

Burlington Care Limited

Cherry Trees Care Home

Inspection report

Cherrys Road
Cundy Cross
Barnsley
South Yorkshire
S71 5QU

Tel: 01226704000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cherry Trees is registered to care for 89 people requiring personal and nursing care in the categories of dementia, old age and physical disability. On the day of our inspection there were 76 people living in the home.

There was a manager at the service who at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the first day of the inspection we found care plans were not in good order and confusing. Care plans we saw were in different formats, on a range of different paperwork and were incomplete or out of date.

On the day of our inspection people who used the service were supported by sufficient numbers of staff to meet their care needs.

When we looked at supervision and appraisal records we saw these had been carried out.

We found there some concerns about the availability of specialist food, for example on the day of the inspection people who were on a gluten free diet did not have gluten free bread available.

People had access to a range of healthcare professionals, including GPs, district nurses, opticians and chiropodists. We did find however that people who were living with some conditions were not being adequately monitored to ensure their conditions were stable.

We found some systems were in place to monitor the quality of service provision. However these were not effective and did not always identify concerns. When concerns had been identified there was little evidence to show what actions had been taken to address them. The program of audits carried out by the home manager were ineffective and not carried out regularly.

The home had a complaints procedure and people we spoke with knew how to raise concerns if they needed to. We saw the manager had taken appropriate action when complaints had been received and had resolved them in a timely and effective manner

Staff we spoke with were knowledgeable about safeguarding people from abuse. They told us they would report any concerns straight away.

The provider had system's in place to make sure people were recruited in a safe way. The provider was currently working through staff files to ensure all the correct documentation was present.

During the inspection we found six breaches of the health and social care act. You can see what action we told the provider to take at the back of the full version of the report

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.

Systems were in place to ensure people received their medicines in a safe and timely way from staff who had been trained to carry out this role.

Staff we spoke with were very knowledgeable on safeguarding people and knew how to recognise and report abuse if they needed to.

We found risks associated with people's care and treatment had been identified. However, these were not always reviewed.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported to eat and drink to maintain a balanced diet and snacks were available in-between mealtimes. However, food and fluid charts were not always completed fully.

Care plans we looked at did not contain information about people's capacity and what assistance they required with day to day decisions

Requires Improvement ●

Is the service caring?

The service was caring.

We observed staff supporting people and found they were kind and caring in their nature.

Staff we spoke with were knowledgeable about respecting peoples choices and preferences.

Good ●

Is the service responsive?

The service was not consistently responsive.

People did not receive care that was personalised and responsive to their needs. Care plans were in place to identify people's assessed need. However, some care plans required updating to reflect current needs.

Complaints were dealt with in an appropriate and timely manner. People we spoke with did not have any concerns, but knew what to do if they had any concerns

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

The checks completed by the registered provider to assess and improve the quality of the service were not effective to ensure people were protected against the risk of inappropriate or unsafe care.

Requires Improvement 

Cherry Trees Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 September 2016 and was unannounced. Three adult social care inspectors carried out the inspection

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted the commissioners of the service and seven external healthcare professionals who had knowledge of Cherry Trees.

We did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with five people who used the service, the registered provider, the regional manager, the home manager, the deputy manager, one relative and seven members of staff, including care workers, a qualified nurse, activity workers and ancillary staff. We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included four people's care records, five staff records and records relating to the management of the home.

Is the service safe?

Our findings

People we spoke with told us, "Its ok here, you get looked after, I like those two [points at two members of staff] they are lovely." Staff we spoke with told us, "We provide good care, there's just the odd day when we are short staffed and we can't provide good care. There is a lot of sickness which constantly has to be covered, we are often short which makes it difficult."

People's medicines were managed safely and people spoke positively about the support they received. One person said, "Staff help me with my tablets, they are really helpful."

People's medicine support needs were set out in a medicine care plan, including details of the medicines they were taking and when they should be administered. The medicine care plan also contained guidance to staff on how people should be supported with any 'as and when required' (PRN) medicines they took. Medicines were administered by nurses to the people with nursing needs and senior care staff administered medicines to people on the residential unit. The deputy manager confirmed that all staff administering medicines had an intensive six weeks of training and they were observed to check competency before they were allowed to administer medicines independently.

Staff had access to a medicines policy that contained guidance on how to support people with their medicines. Medicine stocks were monitored on a regular basis to help ensure people had access to the medicines they needed.

People using the service had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when this has been administered. People's MARs had their photograph, which helped staff to ensure they were administering medicines to the right person. We reviewed four people's MARs and saw they were accurately completed to show when people had taken their medicines.

Medicines were stored in a clean and secure treatment room. A lockable medicine trolley was used during medicine rounds. Where appropriate, medicines were stored in a medicines fridge whose temperature was monitored to ensure they were within safe ranges. The temperature of the treatment room was also monitored on a daily basis. However, we noted that the maximum temperature recorded had exceeded the recommended range on several occasions. We were told by senior staff a fan had been put in the room for an interim measure, until air conditioning was fitted to address the temperature. This meant the provider could not be sure these medicines were effective and/or safe to use.

Controlled drugs were securely stored. Controlled drugs are medicines that are liable to misuse. Records were kept of the total amount of controlled drugs stored. We checked one persons MAR sheet for controlled drugs and saw it contained two signatures when administered as recommended in national guidance and required by the service's own 'safe handling of medicines' policy.

All senior staff had completed medicine training and medicine competency checks and observations of practice before they were able to administer medicines.

We looked at the arrangements in place to manage risk, so that people were protected and their freedom supported and respected. We saw there were some risk assessments in place in relation to people's needs such as nutrition and hydration and falls control. Many of the risk assessments we saw were not up to date or accurate. For example one person's nutritional score was not scored correctly, they had lost weight so this had increased the risk from medium to high. This meant if there was no up to date risk assessments the

dependency of people who used the service was inaccurate so staffing levels were being determined on a lower risk. This meant there could be insufficient hours allocated to meet peoples needs. Staff had no clear guidelines to follow to mitigate risks.

Before people started using the service their level of risk was assessed in a number of areas, including nutrition, dementia care, pressure sores and falls. The service used recognised tools such as the Malnutrition Universal Screening Tool (MUST) and Waterlow to assess risk. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. Waterlow gives an estimated risk for the development of a pressure sore. However the recording in these tools was incomplete or out of date and there was no agreed date of review in place. For example, one person was assessed as being at high risk of malnutrition. There was no nutritional care plan in place providing guidance to staff on how they could help the person maintain weight and there was no referral to a dietician made. On the day of the inspection we checked the nutrition and hydration charts of seven people who were at high risk of malnutrition. Two records had no entries at all and others only recorded 150 ml of fluid.

This was a breach of Regulation 9 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a member of staff and checked the finance records of five people who used the service. Each person had an "individual pocket money sheet". We found individual records were in place, with a running balance of the money people had available and the financial transactions that had taken place. There were signatories on the record to confirm transactions that had taken place and these were reconciled each week. There was also a quarterly check by the providers representatives of peoples personal finances. We asked the registered manager how the safe ratio of staffing levels to meet peoples needs was calculated. The staffing levels were confirmed when we spoke with staff and they told us that in the main staffing was sufficient to meet peoples needs.

People and relatives we spoke with told us they thought there were enough staff on duty to support with their own, or relatives care needs. We spoke with the registered manager, checked staffing rotas at the home and carried out observations throughout the day to assess if staffing levels were adequately deployed to provide safe care.

We checked that people were supported to maintain good health, had access to healthcare services and received on-going healthcare support. Care plans we viewed showed us that some people's health was monitored and referrals were made to other health care professionals where necessary but others indicated this was not always the case. For example we found one person who had a considerable amount of falls and there was no referral to the falls clinic for advice and support. Another person had lost a considerable amount of weight over three months, there was no malnutrition universal screening tool [MUST] in place, no nutritional care plan and there had been no referral to a dietician

Policies and procedures were in place to help protect people from abuse. Staff had access to a safeguarding policy. This set out the types of abuse that can occur in care settings and guidance to staff on how it should be reported. Staff were able to describe how they protected people from possible abuse and said they knew how to report any concerns they had. The staff we spoke with were knowledgeable on safeguarding and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Some staff told us they would not hesitate to report any safeguarding concerns. They told us if they felt the manager wasn't responding appropriately they would report to the regional manager or the local authority. Another member of staff said that they felt well supported and there was always an open door to the registered manager if you had any problems. We looked at safeguarding information we had received from local authorities regarding suspected abuse of people using Cherry Trees care Home. Records showed that the provider had notified submitted the appropriate notifications to CQC and to the local authority.

Staff we spoke with explained their recruitment process. We looked at four recruitment files and found the provider had a system in place for employing new staff. A satisfactory Disclosure and Barring Service (DBS)

check had been completed for all staff. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We also saw that references were obtained, but two out of the four files contained only one reference which was not in line with the provider's recruitment policy. We spoke with the administrator who had been asked to check all staff files to ensure they contained the correct details and paperwork. It had been identified that although all staff confirmed they had a DBS completed with the previous provider there was no recorded evidence of a DBS for 18 staff. We discussed this with the regional manager and the director and they assured us they would take immediate action.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents were recorded and investigated to see if improvements were needed to keep people safe. We found that all accidents and incidents were entered into an accident book. However the provider did not have systems in place to identify and learn from accidents and incidents. For example, we looked at one person's care records and the person had four falls in September 2016. However there had been no referral made to any health professionals and no changes made to the care plan or risk assessments. This meant that accidents and incidents were not being monitored and lessons were not learned to prevent future incidents from re-occurring. We spoke to the regional manager about this and they assured us they would take immediate action.

We also found personal emergency evacuation plans (PEEP) were not in place for each individual who used the service. These plans provide staff and other professionals with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. This meant that people who used the service were at risk of not being safely evacuated in the event of a fire at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

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

The registered manager had systems in place to review the safety of the service by carrying out a series of audits. These included gas safety checks, fire, legionella, care plans, and infection control.

Is the service effective?

Our findings

Staff we spoke to gave us mixed feedback about training they had been provided with. Staff received mandatory training in a number of areas, including first aid, moving and handling, infection control, fire training and equality and diversity. Mandatory training is training the registered provider deems necessary to support people safely. This training was refreshed annually to ensure staff were aware of the latest best practice. Staff told us, "Since the new provider 'took over' training has been much better, its not just e-learning any more and we get paid to do the training." One area that people said they felt they would benefit from was training around dysphagia training. Dysphagia training helps staff to support people who have swallowing or eating difficulties. We spoke to the regional manager about this and they said they would organise this training. The registered manager monitored staff training on a chart. This showed staff had completed mandatory training. Where there were gaps in training plans were in place to ensure staff received it.

Newly recruited staff completed an induction programme. This consisted of an introduction to the service's policies and procedures, fire safety training, shadowing a more experienced member of staff and three days of training based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

Staff were supported through regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervisions were carried out approximately every two months and appraisals annually. Records confirmed that these were taking place, and that staff were able to raise any support needs they had.

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection seven people were subject to DoLS authorisations.

Staff were able to describe how they sought consent from people before assisting them with any care tasks. Staff gave examples of how they would gain consent from people by being flexible, patient and allowing the person to do as much for themselves as possible. One member of staff described how they would always ask before doing anything and could tell by the person's body language and reaction if they could co-operate. We checked care records and found that assessments had not always been made on people's capacity to consent to care and treatment, or record 'best interest' decisions made on their behalf appropriately. This was a breach of Regulation 11 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see if people were supported to eat a healthy diet. One person told us, "The food is good here; you really get what you want." However, people were not consistently supported to maintain a healthy diet. When people started using the service their nutritional needs and preferences were assessed. This assessment used the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

We looked at people's two care plans and found their needs were not always addressed and health care services not considered or used when needs changed. For example we found one person had lost considerable weight over three months, there was no nutritional care plan and there had been no referral to a dietician. The member of staff we spoke with told us if a person was at risk of weight loss they were put on a food and fluid chart. However when we looked at food and fluid charts there was no fluid target recorded and on one chart there was no record of any fluid given between 05.15 am in the morning to 20.35 p.m. We also found one person's needs had changed significantly, but the care plan had not been up dated to reflect the person's current needs. We spoke with staff and found they were knowledgeable about the person's current needs, but agreed that the care plan required updating. We spoke to the regional manager and asked they took immediate action.

We checked the systems in place to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet. In care records we looked at, we saw nutritional assessments were not always completed to assess whether the person was at risk of becoming nutritionally compromised. On the day of the inspection we checked the nutrition and hydration charts of seven people who were at high risk of malnutrition. Daily records for two people had no entries at all and the daily records of other people others recorded 150 ml of fluid for that day. We also noted that where people had been identified as at risk of being nutritionally compromised where not consistently been weighed. We asked staff about one person who had recently lost weight, they confirmed that a referral for specialist advice needed to be made and they were going to follow this up immediately. We noticed from care records that two people who lived at the home had gluten intolerance. When we asked kitchen staff about this, they were fully aware and explained how they ensured the person was individually catered for. However on the day of the inspection there was no gluten free bread available for the people with gluten intolerance. We spoke to the registered manager and the deputy manager about the people who were on gluten free diets. Both the manager and the deputy manager gave conflicting information about who required a gluten free diet. We asked the manager to take immediate action to ensure people were not being nutritionally compromised and to ensure people had access to suitable nutritious food.

This was a breach of Regulation 14 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they told us, "[My relative] has only been in one day and staff have been brilliant. We have had lots of contact before [my relative] came." A person using the service told us, "We can talk to staff if we have any worries, they are like friends, I have no worries at all here." Another person told us, "I would be happy for a friend to live here."

Our observations of the staff showed us they were kind and compassionate towards people who used the service. Every person we spoke with was happy with the quality of the care given by the staff.

During the inspection we observed instances where staff interacted positively with people, and where they demonstrated concern for their well-being. For example, we saw staff encouraging people to join in with conversation and discussions and when people were not actively participating staff included them in their conversation.

The staff showed patience, gave people lots of encouragement and had respectful and positive attitudes. We saw staff members engaged with people, talking in a friendly, caring and respectful manner. People we spoke with told us, "The staff are great; they can't do enough for you."

We also observed people were treated with respect and their dignity was maintained. One member of staff told us they had been involved in caring for a person at the end of their life; however they did not recall being given any specific training for this. Another staff member told us they had not been involved in caring for this particular person, but had received training in providing end of life care and would feel confident if called upon.

We noted from the care plans we reviewed there had been no information gained for people's wishes for the end of their lives. It is important to gain people's thoughts and preferences for how they would like the end of their lives when people come into a care setting as they may lose the ability to share the information over time.

Is the service responsive?

Our findings

We checked the care records of people who were using the service at the time of the inspection. We found care plans had not always identified people's care needs. For example, one care plan stated the person had an infected leg ulcer, yet when we spoke to staff they said the person no longer had an infected leg ulcer and did not require wound care management. This had not been updated in their plan of care. We saw care records were not always reviewed; therefore they did not ensure people's needs were met. Where care plans had been reviewed we found that the evaluation had been updated but not the care plan. This was misleading to anyone reading the document, and there was a risk that important changes could be missed. This was a breach of Regulation 9 of the Health and Social Care Act 2008, (Regulated Activities) 2014.

We spoke with the regional manager about this and we asked that immediate measures be implemented to ensure people were not placed at risk. We also asked for all falls risks to be reviewed and updated for all residents living in the home and referrals to the falls team where appropriate. Following the inspection the provider took immediate action and reviewed all the necessary assessments and made referrals to safeguarding and the appropriate health professional's where necessary.

The provider had a procedure in place for investigating complaints. People we spoke with told us they would speak with someone if they had a concern. We looked at records in relation to complaints and found there was a concerns and complaints register in place. From June 2016 there had been 11 complaints and these had all been responded to. All the complaints had been investigated within the agreed timescale and the complainants had received a response to their complaints.

People were supported to access activities they enjoyed. The service employed three activities co-ordinators, we saw there were activities taking place in the home, and there were some outings which took place. In the weeks prior to the inspection people using the service had enjoyed a trip to Cleethorpes, a Macmillan coffee morning, crafts, gardening and chair aerobics. People told us about an event called 'sweet memories' which was a nostalgic trip down memory lane. They also showed us a folder of photographs of visiting entertainers.

Is the service well-led?

Our findings

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was also support given by the registered provider and the regional manager. On the day of the inspection the regional manager informed us that the registered manager had handed their notice in and that they were in the process of recruiting a new manager to help achieve the improvements which were necessary in the home. The registered provider had taken over the home in June 2016 and were in the process of reviewing the management team and operations within the home. On the day of the the registered manager has advised the company of their intention to retire in January 2017 and a new manager had been recruited and the necessary pre-employment checks were being undertaken.

Staff we spoke with talked very positively about the change of ownership of the home and the regional manager. Staff told us they felt morale was generally better over the past couple of months since the new provider had taken over. One member of staff told us, "The new regional manager is listening and taking on board staff dissatisfaction." Staff told us that the new regional manager had attended a meeting on one of the units and that staff all had their say about rotas, staffing levels and management support and that she had been very understanding. Staff also told us that since then they had seen improvements in bank staff on care and the laundry although they were still awaiting staff to be recruited to cover domestic duties.

During the inspection we saw systems in place to monitor the quality and safety of service provision had been implemented which included using a range of audits. We saw audits were used for monitoring areas such as, care files, medication, meals and nutrition and infection control. However, issues we had identified during our inspection had not always been picked up as part of the quality and safety monitoring systems at the service. This showed the registered manager had identified concerns but not actioned them.

Staff told us since the new provider had taken over training and communication had considerably improved. One staff member said, "I can talk in confidence and feel listened to." The home was in a period of transition in a number of areas. There was a new registered provider, a new regional manager and the provider was in the process of recruiting a new registered manager.

The paper based records were poorly maintained and organised and there were two systems running at the same time which was causing confusion Staff were not clear on what processes were in place which was evidenced by the daily records being in both the current provider's format and the previous registered provider's format.

This was a breach of Regulation 17 Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recognised that the new provider had significant plans to improve to the service, however there were significant areas of concerns that we asked the provider to immediately address. The regional manager agreed to take immediate action to address the concerns we had identified during the inspection. The provider sent us an action plan detailing the priorities and the immediate actions they would take to address the concerns we had identified on the day of the inspection.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans not Person Centred
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Not following principle of MCA
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Not recording and assessing nutritional and hydration needs
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems were ineffective
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Recruitment processes not robust