

Cherry Lodge Rest Home Limited

Cherry Lodge Rest Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cherry Lodge Rest Home is a residential care home providing personal care and accommodation for up to 19 people aged 65 and over. On the day of the inspection, the service was supporting 15 people, some of whom were living with dementia.

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

People told us they felt safe and staff were kind and caring towards them. People told us they felt supported with their healthcare needs and we reviewed care records which confirmed this. People told us there were sufficient staff to meet their needs.

People received their medicines on time and staff had undertaken competency checks to ensure they had the skills required to administer medicines.

We were assured staff were following safe infection prevention and control procedures to keep people safe.

Staff had received regular supervisions and told us they felt supported by management. There was a clear governance structure in place and staff knew their roles and responsibilities.

There were systems in place to monitor the quality of care provided. People and their relatives told us they knew how to raise concerns and felt confident management would listen and address these.

People, their relatives and staff told us they were regularly asked to provide feedback and felt they could approach management if they had any ideas on areas of improvement for the service

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

Rating at last inspection

The last rating for this service was good (published 30 October 2020).

Why we inspected

This focused inspection was prompted by our data insight which assesses potential risks at services, concerns in relation to aspects of care provision and based on the rating at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherry Lodge Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 team consisted of two inspectors.

Service and service type

Cherry Lodge Rest Home 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.

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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection. 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 who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the service manager, senior care workers and care workers. We observed interactions between staff and people using the service.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have visited the service. We sought feedback from three relatives.

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 good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safely supported by staff. One person told us, "I feel very safe, the staff keep us all safe here with their care." Another person told us, "I feel safe here. I haven't even had to think about it." A third person told us, "The staff do a very good job of keeping me safe. They are always checking on me." A relative told us, "As far as I can see, everything is safe."
- Staff understood what constituted abuse and the action they would take if they suspected abuse. One member of staff told us, "[If a member of staff shouted at a resident] I would contact CQC and SCC [Surrey County Council]." Another member of staff told us, "[Abuse can be] bruising and flinching. I would report to the manager. If it's serious I would report to the police."
- We reviewed documentation which showed staff had received training for safeguarding and staff confirmed this. We saw a poster in the staff changing room with various authorities' contact details of whom staff could contact should they have a safeguarding concern. One member of staff told us, "We all had to do training [for safeguarding]."

Assessing risk, safety monitoring and management

- Staff had undertaken assessments to identify and manage risks. Risks had been assessed and included steps staff should take to manage risks. For example, one person's care plan gave staff detailed guidance on how the person was able to transfer with the support of staff and transfer aids.
- Staff told us they knew how to manage people's risks. One member of staff told us, "[Person using the service] has a [walking] frame but a tendency not to use it. We put the frame in front of him and stay with him unless he wants us to leave." Another member of staff said, "[Person using the service] can get [pressure] sores. I check her skin when she has a shower."
- The provider had an emergency evacuation plan in place and people had individual personal emergency evacuation plans which provided emergency services with information such as how the person mobilised and their ability to retain information.

Staffing and recruitment

- The provider had followed safe and effective recruitment practices for prospective staff. We reviewed staff files which showed the provider had completed appropriate checks prior to commencing employment. The checks included requesting and receiving references from previous employers and checks with the disclosure and barring service (DBS). A DBS check is a record of a prospective employee's criminal convictions and cautions.
- People and their relatives told us there were sufficient staff to meet people's needs. A person told us, "The

staff are great at supporting me to get up early as I want to. I also like to go to bed a little later than others at about 8.30 and 9 and there's never any rush. Staff just help me when I want it." Another person told us, "Staff are always right there as soon as you need them." A relative told us, "I think there's enough staff. I don't have to wait [when visiting]."

- We observed there were sufficient staff when people required assistance and to support people during mealtimes.

Using medicines safely

- People's medicines were managed in a safe way by staff. Medicines were recorded in medication administration records (MARs) which included a signature specimen form of staff competent to administer medicines. The MARs also included information such as a recent photograph, allergies and guidance for 'when required' (PRN) medicines.
- Competency checks and training had been carried out by staff to ensure they had the appropriate skills required to administer medicines.
- Where people were prescribed topical medicines (medicines applied to the skin), there were instructions in place informing staff where to apply these.
- Staff knew how to support people who were prescribed anticoagulants. Anticoagulants are medicines that help prevent blood clots. One member of staff told us, "If there are knocks or falls [for the person prescribed anticoagulants], it's 999."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had monitored accidents and incidents to identify trends and look at ways to reduce the risk of recurrence. This included information on the time and location of the incident; and the actions taken by staff such as which healthcare professionals were contacted and when observation charts were put in place.
- The provider had taken action to reduce the risk of incidents and accidents occurring and appropriate management plans had been put in place. For example, one person had fallen several times and as a result, after consulting with the person and their family, a sensor mat was put in place. This showed that staff had taken appropriate steps to reduce the person's risk of falls and had made appropriate freedom considerations.

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 good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about the management of the service. One person told us, "The [registered manager] is great, she would sort anything for anyone. She always listens." Another person commented, "[Registered manager] always comes and says hello when she is here." A third person said, "The staff – they are just brilliant, they are so helpful and so compassionate." A relative commented, "[Person] has been resident at Cherry Lodge for four years and the care and respect he has received has been exemplary."
- Staff told us there was a positive culture in the service and they felt supported by management. One member of staff told us, "The teamwork is great. You can rely on each other." Another member of staff said, "It is a very supportive home, very supportive of both residents and staff."

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

- Relatives told us they had been informed of changes to people's healthcare needs and when there had been incidents. One relative told us, "Everything is clear. They keep my sister updated." Another relative said, "We were always notified every time he had a fall. They did a lot of things to try and mitigate the opportunities to fall."
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that have happened in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure of governance in place and staff told us they knew their role. One member of staff told us, "Handover makes us aware of what is going on and what needs attention during the shift." Another member of staff told us, "I am encouraged to ask for help."
- Staff were undertaking daily handovers to inform staff of changes to people's needs and relevant events for the day.
- Where we highlighted areas of improvement during the inspection, management communicated with us and put plans in place to ensure action was taken. In one instance, this was to ensure that minor incidents

were always reported to the local authority. Management provided us with assurances they would ensure this was happening. We saw relevant healthcare professionals and relatives had been informed of all incidents.

- Management undertook audits of the quality of care in the service. This included audits for care plans, infection prevention and control and administration of medicines. There were plans in place for long-term actions to improve the premises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to attend meetings and feed back on the service. We reviewed minutes of meetings and people told us they were encouraged to provide feedback. One person said, "They are always asking for feedback as to whether I'm happy." Another person said, "Staff are great at always checking we are okay and making sure we are happy or if there's anything that needs changing."
- We saw staff had received regular supervisions to discuss any concerns, development opportunities and praise. Staff had set objectives and where these had not been met, there were explanations recorded.
- Staff told us they felt valued and supported by management. One member of staff told us, "I feel very valued." Another member of staff said, "I've not been here long and support-wise there's a lot."

Continuous learning and improving care

- People and their relatives told us they felt staff would take action if they identified an area of improvement. One person said, "I've not had to complain but I would have thought they would listen." Another person said, "I'd talk to any one of the staff and I know they would sort it. I've just never needed to raise anything."
- Staff told us they discussed accidents and incidents during handovers and staff meetings to look at ways the quality of care could be improved. One member of staff told us, "It's a very open working environment so there are always ongoing conversations and feedback being given to us."

Working in partnership with others

- We reviewed care records which showed staff had appropriately involved healthcare professionals in people's care, such as after a person had a fall, had sustained a wound or had experienced unplanned weight loss.
- People and their relatives told us they had access to healthcare professionals when this was needed. One person told us, "I press that [the call bell] and ask for a doctor." A relative told us, "We know they would call a doctor when he needed it for an x-ray."