

Nightingale Residential Care Home Ltd

Cherrydale

Inspection report

Springfield Road
Camberley
Surrey
GU15 1AE

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Date of inspection visit:
20 January 2021

Date of publication:
10 February 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cherrydale is a care home without nursing for up to 22 older people, including people living with dementia. There were 16 people living at the home at the time of our inspection.

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

Although some aspects of medicines management had improved since our last inspection, the administration of medicines was not always carried out in line with relevant national guidance during this visit. We shared this information with the provider, who agreed to address this with immediate effect.

Known risks to people were managed effectively. For example, people at risk of developing pressure damage were repositioned regularly and people's weight was monitored where necessary. Systems had been established to help ensure learning took place from adverse incidents, such as accidents and incidents. Personal Emergency Evacuation Plans (PEEPs) had been recorded for all the people who lived at the home.

Standards of hygiene had improved since our last inspection. A cleaner was employed seven days a week and cleaning schedules had been implemented. Staff used personal protective equipment (PPE) appropriately and correctly.

Staff understood their responsibilities in terms of safeguarding and knew how to report any concerns. The manager had used team meetings to discuss abuse and to remind staff about their safeguarding responsibilities.

Safe staffing levels were maintained. Dependency levels were reviewed by the manager each month to ensure staffing levels reflected people's needs. The provider operated safe recruitment procedures.

A new manager had been in place since November 2020 who had improved the leadership and oversight of the service.

The recording of people's care had improved and work had begun on developing personalised care plans that accurately reflected people's needs. Quality monitoring systems were more effective in identifying and addressing any shortfalls. Incidents had been reported to CQC when necessary.

The support and training provided to staff had improved. Team meetings were held regularly and staff shared information about people's needs more effectively. Residents' meetings took place and people had been asked for their ideas about the menu and the refurbishment of the home.

Why we inspected

We carried out an unannounced inspection of this service on 25 September 2020. Breaches of legal

requirements were found. We served Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will request an action plan from 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.

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 well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Cherrydale

Detailed findings

Background to this inspection

The inspection

This was a focused inspection at which we checked whether the provider had met the requirements of Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 was carried out by two inspectors.

Service and service type

Cherrydale 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 did not have a manager registered with the Care Quality Commission (CQC). This meant the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service manager had applied for registration with the CQC and received confirmation of their application.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback about the home from the local authority, the local Clinical Commissioning Group (CCG) and the local fire and rescue 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, the provider's director and three care staff. We observed the support people received, including a mealtime, and the engagement they had with staff.

We reviewed three people's care records, including their risk assessments and support plans. We checked the recording of care for people who required repositioning in bed. We looked at three staff recruitment files, accident and incident records, quality monitoring systems and the arrangements for managing medicines.

After the inspection

The provider sent us further supporting evidence, including staff training records.



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 Inadequate. At this inspection this key question has improved to Requires Improvement.

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.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection, systems and processes to manage risks to people were not effective. Personal Emergency Evacuation Plans (PEEPs) had not been completed for all the people living at the home. Medicines were not managed safely. There were unpleasant odours in some parts of the home. Systems to prevent and control infection were not always effective. 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.

- The administration of medicines was not always carried out in line with relevant national guidance. During our inspection, staff signed to record three people had taken their medicines before the medication was administered. This meant people's medicines may not have been accurately recorded. In addition, staff used a method of medicines administration for one person which had not been approved or set out in the person's care plan.
- We shared this concern with the provider during feedback, who agreed to ensure this practice ceased with immediate effect and to provide refresher medicines training for staff.

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

- Other aspects of medicines management had improved. Medicines were stored safely and their storage temperature monitored. Photographs had been added to people's medication records. Staff understood that body maps should be used to record the application of transdermal patches. Medicines audits were carried out, including checks of controlled drug stocks.
- The care and monitoring of people at risk of pressure damage had improved. People identified as at risk of developing pressure damage were weighed and repositioned regularly. The home had obtained a hoist weighing scale to weigh people who were unable to weight-bear. Pressure-relieving mattresses were checked to ensure they were set correctly for the person using them. None of the people at the home at the time of our inspection had pressure ulcers or required input from community or tissue viability nurses.

- Personal Emergency Evacuation Plans (PEEPs) had been recorded for all the people who lived at the home. The manager had sought the advice of the local Fire and Rescue Service regarding fire drills and evacuations. Two night-time fire drills had taken place since our last inspection. The provider had been advised by the Fire and Rescue Service that a further evacuation drill was needed involving all the people living in one area of the home. The provider confirmed that this was scheduled for the week after our inspection.
- The provider had begun a refurbishment of the home, which included replacing carpets. The refurbishment had been necessarily delayed due to COVID-19 restrictions but would resolve the issues with unpleasant odours once complete.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff practice in the use of PPE had improved since our last inspection. Staff used gloves, masks and aprons, appropriately during our visit. PPE stations had been put in place around the home to ensure equipment was available to staff when they needed it. The notes of team meetings demonstrated the manager had reiterated the importance of correct PPE use to staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Soaps and handtowels were available in bathrooms. Hand-washing reminders and posters were displayed in bathrooms. A cleaner was on duty seven days a week. Cleaning schedules had been introduced and were checked for completion.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented and that social distancing rules were being adhered to.
- We were assured that the provider was preventing visitors from catching and spreading infections. COVID-19 screening for visitors to the home had improved. Visitors' temperatures were taken before they entered the home and they were required to complete a COVID-19 screening form.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was admitting people safely to the service. There had been no admissions to the home since our last inspection.
- We were assured that the provider was accessing testing for people using the service and staff. Staff were tested weekly and people who lived at the home were tested monthly with their consent.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Systems had been put in place to help ensure learning took place from adverse incidents. For example, accidents and incidents were reviewed to identify actions that could prevent a similar event happening again.
- Staff were able to describe the different kinds of abuse people may experience and how they would report any concerns they had. The manager had used team meetings to speak with staff about their safeguarding responsibilities. Staff knew how to escalate safeguarding concerns outside the home if necessary.
- There were no ongoing safeguarding enquiries at the time of our inspection and no safeguarding concerns had been raised since our last visit.

Staffing and recruitment

- There were enough staff available to meet people's needs. A dependency tool had been introduced to ensure that staffing levels were appropriate to meet people's needs. Dependency levels were reviewed monthly by the manager.
- Staff had attended important training since our last inspection, including moving and handling, nutrition and dysphagia (swallowing difficulties). We observed that staff supported people safely during our inspection. Staff ensured that people were safe and comfortable when mobilising and eating and drinking.
- The provider operated safe recruitment procedures. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) check. DBS checks enable providers to check applicants'

suitability for employment.

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 Inadequate. At this inspection this key question has improved to Requires Improvement.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider's quality monitoring systems were not effective. Accurate recording of people's care was not maintained and there was inadequate management oversight. People's care plans were not accurate or up-to-date. This was a breach of regulation 17 Good Governance 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 17. However, we cannot rate this key question Good as not all the improvements begun by the provider were complete.

- The recording of people's care had improved, which demonstrated that people were receiving the support set out in their care plans. For example, records of repositioning were maintained for people at risk of developing pressure damage.
- Work had begun on improving people's individual care plans to ensure they were up-to-date and reflected people's individual needs.
- The manager had developed 'Red Bag' documentation for each person at the home. The Red Bag Pathway is designed to ensure healthcare professionals have all the information they need about a person in the event of a hospital admission.
- The leadership and management oversight of the service had improved. The manager had introduced quality checks and audits of key areas of the service. For example, a health and safety audit carried out in December 2020 assessed areas including fire safety, premises safety, training, moving and handling and food hygiene.
- Quality monitoring systems were more effective in identifying and addressing issues. For example, an audit of staff records had identified some gaps in documentation, which the manager was addressing.

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

At our last inspection, incidents had not always been reported to CQC when necessary, which meant we

were unable to check the provider had taken appropriate action in response to adverse events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Since our last inspection, statutory notifications had been submitted when necessary.

At our last inspection, the service did not have a registered manager in place. This was a breach of Section 33 of the Health and Social Care Act 2008.

- A new manager had been appointed since our last inspection and took up their post in November 2020. The manager had submitted an application for registration with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Opportunities for people to give their views about the service had increased. Residents' meetings had been taking place regularly and people's views sought about the ongoing refurbishment and the menu, which was being developed by the home's new cook.
- The manager had improved the support and training provided to staff. All staff had had a one-to-one supervision since our last inspection and had attended important training, including infection control and moving and handling. One member of staff said of the manager, "I think she has had a good impact; she is really positive, really helpful. If I have any questions, I can go to her." Another member of staff told us, "[Manager] knows how to be a manager and how to be a worker and I appreciate that so much. She shows us what to do and uses her experience."
- Communication amongst the staff team had improved. The handover system was more effective in ensuring staff were kept up-to-date about any changes in people's needs. Staff told us there was an increased sense of structure and teamwork since our last inspection. They said the manager had clarified expectations in terms of behaviours and practice. One member of staff told us, "We work more as a team now." Another member of staff said, "Everybody pulls together."
- Team meetings were held regularly and staff told us their contributions to these were encouraged. One member of staff said, "When we have staff meetings, we can put ideas forward for anything we think could help." Team meeting notes demonstrated the manager had used these to discuss the recognition and prevention of abuse, communication and the importance of maintaining accurate documentation.
- The manager was receptive to advice and input from other professionals. The manager had accessed support provided by the Clinical Commissioning Group's Care Home Support Group. The manager told us the recommendations given by the local authority's quality monitoring team since our last inspection had been useful in identifying areas for improvement.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines were managed properly and safely.