

Cherry Tree Care Limited

Cherrytree Residential Home

Inspection report

123 Station Road
Countesthorpe
Leicester
Leicestershire
LE8 5TD

Tel: 01162777960

Date of inspection visit:
28 February 2019

Date of publication:
16 April 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Cherrytree Residential Home is a care home for older people. The service is registered to accommodate 40 people. On the day of our inspection 26 people were using the service.

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 20 December 2018 where we found four breaches of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice for Regulation 12, Safe Care and treatment to the provider and told them they must be compliant by 4 February 2019. Our concerns were the cleanliness and infection control practices within the service. We were also concerned about a potential fire risk in a one area and lack of risk assessments identified for some people.

We rated the service as 'Requires Improvement'. The provider submitted information stating what they intended to do to address the shortfalls.

You can read the report from our latest comprehensive inspection by selecting 'all reports' link for Cherrytree Residential Home on our website at www.cqc.org.uk.

At this inspection we found the provider had made improvements to meet the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were protected from the risk of infection because systems and processes complied with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Action had been taken to address all the infection prevention and control concerns identified at the last inspection.
- The premises and equipment were now clean and staff had the equipment they required for effective cleaning, hand washing and hand hygiene.
- Equipment had been replaced and communal bathrooms were being refurbished to meet the needs of people.
- The environment was undergoing a programme of redecoration and ongoing maintenance to fittings and furniture to be completed by September 2019.
- Risks in the environment were identified and managed appropriately.
- The courtyard and side alley had been cleared of all the rubbish and were fully accessible for people to use.
- The fire safety risk had been reviewed and rectified to keep people and staff safe.

Follow up: We will continue to monitor this service and respond accordingly. We plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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 

Cherrytree Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a focused inspection to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 20 December 2018. This report only covers our findings in relation to those requirements.

Notice of inspection:

The inspection was unannounced.

Service and service type:

Cherrytree Residential 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 we looked at both during this inspection.

The service did not have a registered manager with the Care Quality Commission. The registered manager and the provider would be legally responsible for how the service is run and for the quality and safety of the care provided. We were told that one of the company directors was in the process of applying to become registered as the manager.

Inspection team:

The inspection team consisted of one inspector, an inspection manager and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

What we did:

Before the inspection visit we looked at information we held about the service and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the service that the provider must let us know about.

During the inspection, we spoke with five people who used the service for their views about the service they received. We spoke with the provider, three directors, the acting manager, deputy manager and one care staff member. We looked at the care records of three people who used the service and a range of audits and checks and policies and procedures.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 20 December 2018. The concerns were the provider did not provide care and treatment in a safe way. This was in relation to infection prevention and control, environmental and a fire safety risk and this meant they were failing to comply with Regulation 12, (1) (2) (a) (b) (h), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We served a warning notice to the provider and told them they must meet the legal requirement by 4 February 2019.

At this inspection we found that improvements had been made and the provider was compliant with Regulation 12 Safe Care and treatment. The service remained rated as requires improvement. The provider had made improvements but can only be rated as 'good' following a consistent period of achieving these standards.

Preventing and controlling infection

- The home was clean, tidy and fresh. There had been many improvements since our last inspection with the service improving all its procedures to protect people from the risk of cross infection.
- Staff had received up to date training in infection control and were now following the provider's policies and procedures when keeping the home clean and odour free. A member of the management team oversaw the training of staff in infection control and carried out regular audits and checks to ensure standards of cleanliness were maintained. Since the last inspection the management team told us they had already started to implement the changes we found were needed and were firmly embedding them in everyday staff practice. The staff told us improvements had been made to the cleanliness and infection control procedures. They told us how hard the cleaning staff had worked and that the provider checked the service daily.
- The Infection Prevention and Control Team from the local authority had visited the service in December 2018 and made recommendations which were now being followed. The provider had changed all the cleaning products to a suitable brand and there was a plentiful supply being stored in a locked COSHH (Control of Substances Hazardous to Health) cupboard, which was only accessible to staff within the service. We saw that these had been implemented and had made a difference to the cleanliness of the environment.
- Staff had the right equipment for cleaning, for example colour coded mops, buckets and bins to ensure that clean and dirty items did not come into contact. There were posters in every cupboard and storage area to remind staff of the correct cleaning and colour coded equipment to use in different areas and different circumstances. Our observations throughout the day demonstrated the staff were following these. There were effective arrangements for the appropriate cleaning of equipment used within the service such as commodes and beds.
- A review of the cleaning schedules had taken place to ensure that each area and room within the service had a good clean and deep clean when required. This reduced the risk of odours accumulating and cross-contamination.
- All the communal toilets and bathrooms were found to be clean and fresh. There was a programme of refurbishment taking place and one of the downstairs shower rooms was near completion. The space had improved to consider the flooring and ensuring that any hot water pipes were covered to prevent the risk of

burning any people or staff. New showers had been installed with easier to clean shower heads, reducing the risk of lime scale build up and legionella.

- All people's rooms were now clean and fresh. The provider had a programme of improving some of the flooring to a more suitable covering in places where it was deemed to be needed. All the en-suite bathrooms and commodes were thoroughly cleaned each day. Replacement commodes had been purchased where we found that rust could potentially cause a problem with infection.
- People were protected from the risk of infection because systems and processes complied with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. In particular, the cleaning procedures and arrangements detailed the standards of cleanliness required in each part of the service and a schedule of cleaning responsibility and frequency was readily available to us and thoroughly documented.
- There was adequate provision of suitable hand washing facilities and antimicrobial hand rubs where appropriate. We saw throughout the premises there was plenty of hand washing soap and dispensers in each person's room and communal areas. The communal areas also had posters to remind staff of the importance of regular hand washing and the process to follow.
- The outside courtyard and walkway around the side of the building had been cleared of all rubbish. All waste was now being stored in the correct containers ready to be collected. This enabled a safe and clean environment to be maintained even during the winter months when people were not using the outside areas.
- The previous food hygiene rating was 5, so we did not need to check this on the day of our inspection.

Assessing risk, safety monitoring and management

- All the radiators had the appropriate covers to reduce the risk of anyone burning themselves. Exposed hot water pipes were also covered to prevent people burning themselves.
- Keypad locks had been fitted to all the doors that had previously been locked with a key. The first-floor fire exit had been linked to the fire alarm and could only be opened in the event of the fire alarm sounding or with a key code. Keypad locks had also been fitted to both stairwells and to the kitchen. These additional precautions protected people from risk.
- When staff were busy attending to people's needs, people who did not have the capacity to access the kitchen and the stairs without support were protected. The fire exit on the first floor no longer posed a risk to people who may exit this door without support and be at risk of falling on the fire exit stairs.
- Risk had been identified and risk management plans were in place and recorded in people's care plans. Staff knew what action to take when people were at risk of pressure sores or at risk of falling. At our last visit, a person had a pressure sore on their heel. At this visit the sore had completely healed.
- Medical attention had been sought appropriately and promptly when a person had fallen. Detailed records of the accident and action taken to prevent further risk were recorded. Staff carried out frequent observations of the person for 48 hours after the accident.