

DMP Healthcare (Cherry Orchard) Ltd

Cherry Orchard

Inspection report

1 Richard Ryan Place
Dagenham
Essex
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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

Cherry Orchard is registered to provide accommodation and nursing care for up to 40 people. There were 40 people living at Cherry Orchard when we inspected. The accommodation was arranged across three separate units on ground floor level. All units specialise in providing care to people living with dementia.

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

People and their relatives were satisfied with the care provided by Cherry Orchard. Relatives of people living in the home told us they were involved in making decisions about their care. They told us people felt safe and comfortable in the company of the staff who knew them well and were kind and caring.

We were assured that infection prevention and control (IPC) measures were appropriately followed. There was a suitable supply of personal protective equipment (PPE) and cleaning products and they were used effectively to minimise the spread of infection.

Risks to people were assessed and managed in a way that enabled people to take positive risks as part of an independent lifestyle. People were protected from the risk of abuse and harm and staff understood their responsibilities for keeping people safe. Medicines were kept safe and given to people at the right time. There was a process in place for the recording, reporting and learning lessons from accidents and incidents.

People's needs were assessed before they began using the service and they had access to healthcare professionals as required to meet their needs. Personalised care plans were in place, which reflected people's needs and were updated regularly. People were supported to have maximum choice and control of their lives and staff supported them in least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people they were supporting including their preferences, which helped to ensure personalised care was delivered. People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 11 November 2019 and this is the first inspection where we have provided a rating for the service. The last rating for this service under the previous provider, Care UK

Community Partnerships Ltd was good (published 22 June 2018).

Why we inspected

This was a planned inspection based on the date the service registered with us.

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 identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cherry Orchard

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 completed by two inspectors, a specialist advisor in nursing and an Expert by Experience who made telephone calls to people and relatives. 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

Cherry Orchard is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on annual leave during our inspection. Clinical Lead and Director was present during the inspection to support us.

Notice of inspection

The inspection was announced. We gave the provider 24 hours' notice to ensure we were appraised of the home's COVID-19 status to prior to the inspection.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the clinical lead, director, health care assistant, a nurse, a chef, and the activities co-ordinator. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of policies and procedures and quality assurance records. We spoke with two professionals who regularly visit the service. After the inspection the Expert by Experience made telephone calls and spoke with three people who used the service and five relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from risk of abuse. Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If I saw someone being abused, I will report it to the team leader or the manager." Another staff member gave examples of different types of abuse a person could face.
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People and their relatives told us they felt safe and they could talk to staff. One relative told us, "[Person] is happy in this home, [person] feels safe." Another relative told us, "[Person] is safe and happy. They look after [person]."
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the local authority to resolve any concerns they had.

Assessing risk, safety monitoring and management

- Individual risk assessments had been implemented for all aspects of people's care and were regularly reviewed to reflect people's changing needs. For example, there were risk assessments in place relating to diabetes and the risk of falls. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks and safely support people and reduce the risk of harm.
- Fire safety procedures were in place including weekly fire alarm checks and staff received training in evacuation procedures. Fire evacuation procedures were based on each person's needs and mobility and up to date records were available. Systems were in place to monitor the safety of the building and equipment used. Maintenance records were up to date. Systems and records showed the service was maintaining the safety of people using the service and equipment.
- Each person had a personal emergency evacuation plan (PEEP) to ensure they contained clear guidelines on how people would need to be evacuated safely in the event of a home emergency.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs. Staff told us there were enough staff to support people's needs. We observed there were sufficient numbers of staff on the day of our visit.
- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff

employed were suitable. These included conducting an interview, completing a Disclosure and Barring Service (DBS) check and obtaining references. The DBS helps to prevent unsuitable staff from working with vulnerable people.

- We reviewed the staff rota, which confirmed there were enough suitably experienced, skilled and qualified permanent staff deployed.
- The provider utilised a dependency tool to determine the amount of staff required to support people. We discussed this with the manager who confirmed they checked that the skills and numbers of staff were sufficient to meet each person's individual needs.

Using medicines safely

- People received their medicines safely.
- Information regarding the support people needed with their medicine was recorded within their care plans, which was clear, up to date and accessible to staff.
- We observed staff give medicines to people. The staff were polite, gained permission and then gave people their medicines. They signed electronically for each medicine on the Medicine Administration Record (MAR) after giving it.
- Medicines including controlled drugs were stored securely. Staff monitored and recorded the medicines refrigerator and room temperatures daily. These were within the required range.
- MARs we looked at did not have any gaps. This provided assurance people were being given medicines as prescribed.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. Staff were trained to administer medicine and this training was regularly updated. People's medicine records were fully completed and up to date.

Preventing and controlling infection

- The service had effective systems in place to prevent and control infection, including ensuring that regular surface cleaning throughout the home was maintained. Posters were visible in toilets and showers regarding regular handwashing. Hand sanitiser stations were wall mounted on each corridor.
- Relatives told us they felt confident with the infection control practice of staff who wore PPE to minimise the risk of the spread of infection. One person's relative said, "They [staff] have to wear apron, mask and gloves before helping my [family member]."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents to ensure the safety of people who lived in the home. Incident and accident records showed that issues were addressed quickly, recorded

and investigated to find the cause. There was evidence of actions taken to mitigate future risks. For example, in relation to a skin tear there were immediate actions outlined for staff to undertake. The identified the theme and trends to help mitigate future potential risks. Learnings lessons from accidents and incidents was shared with the staff team through meetings and at daily briefings.

- Risk assessments and care plans were reviewed to ensure they remained up to date and met the person needs in reducing the risk.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 that pre-admission assessments of people's needs had been completed prior to admission. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life which were important to them.
- Appropriate specialist services had been included in assessing and planning people's care.
- We found that the provider reassessed each person's needs monthly and updated their care plans to ensure they appropriately addressed to people's current needs.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. People and their relatives told us they felt that the care workers had the skills to meet their needs. A person's relative told us, "They [staff] are trained by experienced staff."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and staff told us they found this useful. A staff member told us, "We always get good training here, it is very helpful."
- The provider had a clear overview of the training needs of all staff working at Cherry Orchard. They operated a spreadsheet which detailed the training staff had received. Records showed that training provided included safeguarding, moving and handling, and medicines administration amongst others.
- Staff told us, and records showed, they received supervision to review their work and develop their skills. Staff said the registered manager was very approachable and they felt supported in their work. A staff member told us, "[Manager] is approachable and supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their dietary and hydration needs staff worked in accordance with their care plan. People received a balanced diet and drinks and snacks at regular intervals throughout the day.
- People's nutritional needs were assessed in line with current guidance and legislation. For example, for people at risk of malnutrition, a Malnutrition Universal Screening Tool (MUST) was completed and reviewed monthly. The staff monitored people's weight to assess people who may be at risk of malnutrition, they then made relevant referrals to the Speech and Language Therapist (SALT) and dietitian, as required.
- We observed people enjoyed the lunchtime experience. Menus and small plates of the meals on offer were displayed so people could make a choice. Alternative meal choices were available. Staff supporting people with their meals did so patiently and maintained people's dignity. Snacks were provided throughout the day

and a variety of drinks were available.

- The kitchen team were aware of people's specific dietary needs to manage their medical conditions, allergies, cultural and religious needs and if people required a soft or pureed diet.
- People had access to a varied and balanced diet. People spoke positively about the food they received. Comments included "Food is nice here", and "It is very tasty all the time."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured that people's care plans and risk assessment contained information relating to different medical needs, and there was evidence people's health and wellbeing was regularly assessed.
- Appropriate referrals were made to health care professionals as and when required. We saw records confirming that people had regular consultations and were supported to attend appointments.
- Throughout the COVID-19 pandemic, the staff had adapted how they worked with healthcare teams. They had used technology to arrange virtual assessments for people, to ensure they continued to receive the care they required.
- A health care professional told us the registered manager contacted them appropriately for support. They said staff "Always adhered to advice and guidance" they gave.

Adapting service, design, decoration to meet people's needs

- The building was designed to ensure it met the needs of people. People were able to move freely around communal areas and, in their rooms, as they chose. The décor in the service was homely and was visibly clean.
- The service had a large garden that was well kept. There was a chicken coop for people and relatives to feed.
- We observed people using walking aids, wheelchairs or chair raisers to assist them when mobilising or sitting.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The provider met the requirements of the MCA. Decision specific mental capacity assessments had been carried out for people in relation to their capacity to make decisions about their care and whether they were able to give consent. The provider held best interests meetings for people, which involved the person, their relatives and appropriate healthcare professionals. This helped ensure the care and support provided by staff was in people's best interest.
- DoLS authorisation applications had been made to the relevant authority where it had been identified

that people might be deprived of their liberty. The manager utilised a DoLS tracker to monitor and to ensure authorisations were current and valid and to take action when they were due to expire.

- Staff received training on the Mental Capacity Act which covered obtaining peoples consent prior to delivering any care and the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 had developed positive relationships with staff that knew them well. People appeared comfortable and relaxed with the staff that were supporting them.
- Relatives provided complimentary feedback about the service and the staff. One relative told us staff knew their loved one, saying "They [staff] know [person] likes to talk about fishing or football, and they are really well cared for."
- We observed staff treated people in a kind, caring and respectful way. People enjoyed talking with the staff.
- People told us they liked living in Cherry Orchard. One person said, "The staff are very nice, the majority of them talk to me nicely." Another person told us they knew all the staff and that they were, "Very good". A third person said "They look after us well."
- Staff ensured they explained what they were doing and sought people's consent when offering support. They were aware of people's diverse needs and provided support appropriately to each individual. One staff member said, "I always talk to residents when supporting them and also get their consent." Another staff member said, "I always knock on their door, and, wait for their response before I go into their room."

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

- People had been involved with the decisions and choices about their care. People had the opportunity to share information about their life history and care preferences.
- Staff gave people choices about their support and involved them in all decisions about their care and lives. They gave people information to make informed choices and respected the decisions people made.
- People told us they were involved in their care. One relative said, "They (Staff) all know her well and what (person) likes, they are kind and polite to them."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. We observed staff throughout the day, treating people with respect and consideration.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.
- Staff told us they respected people's dignity and the importance of making sure people were comfortable.

We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which took account of their needs and preferences. People who used the service, and those who knew them well, had been included in planning their care and support.
- When a referral was made, a trained staff member met with the person and their relatives to assess their care needs with them. This included what they would like to gain from the services provided and their desired outcomes. From the assessment a person-centred care and support plan was agreed with them and their relatives, as appropriate.
- People's care plans were detailed and held sufficient information and guidance for staff to ensure they met people's personal preferences. Guidance included how to support people when they were well and signs that may indicate they are becoming unwell.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirement of the AIS. Care plans included information about people's methods of communication and/or preferred language. For example, one person spoke Polish, the provider recruited a Polish speaking care worker to better the person's needs.
- The clinical lead understood their responsibility to comply with the AIS to ensure that important information about the service provision would be given to people in accessible formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a programme of activities led by two activities co-ordinators. We observed people participated in 'What's in the newspaper?' activities. The activities co-ordinator spoke to them in a polite manner, and, praised them for completing the activity.
- The service had a large garden and we observed staff and people were encouraged to spend time outdoors. The garden had raised planters, where people could see the flowers that were being grown.
- The registered manager had followed government guidance on visits to care homes throughout the pandemic. When visiting was not possible, people were supported to use technology to contact their relatives.
- People were asked what activities they enjoyed and were supported to follow them. The activities co-ordinator showed us a document on each resident detailing the activities they like to do. The document

shows the importance of people enjoying meaningful activities of their choice.

Improving care quality in response to complaints or concerns

- A complaints process was in place. Records showed that any complaint received was dealt with in line the complaints policy. One person said "I'll speak to my carer for complaints".
- Relatives told us they knew how to raise a complaint and felt confident any concerns would be listened to and acted upon by the management team. One relative said, "Any issues I have, I will go straight to the manager or a nurse".

End of life care and support

- People received care at the end of their life that met their needs and preferences. At the time of inspection two people were receiving end of life care. Arrangements were in place which set out how these people were to be cared for according to their wishes. Plan confirmed that discussions had happened with families, and, consultations with their preferred places of worship.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- Feedback from people who used the service and relatives was complimentary about Cherry Orchard. Both people and their relatives told us they were satisfied with the care they received and would recommend the service to other people. One relative said, "[The manager] is very open and welcoming. I've been to see her in her office several times. She's kind and generous, I like that [my relative's] being looked after". One person said, "Nothing could be better [about living here]".
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner.
- Staff were positive about working for the service and how they were supported in their work. A staff member told us, "I've been here for a long time, management are very approachable and if I need to talk to [provider], they always listen." Another staff member said, "[The registered manager] is a good manager, she talks to everyone. If you have a problem, you go to her and she tries her best to sort it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the ongoing review and monitoring of the service.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.
- The provider and registered manager understood their responsibilities under the duty of candour. The provider and registered manager had been open and transparent with people when incidents occurred where the duty of candour applied.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

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

- The provider and registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- The provider had a robust system to monitor, assess and drive improvements to their service. These audits included medicine management audits, health and safety audits, premises and equipment audits, infection control audits, staff dependency tools and incident and accidents. Where actions had been identified this informed an action plan. Recent premises and equipment audits had identified few minor repairs were needed. This was completed by the maintenance team.

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

- The provider sought feedback to improve the service. People, relatives and staff were asked to complete a survey to enable the provider to learn from feedback and find ways to continuously develop the service.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.
- Staff received an annual appraisal, regular supervision and there were staff meetings that covered priorities such as COVID-19 and PPE, training including infection control, high-risk health & risk assessments.
- Staff told us they felt happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The provider gave information that kept people using the service, relatives and staff informed of updated practical information such as guidance on keeping safe guidance and good PPE practice.
- There were policies and procedures regarding how to continually improve and work in co-operation with other service providers.
- Internal service improvement plans contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them. There were also external quality visits that reported on performance based on the five CQC key questions.

Working in partnership with others

- The service worked in partnership with other agencies and health professionals who spoke positively about the service. They were complimentary about their interactions with staff, communication and documentation in the nursing records and the professional knowledge of staff. One healthcare professional told us, "They [Cherry Orchard staff and managers] are approachable and kind, they are our first contact for any referrals".
- During the pandemic they had adapted how they contacted other agencies to seek advice and support for people. For example, they arranged video, or, telephone conference meetings with health professionals.