in place; however, it did not include all the requirements needed. For example, there was no mention of the need to do regular flushing of taps that were not in use in the empty rooms. Following the visit from the local authority in July 2016, the registered manager continued to do water temperature checks, but had started the flushing of taps in empty rooms as advised by the local authority.

The provider could not provide enough information to show that they were fully complying with their obligations in relation to the management of legionella risk as set out in published guidance for care homes issued by the health and safety executive. A full risk based management process was not in place for hot and cold water services which included an analysis of the recorded temperature profiles, monthly, quarterly and annual cleaning and water storage tank checks. For example, the quarterly descaling of shower heads and hoses and monthly cold tap checks. Without on-going analysis and a management, cleaning and testing plan the potential risk of infection from legionella increases even if the water had been tested periodically. This meant that people's health and wellbeing was not protected when they were at higher risk of infection due to their age and associated health conditions.

The examples above showed that the legionella risk were not properly managed. This was a breach of Regulation 12 (1) (2) (a) (b) (f) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated

Following the visit from the local authority in July 2016, the provider had started to resolve some of the issues they had raised. In response to the concerns about infection control in the service we visually checked all of the rooms in the service, including the empty bedrooms. Each toilet and bathroom checked had pump dispensing hand soaps and paper towels available for hand washing. In staff areas, signage was displayed about hand washing good practice. There were no noticeable odours and although some carpets showed signs of wear and staining, it was not possible to identify if the cause of the staining posed an infection control risk. The registered manager told us that staff had cleaned the carpets, but that some of the staining had not been removed. Although decoration in areas within the premises were tired and dated, the rooms that people occupied had been personalised and at least one bedroom had been redecorated by a member of staff. We checked mattresses and bedding in the empty bedrooms and also checked one person's mattress that was in use. Some of the mattresses in the unused rooms and the divan bed bases needed replacing before use by a new occupant. The registered manager told us they were aware of the rooms that needed new beds and bedding and that they had started to dispose of any stained or soiled mattresses and bedding. There were no noticeable odours and although some of the beds showed signs of wear and staining, it was not possible to identify if the cause of the staining posed an infection control risk. The registered manager had started the disposal of old bedding and mattresses from the rooms in the service that were not in use. Some of the mattresses had washable covers and when in use other protective covers were used that could be washed. These covers protected the bed mattresses from potential contact with any bodily fluids.

However, the provider had only responded to the recommendations made by the local authority. Their own systems of infection control and prevention could not be relied upon. For example, there was no infection control lead appointed in the service and the cleaning schedule, although available was not being followed.

The examples above showed that the control of infection was not properly managed in line with The Health and Social Care Act 2008 code of practice issued by the Department of Health. This was a breach of Regulation 12 (1) (2) (h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection only one person used continence pads. Personal protective equipment was available like gloves and aprons for staff to use. There were facilities to dispose of clinical waste and the washing machine in the service had a sluice facility. Commodes, when in use were washed out in a separate sink in the laundry area. During our visual check, we did not see any areas in use that required cleaning. The registered manager told us that both day and night staff were responsible for keeping the service clean.

The dilapidation of the premises had occurred over a long period and had started to become an issue in relation to cleanliness and infection control in the service. For example, the flooring in the toilet nearest the downstairs lounge needed to be replaced as it was suspected there was damp on the underneath and walls of the small room. There was a small split in the floor covering in the downstairs shower and a damp patch on the lounge wall probably caused by a leak on the flat roof above. At the time of this inspection the provider had organised the works that were needed to resolve these issues. They told us that they had engaged a contractor to repair the toilet and shower floor and they had cleared away overgrown foliage including to the flat roof above the lounge. However, not all of the works had been completed. For example, the provider told us that the contractor had been due to repair the toilet and shower floor the night before the inspection, but they had not turned up. It was clear that the current repair and preventative maintenance system was ineffective and ad hoc. To resolve the potential issues in relation to the

maintenance of the premises before they become a risk to people the provider needed an effective planned and preventative maintenance programme.

Concerns had been raised that the stair lift on the main stairs and bath chair in the downstairs bathroom could pose a risk to people. They had not been recently tested under the lifting operations and lifting equipment regulations 1998. (LOLER). The premises provided a service over two floors with a foldaway stair lift available for people to use if needed. However, the stair lift had not been used for some time so had not been serviced at the same time as other lifting equipment. At the time of the inspection there was only one person living on the first floor of the service. The registered manager and staff told us that this person was able to use the stairs safely and did not need the stair lift. There was a procedure in place that staff followed so that when the person navigated the stairs, a member of staff was on hand to ensure they did this safely. We observed this person was able to use the stairs and saw them moving freely between their bedroom on the first floor and the lounge in the downstairs.

The mobile hoist and bath hoist had last been tested in January 2016. However, the bath hoist required testing six monthly and had been due to be re-tested in July 2016. This meant that people had been restricted to showering. We discussed the LOLER testing with the provider and they had already arranged for the bath hoist and stair lift to be serviced and tested. They told us that the stair lift had been put onto a maintenance plan to ensure it was regularly serviced. The engineer LOLER tested the bath hoist and stair lift on the day of our inspection.

The examples above showed that all the premises and equipment used by the service provider was not routinely kept clean or maintained to ensure it was safe and that hygiene standards were met. This was a breach of Regulation 15 (1) (a) (2) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection in June 2016 we had raised concerns with Medway Council about a rat infestation in the rear garden at Cherry Acre. The provider was subsequently advised about the action they should take by Medway Council and had taken action to deal with the problems they were experiencing in the back garden. At this inspection we did not observe any vermin within the premises or within the grounds.

Is the service well-led?

Our findings

We were responding to information following a visit to the service in July 2016 by staff from the local authority contracts, health and safe and infection prevention teams. They shared their concerns with us that people were at risk from the dilapidation of the premises and that the provider had not complied with recommendations made by specialist engineers and competent people about improvements to safety systems.

We found that the provider had not responded to recommended safety improvements of the premises or taken steps to minimise risk. A specialist engineer had checked and tested the fixed electrical wiring in the service in 2013 and issued a certificate of inspection which appeared to show that another fixed wiring test was not due until 2018. (Fixed electrical wiring relates to cables in walls and ceilings, lights and plug sockets and the mains fuse control.) However, on closer inspection of the information the engineer had left with the certificate they had highlighted some areas of the fixed wiring that needed attention. They had recommended that some remedial work be carried out, or that a further safety check of the wiring should be carried out after one year. We spoke to the provider who was not aware of their responsibility to take appropriate action to maintain the wiring system as recommended by the engineer. The provider had not carried out any of the works to make the system safer, or had it checked yearly to monitor the risk and condition of the wiring. Not following these recommended actions put people at risk from electrocution or posed a fire risk.

A specialist fire system engineer had tested the fire alarm system on 16 December 2015. This had happened as a result of our inspection on 8 December 2015, after we found that the fire system had not been checked by a competent person. The fire system engineer had made recommendations about the fire system to improve safety within the service and prevent potential system failure or breakdown. For example, they had recommended that older fire detection points should be upgraded.

Also, on 9 February 2016 the service had been inspected by an inspector from the fire safety office at Kent Fire & Rescue Services under The Regulatory Reform (Fire Safety) order 2005. The fire safety inspector had sent the provider a letter dated 26 February making two recommendations that would improve the fire safety in the service. They also reiterated the recommendation for improvements detailed by the fire system engineer from their visit on 16 December 2015. The fire safety inspector recommended to the provider that the system needed to be updated to comply with current safety standards. They also strongly advised that the provider carried out the system update works as recommended by the fire system engineer. These works had not been carried out when we inspected. This meant that people were at risk of harm from equipment that had not been updated to ensure it remained effective.

The examples above showed that safety systems and related legislation were not properly followed. This was a breach of Regulation 15 (1) (c) (e) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that the provider had agreed to work to an action plan to resolve the issues raised by the local

authority contracts and health and safety team and the infection control lead. The provider sent us a copy of the actions they were taking and have informed us of what they have done so far. However, people were not consistently protected from harm through the monitoring of risk and good governance.

The registered manager operated a system of health and safety audits which were identifying issues that needed correcting by the provider. For example, the registered manager had made the provider aware that the LOLER testing for the bath chair had run out and had instructed staff not to use the equipment. The provider had been aware that the toilet flooring in the down stairs toilet needed to be replaced for some time and was also made aware of areas of the service that needed redecorating. We saw records that showed the registered manager had requested resources for staff training to be updated, but the provider had not enabled this to happen. It was clear that the provider had only taken action after issues were raised by Medway Council officials, or following issues being by regulators. For example, the provider had removed vine that was growing in through a bedroom window, removed stored rubbish and furniture from the garden, were reviewing their health and safety policies to bring them up to date, organised repairs to flooring and responded to fire and electrical safety concerns. These had all been highlighted to them by external agencies. However, they had not carried out all of the works needed. There were no effective internal quality systems in place to ensure the provider met and continued to meet their legal responsibilities. This meant that there was an on-going and systemic failure by the provider to support the development of the service and ensure that the premises remained fit for purpose

The examples above showed that the provider, at all times, was not monitoring and operating effective systems and processes to assess and drive improvement. This was a breach of Regulation 17 (1) (2) (b) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not adequately assessing and mitigating the risk of the spread of infection through waterborne viruses and that the control of infection was not properly managed.</p> <p>Regulation 12 (1) (2) (a) (b) (f) (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider was not ensuring that the premises were properly maintained and suitable for the purpose for which they would be used and that the premises and equipment used by the service provider was not routinely kept clean or maintained to ensure it was safe and that hygiene standards were met.</p> <p>Regulation 15 (1) (2) (a) (c) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not operating an effective audit and monitoring system to assess and drive improvements required.</p> <p>Regulation 17 (1) (2) (b)</p>

