The Fremantle Trust

Cherry Garth

Inspection report

Orchard Way
Holmer Green
Buckinghamshire
HP15 6RF

Tel: 01494711681

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21 October 2019

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Cherry Garth is a residential care home and was providing personal and nursing care to 59 people aged 65 and over at the time of the inspection and can support up to 60 people in one adapted building. The service accommodates people across five different 'units' or 'houses' each of which has separate adapted facilities. Four of the houses specialises in providing care to people living with dementia.

People's experience of using this service and what we found
We asked people about staffing levels we received comments such as, "No (not enough staff) quite a few staff have left", "Probably on some occasions, (enough staff) but overall no. My wife often needs two people to help her. It would be lovely if there was more, but I am realistic it is all about budgets."

Medicines were not managed safely. People did not always receive their medicines due to lack of stock. We found 13 people had not received their medicines due to insufficient stock. People's allergies to medicines were not always recorded on the medicine record. Room temperatures were not being recorded for one unit and another unit recording was sporadic. Risk assessments and care plans did not provide staff with all the information they required to ensure people received good quality care.

The governance systems were ineffective and issues that had been raised by the provider had not been completed.

Staff received an induction when they started at the service. Staff training was not up to date and we could not be sure staff had the up to date skills and knowledge they required to carry out their role. Staff told us they knew what to do if they were concerned about people's welfare. Staff told us they felt supported by the management team and had received regular supervisions.

We observed positive caring interactions between staff and people using the service. People were supported to attend external healthcare appointments.

Accidents and incidents were recorded, and action taken as needed. A complaints procedure was in place. Formal complaints were recorded and action taken as required.

People were offered opportunities to take part in regular activities.

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.

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 requires improvement (published 19 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

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

Enforcement
We have identified breaches in relation to safe care and treatment, person centred care, assessing and mitigating risk, and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Cherry Garth

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector 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 Garth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people using the service and four relatives. We spoke with the registered manager, the

deputy manager, the regional manager and six members of the care team. In addition, we spoke with the chef and the activity coordinator.

We reviewed a range of records including each person's medication administration record (MAR), five people's care plans and records relating to their care plans. In addition, we reviewed recruitment records and other records relating to the way the service was run. We received in formation from the local authority prior to our inspection.

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 with us.

After the inspection
After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely to ensure the safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

• Medicines were not managed safely. People did not always receive their medicines due to lack of stock. We found 13 people had not received their medicines due to insufficient stock. People's allergies to medicines were not always recorded on the medicine record. Room temperatures where medicines were stored were not being recorded on one unit and another unit recording was sporadic. However, recordings we saw showed temperatures were within an acceptable range for storing medicines.
• We observed poor administration of medicines. Medicines were dispensed and left in the medicine room and not given at the time stated on the medicine record. We also saw opening dates on eye drops and insulin were not recorded.
• In addition, on the third day of our inspection we spoke with one person who told us they were in pain and had been requesting pain relief for two days. We spoke with staff about this and they told us they were waiting for stock to arrive. We informed the registered manager and the regional manager about this. They said they would investigate this.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that records relating to people's skin integrity and nutritional risks were up to date and this put people at risk of avoidable harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we found recording had not improved but also risks to people's welfare were not being managed properly. Therefore the provider remained in breach in relation to risk management.

• Risk assessments were not always in place for specific risks. For example, we saw one person who had

recently returned from hospital following a fracture of their wrist and had their arm in a cast. We asked staff how they were managing the person's cast and they were unable to tell us. We did not see a risk assessment or management plan in place. Good practice guidelines such as monitoring for discolouration of fingers or swelling, and observations of the cast were not carried out. We spoke with the deputy manager who immediately arranged for a risk assessment and management plan to be implemented.
• Accident and incident records we viewed recorded one person had pressure sores on both their heels. However, there was no risk assessment or management plan in place for this. We asked staff how the person's wounds were progressing, and they were unable to tell us. We were told the community nurse visited to dress the person's wounds however, this was not mentioned or recorded in the person's care plan. We spoke with the deputy manager who confirmed a risk assessment and management plan would be implemented.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• The provider had systems in place to safeguard people from abuse.
• Safeguarding concerns were reported to the relevant authority
•Staff received safeguarding training and told us they would report concerns to management. Staff told us what they would do if they were concerned about people's welfare. One relative told us, "It is a funny one as I don't think she feels safe with me or anyone. She responds to people smiling. My wife was a teacher and also did amateur dramatics and was a good "face reader". So, she responds better still to people who smile at her and the staff always do that." One person said, "Yeah, no one is going to hurt me."

Staffing and recruitment
• We were told, and we observed there was not always enough staff to meet people's needs effectively. We received comments such as "No (there are not enough staff) quite a few staff have left" and "I have a call bell. The evening staff are slow but on the whole, it is okay. But they could have more staff."
One relative told us, "Probably on some occasions, (there is enough staff) but overall no. My wife often needs two people to help her. It would be lovely if there was more, but I am realistic it is all about budgets."
• We observed on one unit of 15 people with advanced dementia there were two members of staff supporting a person in their room and the unit was unmanned for approximately 30 minutes. On another occasion we observed on another unit with 10 people one member of staff administering medicines which left the other member of staff supporting people alone during this time. We viewed the rota which did not correspond with the amount of staff on duty during our inspection. For example, the rota showed there were three staff on the unit with 15 people with advanced dementia. However, this was not the case. We spoke with the senior member of staff about this and they told us "someone had not turned up."
• The providers recruitment policy ensured that new staff were suitable to work in the home. The checks carried out included a criminal record check and references from previous employers.

We recommend the provider uses a nationally recognised dependency tool to ensure people's dependency levels are in line with their support needs.

Learning lessons when things go wrong
We saw accidents and incidents were recorded. However, when incidents occurred we did not always see a risk assessment in place to prevent further occurrences. For example, we saw in the accident and incident log recorded one person had wounds on both heels. However, a risk assessment or management plan was not in place.

Preventing and controlling infection

• The premises were cleaned to a high standard and free from odour. Staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection procedures for obtaining consent did not reflect current legislation and guidance. This was a breach of regulation 11 (need for consent) 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 11.

• Records showed that the service was working within the principles of the MCA. Capacity assessments and best interest decisions had been undertaken when required. In addition, when assessments had taken place decisions made in people's best interest showed that appropriate consultations had taken place.
Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
The service made further applications to the local authority before current DoLS applications had expired.
• We observed staff asking for people's consent before attending to support needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The service did not always follow best practice guidance standards. We saw some people's care assessments and risk assessments lacked vital information. For example, risk assessments were not always

in place for specific risks. One person had pressure sores on both their heels. However, there was no risk assessment or management plan in place for this. The provider did not follow nationally recognised guidance in relation to provide effective care and treatment. This meant care assessments did not fully consider the range of people's diverse needs which may result in poor outcomes for people using the service.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
• New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new staff.
• Records showed some staff training needed updating as the overall compliance was 71 percent. Staff training included emergency first aid at work, fire awareness food safety, infection control and medication administration. We saw gaps in fire awareness, infection control and emergency first aid at work. This meant some staff may not have been aware of current best practice guidance when supporting people. We requested further clarification relating to training following our inspection.
• Staff told us they had regular supervision and appraisals with their line manager and felt supported in their role. Records we viewed confirmed this.

We recommend the provider reviews staff training needs to ensure staff are supported to attain and maintain the skills and knowledge required to meet people's needs effectively.

Supporting people to eat and drink enough to maintain a balanced diet
We received mixed comments about the food. Comments were "Personally, on the whole it is not bad food…. On the whole I enjoy it." One relative told us, "Mum grew up in the old school of over cooking the food. On a Sunday there is always a roast, beef or chicken and a pudding and they save it for her if we have taken her out that day." Another relative said, "The food is very tailored to what people want. She eats now with her fingers as she can't master knives and forks. Yesterday the staff offered her mangoes and kiwifruit and she ate it. I also bring in food like chocolate and strawberry's and crisps. We, the care home and I, share the responsibility of food together and I like that."
•One relative told us, "My Dad today when I came in, was eating a jacket potato and cheese with his hands. It is the second time this week his food has not really been in reach, but also, he was slumped back in the high back chair. I very rarely see any vegetables if they do have any it is peas."
• We spoke with the chef and they told us everyone's dietary needs were recorded in the kitchen area. Records we viewed confirmed people's dietary needs were being met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records confirmed people had access to healthcare professionals. Relatives confirmed appointments were made for their family member when needed. We saw chiropodists, opticians and dentists supported people when required.

Adapting service, design, decoration to meet people's needs
• The premises were suited to people's needs we saw areas of reminiscence for people to enjoy and areas to relax alone or with family members.
• Extensive landscaped gardens provided a peaceful setting for people. The outdoor space area was

wheelchair accessible.

Good

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 the last inspection this key question was rated as 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
•We observed staff were kind and caring towards people they supported.
• Relatives told us staff respected their family member, one relative said, "They just do. They always come into see her. My Mum has no vision in one eye and little vision in the other. Since her return from the hospital the bed has been moved around and the chair moved from the hidden corner of the room and has been placed where she can hear and orientate the voices going past the door."
•Other relatives commented, "They spend time with her. My wife has severe Alzheimer's and is incontinent. Even though she lashes out they cope with it. They try really hard and I think they like her too. I live seven minutes' walk away" and "Yes very easy. They are so easy on the rules. They give you access and ability to be alone. I have known the manager here for 35 years. The care home is entrenched in the community and the care home tries very hard to be part of the community."
•Another family member told us, "Yes, I would say they respect her as a person, she even respects their objective to wash and dress her. I feel partially responsible for her swearing, as they are my expressions and wife uses them now with abandonment!"

Supporting people to express their views and be involved in making decisions about their care
• People made everyday decisions about their care. We observed people were able to choose how they wanted to spend their day. One relative said, "They tend to her needs. They relay feedback and status to me. My Aunt is coming from her own home and it is quite upsetting for her. Officially she is here for respite. She appears to be quite happy."
We observed staff offering choices to people. For example, where people wanted to sit to have their lunch or whether they wanted to attend activities.

Respecting and promoting people's privacy, dignity and independence
• We observed staff knocking on people's doors before entering and they ensured doors were closed when

delivering personal care.
• People were supported to be as independent as they could be. For example, we were told one person uses their walking frame when they feel able. Staff told us "We encourage them and allow them to make their decision.
• Staff told us they treated people as individuals and knew their likes and dislikes.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

• Some care plans we viewed contained conflicting information and some care plans did not contain specific information to enable people to be supported safely. For example, one person's care plan stated the person was to be accompanied by a member of staff when they went outside to smoke. However, recorded in another part of the same care plan it said there were control measures in place that meant the person could now go out alone.

• Another care plan we viewed said 'person cannot empty their catheter bag and needs assistance'. However, in another record which was kept in the person's room we saw records stating 'self-emptied' we spoke with the person and they told us they manage their catheter by themselves. In addition, the care plan also documented the person's catheter must be checked and emptied every four hours. We had no evidence this was being completed and staff told us this did not happen.

• In another care plan we viewed it said, 'reposition every two hours when in chair'. We asked to see the records relating to the repositioning and we were told this did not get recorded. In the pressure prevention record of the care plan we saw that repositioning two hourly was required to prevent skin damage. We noted the person was at high risk of pressure damage and had frail skin. This puts the person at a high risk of developing skin damage if staff did not follow the guidance in the care plan.

• This demonstrated records were not accurate and contemporaneous in relation to care delivery.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• We saw care plans provided information about people's sensory or hearing impairments. However, they did not provide further information about how this was managed. One person we spoke with told us "I am Church of England and I try to practice it. Trouble is I am going blind." We did not see reference to how staff supported the person with their sight loss in the care plan.

One relative told us, "My Dad's hearing aid cost us a lot of money and has gone missing. I noticed it had gone last Friday when it was last seen. Today still nobody has written to me about it or provided any update. The missing Hearing Aid severely disadvantages my Dad."

We recommend the provider seeks guidance in meeting people's communication needs to ensure people are given information in a way they can understand.

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
• We saw a regular activity programme was available for people to engage in. The service had good links with the local community. In addition, a large communal area, including a coffee shop and activity room, was available and people were encouraged to spend quality time together. The service had activities such as daily sparkle, bowls and skittles
• Quiet areas were available for relaxing and meeting up with families.
•Regular outings and trips to the theatre and cinema, were arranged.

Improving care quality in response to complaints or concerns
• Records showed that complaints were responded to in line with the provider's policy. People and their relatives told us they knew how to make a complaint.
• People told us "I haven't complained but I would complain first to the manager, then Fremantle", "Yes, I would complain to the manager" and "If I needed to complain I would go to [name of staff] who is one of the managers."

End of life care and support
• People were able to make decisions about their end of life support. There was no one receiving end of life care at the time of our inspection. Staff were aware of good practice guidelines for end of life care and the service was supported by palliative healthcare professionals when required.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the service did not maintain accurate records relating to people's health and welfare. Quality systems and processes did not monitor and improve the quality of the service effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

• Action had not been taken following our last inspection to ensure that improvements to the service were made and maintained. The governance systems in place did not highlight the issues we found. Audits we viewed during our inspection identified issues but had no outcome or completion recorded. For example, an audit carried out on 16 September 2019 identified one person required a new support plan put in their folder. However, we saw this had not been completed. Other actions from the audit were ensuring consent was gained from one person and to evidence staff had read people's support plans. There was no evidence of completion for these identified areas of improvement. We spoke with the registered manager who told us they were unsure what the outcome of the audit was. This demonstrated there was no manager oversight or 'sign off' to auditing systems.
• In addition, an audit undertaken in June 2019 by an outside consultant made a recommendation to ensure a countdown of medicine stock was in place. However, we saw this had not been actioned as we found several people had not received their medicines due to lack of stock. Furthermore, we saw an Individual Service Review (ISR) carried out by the director of care and the director of operations in August 2019 confirmed there was now a countdown of medicines recorded on medicine charts. However, we found this was not the case as we did not see recording of stock on the medicine charts we viewed. We asked the registered manager about this and they said this will be something the service will start doing again.
• In addition, specific records relating to repositioning and management of catheters were not being completed.
• At our last inspection in August 2018 we found that record-keeping required improvements. Care plans we viewed were not always up to date and did not reflect people's current care needs. Medicines were not

managed effectively. Some people had been without their medicine due to lack of stock. Identified risks to people were not always monitored by staff and managers.
• We found the same issues during this inspection. We discussed this with the regional manager who was receptive to our comments.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There were regular staff meetings to discuss issues and concerns. Handovers were held at each shift change to inform staff of any issues to follow up.
• Resident and relatives' meetings were held on a regular basis. We attended a resident meeting during our inspection where specific issues were discussed.

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 registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent. The registered manager was open and honest about improvements that were required.

Continuous learning and improving care; Working in partnership with others
• The registered manager was keen to discuss lessons learned with staff both formally and informally, however, further improvements were needed to ensure that identified shortfalls were addressed in a timely manner.
• The service was supported by community healthcare professionals including opticians, chiropodists, physiotherapists, district nurses, GPs and dieticians. In addition, religious services were regularly held.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that people who used the service received person-centred care and treatment that was appropriate and met their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed effectively. Good practice guidelines were not followed in relation to administration of medicines. Risk assessments were not always in place for known risks.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not accurate complete and contemporaneous in relation to care delivery. Auditing systems were ineffective.

The enforcement action we took:

A Warning Notice was served