

Burlington Care Limited

Cherry Trees Care Home

Inspection report

Cherrys Road
Cundy Cross
Barnsley
South Yorkshire
S71 5QU

Tel: 01226704000

Date of inspection visit:
15 July 2020
27 July 2020
28 July 2020

Date of publication:
09 September 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cherry Trees Care Home is a nursing and residential care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can support up to 89 people.

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

Information received prior to the inspection showed people did not always receive safe care. Although staff were trained on how to identify and report suspected abuse, we saw occasions where seven staff members had failed to escalate concerns, which led to delays in safeguarding action being taken. At this inspection people confirmed they felt safe and raised no concerns about the staff who provided their care. Relatives were also complimentary about the staff. We were satisfied the provider had taken appropriate steps to address shortfalls in respect of safeguarding people before we came to inspect.

The home was clean and generally infection prevention control risks were well-managed. Some areas of the building were beginning to show signs of wear and tear, which the management team assured us they had plans in place to address. Medicines were managed in a safe and proper way. Staff were recruited safely and there were enough staff to meet people's needs.

The culture of the service was not always person-centred as poor practice was not consistently challenged or escalated by other staff members. Staff said the registered manager was approachable and responsive. We felt staff engagement practices could be refined, so staff had more planned opportunities to give feedback about the service or raise concerns should they need to. Where we identified improvements at inspection, the registered manager had taken swift action to address our concerns. The provider had systems in place to monitor and improve the quality and safety of the service. Policies and procedures were straight forward and covered all aspects of service delivery.

Throughout the inspection we saw caring interactions between staff and people who used the service. Feedback received about staff was positive, however, there had been occurrences of poor practice which did not promote people's privacy and dignity. Although the provider had acted to prevent further occurrences of poor practice before we came to inspect, in order to achieve a rating of 'good' overall, more time was needed to show these improvements were embedded into the care people received.

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 23 May 2018).

Why we inspected

We received concerns about poor privacy and dignity practices. As a result, we undertook a focused inspection to review the key questions of safe, caring and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, caring and well-led sections of this full report.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cherry Trees Care 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.

Inspection team

The inspection team comprised of three inspectors.

Service and service type

Cherry Trees Care 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 the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

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.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with 12 members of staff including the nominated individual, regional manager and registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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.

We reviewed a range of records, including medication administration records (MAR's), care records staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

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 three professionals who regularly visit the service.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Most staff followed the provider's safeguarding procedures to protect people from avoidable harm. Prior to the inspection we were made aware of one occasion where seven staff members had not reported a concern in accordance with the provider's safeguarding procedures, which led to delays in safeguarding action being taken. The provider had already taken all reasonable steps to make the situation safe before we came to inspect.
- Despite our concerns around reporting, the feedback received at inspection from people and relatives was positive and they confirmed the service was a safe place to live. One relative commented, "[Family member's name] has lived in the home for 12 years, the care they receive is second to none. If there were any concerns me and our kid would have them out of there straight away." A person commented, "It is safe yes. No worries about the staff, they are great, they look after us."
- Records showed when the management team were made aware of concerns or suspected abuse, they had reported these appropriately to the local authority's safeguarding team and to CQC.
- Staff had received training on safeguarding adults and were aware of procedures to escalate concerns should they need to.

Using medicines safely

- People's medicines were ordered, stored, administered and disposed of safely, in accordance with good practice guidelines. Records of stock were generally accurate and reflected medicines held.
- There were medicines audits and we found these were effective in identifying any issues and driving improvements.

Preventing and controlling infection

- The home was clean and effective measures were in place to prevent and control the spread of infection. Some areas of the home were beginning to show signs of wear and tear with scuffed paintwork revealing bare plaster on walls or wood on handrails and skirting boards. We saw several of the service's bathrooms were in need of refurbishment.
- The registered manager confirmed there were plans in place to complete refurbishment of bathrooms by August 2020. The maintenance person told us they were working to address issues of wear and tear and had access to any resources they may need.
- Staff had received training in infection control and personal protective equipment (PPE) such as gloves, face masks and aprons were readily available. We observed mostly good practice throughout the inspection. On several occasions we saw certain staff not wearing face masks correctly, which we fed back to the registered manager.

- The registered manager took quick and appropriate action to address our concerns about the use of PPE.

Assessing risk, safety monitoring and management

- There were effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service.
- People had risk assessments in place. These identified any risk relevant to their needs and showed appropriate measures were in place to manage these.

Staffing and recruitment

- The registered manager made sure there were enough staff to keep people safe and effectively meet people's needs.
- Most people and all relatives said there were enough staff available. One relative commented, "There is always plenty of staff around, never have trouble finding anyone if we need them." One person said, "There is enough staff around, they come in and out all the time, I wouldn't want any more around. I have a call bell in my room, I use it now and again, they [staff] come straight away."
- There was a safe system for recruiting new staff.

Learning lessons when things go wrong

- The registered manager monitored and reviewed accidents and incidents to identify any trends. Records showed appropriate action was taken to reduce reoccurrences.
- Staff had enough guidance to reduce risks. Handovers and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always promote people's dignity and privacy. Prior to the inspection we received information about occurrences of poor practice relating to specific staff members. Although we were satisfied the provider had taken appropriate steps to address issues of poor practice, we need to see these improvements embedded at the next inspection.
- At this inspection we observed staff possessed the practical knowledge and skills to promote people's privacy and dignity. People commented, "Staff treat me very well and they talk nicely to me" and "Staff are pleasant and obliging. The boss is a good one too."
- One person said, "When I'm getting ready this is always done privately, they always knock at the door. I keep saying what are they knocking for, it's just manners though that I suppose."
- People were encouraged to maintain and improve their independence. People's care plans included information that enabled staff to promote people's independence and to provide care and support in a way people preferred.

Ensuring people are well treated and supported; respecting equality and diversity

- People confirmed that managers and staff were kind and compassionate and we witnessed several acts of kindness from staff. Comments included, "I have always been treated nicely here. I would tell the staff if I wasn't happy" and "Nothing could be better, we are looked after, we are comfortable."
- It was clear that staff formed positive relationships with people, knew them well and used their knowledge of people's personal preferences to care for them.
- The provider recognised people's diversity and promoted this in their policies, which highlighted the importance of treating everyone as individuals. People confirmed they were offered support to meet their spiritual or religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People, their relatives and representatives were involved in devising care plans to ensure these fully involved people in making decisions about their care.
- People's choices in relation to their daily routines were listened to and respected by staff. One person said, "Yes I do I feel listened to here, more than I do at home, you should have a word with my husband!"
- People and relatives were supported to give feedback about the service.

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 deteriorated to requires improvement. The culture at the service 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; Continuous learning and improving care

- Information received prior to the inspection showed there was a presence of a poor staff culture within the service, where poor practice was not consistently challenged or reported by other staff. Although the provider had taken reasonable steps to improve the staff culture shortly before we came to inspect, more time was needed to demonstrate these improvements were embedded into practice. This supports the service's new rating of 'requires improvement' overall.
- The provider's safeguarding policy said they aimed to foster an open and trusting communication structure within the home, so staff and others felt able to discuss their concerns with someone authorised to take action. Our findings under 'safe' showed this policy requirement was not met as seven staff members had failed to report concerns. We expect improvements in this area.
- The registered manager had processes in place to engage with staff, but further refinements to these practices were needed to foster a truly open and safe communication structure. For example, staff team meetings were infrequent and in a 12-month period there had been five staff meetings. Staff meetings did not include agendas so important subjects such as, safeguarding or risk, were less likely to be discussed, recorded and acted on.
- The registered manager was very focussed on raising the standard of care for people and creating a person-centred culture at the home. They understood aspects of the service needed to improve.

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 provider and registered manager understood the responsibilities of their registration. Notifications had been submitted to CQC as required by law and the rating of the last inspection was on display within the home and on the provider's website.

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

- There were systems and processes to assess, monitor and improve the quality and safety of the service. Audits were carried out regularly by staff at all levels in the team. The registered manager sent monthly reports to the provider, to help them monitor the quality and safety of the service.

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

- People's feedback was sought through a variety of mechanisms, such as meetings, reviews, manager walkarounds and surveys. Surveys were sent out regularly to assess people's level of satisfaction with the service. During the inspection we received positive comments about the service.
- The registered manager confirmed they had an 'open door policy' for people to discuss anything of concern or the service. All staff spoken with said the registered manager was supportive and motivated them to provide good care.

Working in partnership with others

- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.