Ellenbern Holdings Limited

# Cherwood House Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service: Cherwood House Care Centre is care home that was providing personal and nursing care to 84 people at the time of the inspection.

People's experience of using this service:
People living at Cherwood House received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. However, recording of mental capacity assessments needed improving. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistence enabled people to receive good care from staff who knew them well. People had access to a variety of activities to prevent social isolation.

Cherwood House was well-led which resulted in provision of good care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

The service was an integral part of the local community. The team facilitated various community links that reflected the needs and preferences of the people who used the service.
We have made a recommendation about recording of MCA.

Rating at last inspection:
At our last inspection we rated the service requires improvement. Our last report was published on 25 May 2018.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

Further inspections will be planned for future dates.

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?**<br>The service was safe<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-Led findings below. | Good |

# Cherwood House Care Centre

**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.

Inspection team:
The inspection team consisted of three inspectors and three Experts 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:
Cherwood House is registered to provide accommodation and personal care for up to 119 older people who require nursing or personal care. 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.

Cherwood House consisted of a nursing unit, a residential unit and a cluster of 16 cottages. Each unit had a dedicated manager.

The service had two managers 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.

What we did:
Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to

make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the action plan which the provider had submitted following the last inspection. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with 28 people and nine relatives. We looked at nine people's care records and eight medicine administration records (MAR). We spoke with the two registered managers, the provider, deputy manager and eight staff which included, carer staff, kitchen staff, activities coordinator and a volunteer. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Good

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 10 April 2018, we asked the provider to take action to make improvements in legionella risk assessments and risk management, and this action has been completed.

Assessing risk, safety monitoring and management:
•The provider had systems in place to assess and manage any potential risks relating to legionella disease. Records showed checks were conducted regularly and actions taken where necessary.
• Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
• People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans. People had Personal Evacuation Emergency Plans in place (PEEPs).
• People told us they felt safe living at Cherwood house. One person said, "I'm completely protected here, there's a lot of staff about".
• The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:
• People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "I've had this training so any concerns I'd report to my manager. I can also go to CQC (Care Quality Commission)".
• The provider had safeguarding policies in place and the team reported concerns accordingly.
• The provider had a business continuity plan that included various emergencies.

Staffing levels:
• The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "Yes, there's enough staff here. The home is not full, so we are at a comfortable staffing level".
• The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely:
• People received their medicines as prescribed and the home had safe medicine storage systems in place.
• We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
• Where people required when necessary medicines, these were administered safely.
• The provider had a medicine policy in place which guided staff on how to administer and manage

medicines safely.

Preventing and controlling infection:
• The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.
• The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.

Learning lessons when things go wrong:
• The registered managers ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
• Discussions with staff showed there had been learning following medicines errors and incidents.

Good

# 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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The provider ensured people's needs were assessed before they came to live at Cherwood house to ensure those needs could be met and individual care plans put in place.
• People's expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
• People and relatives told us they were fully involved in the assessment and care planning process.

Staff support: induction, training, skills and experience:
• New staff went through an induction which prepared them for their roles.
• Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I get supervisions and they are helpful, things get dealt with".
• People were supported by skilled staff that had ongoing training relevant to their roles. One person commented, "They seem quite knowledgeable, I do not doubt their abilities".

Supporting people to eat and drink enough to maintain a balanced diet
• People complimented the food and said, "The food is good here", "Lots of food and good choices".
• Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
• The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
• People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal. There were enough staff to support people with nutritional needs.

Adapting service, design, decoration to meet people's needs:
• Cherwood house had several sitting areas where people could spend their time.
• The home allowed free access to people who used equipment like wheelchairs.
• People could move around freely in the communal areas of the building and the vast gardens.
• People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Supporting people to live healthier lives, access healthcare services and support:
• People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
• Healthcare professionals told us staff followed their advice and sought further advice when needed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance:
• People's rights to make their own decisions were respected and people were in control of their support. One person said, "Always offered choices of what to wear, dinner, where to sit, any choice".
• Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member explained, "MCA is about remembering that all people have capacity unless proven otherwise and give them choice".
• We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way.
•However, we found the records around MCA needed further improvement as we identified there wasn't a clear process of ensuring validity of families who were thought to have legal power of attorney. For example, one person's bed rails care plan stated, 'husband gave consent and has PoA'. We could not find a copy of the PoA document.
•We also found records around people's capacity assessments needed reviewing as some of them had contradicting information. For example, one person's care plan stated, 'impaired understanding due to dementia or cognitive impairment, lack capacity - unable to make decision about day to day tasks and fails 4 stage test'. This person's capacity assessment asked the following questions: Did the person retain information – YES and Did the person weigh the information – YES. It was clear the person had capacity to consent and did not require an assessment.

We recommend the provider refer to the current guidance of the MCA code of practice.

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.

Good: 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:
• People were positive about the care they received and told us staff were caring. One person said, "Staff are very good, very friendly and helpful".
• We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant.
• Staff knew people very well and knew how best to support them. One relative told us, "Lots of the carers have been here ages and know what they are doing and know the residents".
• The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. This was embedded in the service.
• People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain and develop this. One person told us, "The priest comes around once a week. I am given communion in my room or downstairs which I like and being with the other people too".
• The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "We treat residents as individuals, no two people are the same".

Supporting people to express their views and be involved in making decisions about their care:
• People were involved in their care. Records showed staff discussed people's care on an on-going basis.
• Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw one person who had a profound hearing impairment and staff communicated with them by writing on a white board.

Respecting and promoting people's privacy, dignity and independence:
• People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "I give residents the opportunity to do things for themselves. I don't take away their skills".
• People told us staff treated them respectfully and maintained their privacy. One person said, "They respect my privacy. They knock before they come in".
• People were supported to be as independent as possible. We saw some people had plate guards during meals to enable them to eat by themselves.
• The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the implementation of the GDPR. From May 2018, GDPR is the primary law regulating how companies protect information.

Good

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
• Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
• However, some care plans had contradictory information. For example, one person's care plan stated, 'Unable to speak or communicate'-Yes. The same person's care plan for bed rails stated, [Person] is unsafe in bed therefore need rails for safety. Goal: to prevent injury. Consent given by [Person] by blinking'. It was clear the person could not verbally speak. However, they could consent by blinking. We spoke to the registered manager and their recent audits had picked up the concerns and they were working through the action plan to ensure people's care recorded were accurate.
• People's care plans were regularly updated to reflect people's changing needs. For example, one person fell and was hospitalised. On their return to the home they had new equipment and medicines. We saw the person's care plan was reviewed and updated to reflect those changes.
• The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
• People told us they enjoyed the activities. One person said, "Sometimes they take us out visiting places". Another person told us, "I do activities, we cut out things. I went outside once but I'd rather stay in. We have activities a lot here. Everyone is lovely here".
• People had access to a full programme of activities which included in-house, days out and one to one activities. For example, social interactions during coffee and cake times, arts and crafts. People also visited a local nursery where they made cakes and did puzzles with the children. We saw evidence that there were links with the local community. These included visits to the shops, local pubs and markets. The home facilitated garden parties which people enjoyed.
• The home had established links with the local churches. They arranged visits to the local church and the lay preacher visited the home weekly to speak to individual people. Church services were also held on Sundays.

Improving care quality in response to complaints or concerns:
• The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
• People told us they knew how to make a complaint. One person told us, "I would speak to the manager. He pops in at least once a week and I am very happy with the level of contact".

•The provider had only received two minor complaints since the last inspection and these had been investigated. There were many compliments received regarding good care.

End of life care and support:
• The registered manager informed us no people received end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people a had dignified and pain free death.
• People's preferences relating to end of life were recorded. These included funeral arrangements and preferences relating to support.
• The home had established close links with a local hospice. Staff knew how to support people and families during end of life care.
•Staff told us they supported both the person and family during end of life. For example, staff gave relatives a lift home when they were struggling for transport and were unable to drive themselves.

Good

# 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. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted 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:
• There were two registered managers in post, one for each unit. The registered manager for the nursing unit had been in post for 29 years. There was a new registered manager for the residential unit, who had been in post for 10 months. The new manager had quickly identified areas that needed immediate improvement and were working through an action plan to address the shortfalls identified. The manager had already identified some areas of concern found during the course of our inspection. We discussed with them the other minor concerns around mental capacity assessment records which had not been identified by their audits. Following the inspection, the registered manager sent us an update which showed they were addressing the shortfalls.
• There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered managers were supported by deputy managers. Staff took pride in their roles and supported each other to ensure good care.
• The registered managers promoted continuous learning, they held reflective meetings with staff to discuss work practices, training, development needs and staff's well-being.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• People and relatives, we spoke with praised the managers. One person said, "Manager reaches out to you. He really is a breath of fresh air in this place, it is so tangible really". Another person told us, "Matron [manager] is excellent".
•Staff were complimentary of the support they received from the provider and the management team. Staff commented, "Really good, always there with the door open. They are approachable, firm but fair", "Provider is available. We can ask for support directly from him" and "Manager is approachable, supportive and flexible".
• The registered managers had clear plans to improve people's care. The new registered manager had introduced a lot of positive changes and successfully created a pleasant working atmosphere that contributed to good teamwork. One member of staff told us, "Change of the manager is a very positive change for the unit. His calmness spreads on staff. I can go to him at any time. I know if I follow his advice I am doing right things. The place is a lot calmer and runs smoothly".
• Throughout the day we saw the registered managers and management team interacting with people. It was clear people knew the registered managers.
• The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The provider involved people in various ways. People had opportunities to attend meetings and raise any comments via an open-door policy at any time.
• The staff told us they felt listened to, valued and able to contribute to the improvement of care.
• During the inspection we observed effective team working. The majority of staff had worked for the provider for decades. Staff worked  well together and respected each other's skills and abilities. This interlink of staff and good communication had a positive impact on the care people received.

Working in partnership with others:
• Records showed the provider worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.