

Nightingale Residential Care Home Ltd

Cherrydale

Inspection report

Springfield Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherrydale is a residential care home without nursing providing personal care and accommodation to up to 22 older people, including people living with dementia. There were 12 people living at the service at the time of our inspection.

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

There had been improvements to the safety of people's care, these changes were still being embedded and further improvements were required to the safety of medicine administration and infection prevention and control measures. People told us they felt safe living at Cherrydale. Thorough health and safety checks were taking place on equipment and the environment.

People's needs and choices were assessed and planned for, and their preferences had been considered. Staff were safely recruited and inducted. They had access to training and supervision to ensure they had the skills to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made to quality monitoring systems and work was ongoing to embed these changes with some further improvements required. People's records contained accurate information about their care and support needs. The provider was aware of and acted upon their duty of candour. People and staff were given the opportunity to feed back on the service. The service worked well in partnership with health and social care professionals.

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

The last rating for this service was inadequate (published 4 November 2022) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 5 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. For

those key questions not inspected, we used the ratings awarded at the last inspection of these to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherrydale

Detailed findings

Background to this inspection

The inspection

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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and an Expert 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

Cherrydale is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherrydale is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 4 relatives about their experience of the care provided. We observed people receiving care. 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 spoke with 5 members of staff including the registered manager, senior carer and care staff. We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 3 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate At this inspection the rating has changed to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- One member of staff responsible for administering medicines had not had their competency checked to ensure they did this safely. We raised this with the registered manager who addressed this immediately following the inspection.
- Improvements had been made to the safety of administering covert medicines. The administration of covert medicines had been reviewed and detailed information was included in people's care plans about how to administer covert medicines safely, this included guidance from the prescriber.
- Medicines were ordered, stored and disposed of appropriately. Staff completed medication administration records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Some people were supported with PRN medicines which are medicines prescribed to be taken as and when needed. There was clear guidance in place for staff explaining when and how to administer these.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff administering anti-coagulants were not aware of the risks associated with these medicines if people were to fall or injure themselves. The registered manager told us they would address this with staff to ensure they are aware of the risks.
- Risks associated with people's care were well managed. Previously risks to people's health had not always been assessed or mitigated. Since the last inspection the provider had made improvements. For example,

where people had risks associated with eating and drinking, referrals had been made to Speech and Language Therapy (SaLT) and guidance was readily available to staff about how to support people to eat and drink safely. We observed this guidance was followed and staff knew when people had risks associated with their care and how to mitigate these.

- People had the correct equipment to help support them safely. At our last inspection people were sitting for long periods in inappropriate slings which risked their skin integrity and unsafe equipment was being used to support people to mobilise. At this inspection slings people were sitting in were designed for prolonged use and the unsafe equipment had been removed.
- Improvements had been made to safety monitoring. Previous risks had been addressed relating to the water system, hot water temperatures and window restrictors. Measures had been put in place to ensure these were monitored effectively.
- We observed people being transferred safely between seats. Staff communicated with each other when using equipment and offered reassurance to the person they were supporting whilst ensuring they were comfortable.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and the management team investigated incidents and shared lessons learned. For example, following a fall, one person had equipment put in place to reduce the risk of this happening again.
- Tools for assessing risks to people were used effectively. The Malnutrition Universal Screening Tool (MUST) and the Waterlow Assessment Tool for risk of pressure areas were used by staff to help manage risks to people and were regularly reviewed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were appropriate numbers of trained and supervised staff at the service to support people in a safe way. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staffing levels had been reviewed and there were now sufficient numbers of staff on duty to provide safe care. People said they do not have to wait long if they require support. One relative told us, "There are enough staff and they are well trained and know what they are doing." Another relative said, "On the whole there are enough staff and they seem to cope well."
- Staff also told us that they had time to care for people safely. One member of staff told us, "Shifts have changed so night staff can help [in the mornings] and we can help them. It is a lot better now with that."
- There were enough staff available to support people with meaningful activities, including those cared for in bed. A new activities co-ordinator had been employed and we observed people were engaged and offered a variety of activities to provide mental stimulation.
- Staff were recruited safely. New staff members underwent appropriate checks, including verification of identity, references from previous employers and the Disclosure and Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- Staff did not always wear PPE in line with government guidance. We observed some staff including the registered manager not wearing face masks correctly and in accordance with current guidance. We raised this with the registered manager who addressed this immediately during the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visits for people living at the home were facilitated in line with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. People and their relatives told us they felt safe living at Cherrydale. One person told us, "They make me comfortable here." A relative said, "Oh gosh yes, [person] is safe, they love it there."
- Staff had a good understanding of their roles and responsibilities in relation to safeguarding and received training in this area. One member of staff told us, "I would inform the manager and call external bodies [if necessary]. There is information on the board for the [local authority] safeguarding team."
- We reviewed safeguarding records and found concerns had been appropriately investigated, responded to and information was shared with the relevant organisations including the CQC and the local authority.

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.

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we found effective MCA systems were not in place. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's care was now provided in line with the principles of the MCA. The manager was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. DoLS had been applied for appropriately when people had been assessed as not having capacity for aspects of their care and support.
- People told us they were given choice and our observations of people's care supported this. Staff asked people what they would like to eat and drink as well as what activities they wished to take part in. A relative told us, "[Person] can make their own choices...staff get her up when [person] wants to."
- Mental capacity assessments had been completed with people where staff were unsure whether or not they had capacity in relation to an aspect of their care. Where people were found not to have capacity to make decisions, best interest decisions were carried out involving relevant people including families and professionals where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the management team prior to them moving to the service to ensure that Cherrydale was able to meet their needs. Assessments from health and social care professionals were also used to plan effective care.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, people who were at risk of falls had equipment put in place to help reduce the risk.
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met. For those people living with dementia this included how dementia affected them and how to best support them with this.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary skills and knowledge for their roles. Staff received all the training they required to meet the needs of people they supported.
- A relatively new member of staff told us, "They prepared me for quite a long time, first 2 weeks I was getting to know my way around, residents, values and culture of the home, medication and how it is done. In the third week I was doing it myself."
- People and their relatives spoke positively about the competence of the care staff, one relative told us, "The staff have the necessary skills. They are caring and treat [person] with respect and dignity." Another relative said, "The staff seem to be well trained... They do act on things and quickly."
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations as well as identify areas of learning and development.

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

- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank.
- People who required their food or drink to be a certain consistency had it prepared for them in the correct way and there was clear guidance in place for staff regarding this.
- Feedback about the food provided was positive. One relative told us, "There is plenty of food and they are well fed there." Another relative said, "I am happy with the food it is nutritious and the menu is good."

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

- People and their relatives told us they were supported to access healthcare services when they needed to, and records supported this. One relative told us, "If there are any problems, they will get a nurse or a doctor." Another relative said, "They would call a doctor if needed. All [person's] healthcare needs are met."
- The care staff and management team worked closely with health and social care professionals and kept records of any interactions with them. They followed up any concerns they saw or were reported to them and recorded actions taken. For example, we saw that someone's care plan included information from health professionals about how to effectively support someone to manage their diabetes.
- People's oral health needs were assessed, and they were supported to access dental services. Staff supported people with their oral care and promoted good oral hygiene.

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

- People and their relatives told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own decorations, pictures and ornaments.
- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care
At our last inspection the provider had not ensured systems or processes were established and operated effectively to monitor the quality of care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, improvements to quality monitoring were still in the process of becoming embedded.

- We found that medicines audits had not identified that a member of staff administering medicines had not had their competency to do so assessed. The registered manager told us this would be included in medicines monitoring going forward.
- Further improvements were required to the quality monitoring of care plans. Audits in place had not identified one person's care plan contained inaccurate information about risks relating to their care.
- Action had been taken by the provider to address the issues found at the previous inspection. The provider had made an action plan following the previous inspection and this had been followed. There were no longer any breaches of regulation at the service.
- Several auditing tools were used effectively to assess the environment and staff training. Any issues identified through these audit processes were added to action plan with a time scale to action them.
- Improvements had been made to the monitoring of health and safety at the service. This included daily checks carried out by senior staff to ensure the environment was safe for people.
- Feedback from people, relatives and staff was positive about the registered manager. One relative told us, "It is well run. Definitely better than before and the staff are different, but they are all very good." Another relative said, "The manager is nice and friendly, capable and approachable."
- There was a positive culture at the service and staff told us they enjoyed their work. Comments from staff included, "I would be happy for family or a friend to be here. I think we all work well together and are very respectful."
- The management team understood and demonstrated compliance with regulatory and legislative requirements.

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

characteristics; Working in partnership with others

- There was a positive atmosphere at the service. During the inspection children visited from a local primary school. The registered manager told us the children visited regularly and we observed warm and friendly interactions between people and the children visiting them.
- Residents' meetings were taking place regularly and gave people the opportunity to give their views about the menu and activities they would like to try.
- Relatives said they had the opportunity to feedback about their care when they wanted to but there had been no formal process of collecting feedback from relatives since our last inspection. The registered manager told us this would be taking place very soon.
- There were regular team meetings when staff were encouraged to contribute their ideas and staff told us there was good teamwork at the service. One member of staff said, "Yes, I feel listened to [by management]." Another member of staff told us, I can speak to [registered manager or senior carer] and they are very approachable and responsive."
- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed.

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 manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care. A relative told us, "If I am worried about anything I can just ask and they deal with it."