London And Manchester Healthcare (Romiley) Ltd

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Cherry Tree House is a purpose built three-storey care home owned by London and Manchester Healthcare (Romiley) Ltd. It provides nursing care for up to 81 people. Accommodation is provided across three units. Bramhall Unit, situated on the ground floor, and Romiley Unit, on the third floor, catered for people who needed nursing care. Marple Unit, which predominantly supported people living with dementia, was situated on the first floor. All bedrooms are single occupancy with ensuite toilet and shower facilities. The home has a secure garden and off road parking is provided. There were 77 people living in Cherry Tree House at the time of our visit.

This focused inspection was carried out over one day on 12 October 2017 and was unannounced.

The inspection was prompted by notification of an incident following which a person using the service died. This incident is subject to an investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of choking. This inspection examined those risks.

We last inspected the service in November 2016 where we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The identified breach was because a new manager was in post and we needed to see evidence that longer term, consistent and sustainable good practice and management of the service had been maintained. During this inspection we looked to see if the consistent management of the service had been maintained. We found the breach in regulation had been met.

The service had a registered manager in place. A registered manager is a person who has been 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.

Staff spoken with and training records seen confirmed that appropriate and regular training was taking place to make sure staff had the appropriate knowledge and skills to carry out their job roles effectively.

Staff were receiving formal supervision on a consistent basis.

We saw records that identified individual people at risk of potential choking and, since the incident the registered manager had reviewed each care plan to make sure all relevant information was available to support staff should a choking incident occur, including clear directions on the action to take based on professional medical advice.

At the time of the inspection new medical equipment (suction machines) had been provided in the event of a choking incident.

In addition, introduced on the day of our inspection was a Clinical and Care Equipment Training Booklet for Nurses and Senior Assistant Practitioners (SAP's).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good

The service was effective.

Staff received training and regular supervision.

Meals were prepared in accordance with people's choices and assessed needs.

People had access to external health and social care professionals that supported and provided people with appropriate treatments when required.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Specific training had been introduced to make sure those staff with the responsibility for using medical equipment either as part of the daily support of people's health or, in an emergency situation, had the knowledge, skills and training to use the equipment safely and effectively.

Cherry Tree House

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 was planned to check whether the provider had taken appropriate and effective action following a recent choking incident where a person using the service subsequently died. We also checked that the service 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 October 2017 and was unannounced. Two adult social care inspectors undertook this inspection.

At the inspection we spoke with the registered manager and the nominated individual who is also the director of quality and compliance.

We reviewed the staff training records to ensure staff had received first aid training that included Cardio Pulmonary Resuscitation (CPR) and dealing with potential incidents of choking. We also looked a duty of candour, which looks at action taken by the provider following incidents to help prevent them happening again and systems in place for monitoring the wellbeing of people using the service. We toured the home and spoke with the nurses in charge of the units to talk through the arrangements in place to help prevent and minimise the risk of people choking.

We observed the lunchtime meals being served on Romiley unit. This was done to ensure those people who may have swallowing difficulties were receiving appropriately prepared food to mitigate the risk of choking.

Good

Is the service effective?

Our findings

We asked the registered manager if they were confident that the nursing and care staff had the right skills and competence to support people with their care needs, especially in light of the recent choking incident which resulted in the death of a service user. The registered manager told us that action had been taken to ensure all staff understood their role in effectively maintaining people's health, wellbeing and safety. This involved ensuring that all staff had received updated training in areas such as safeguarding vulnerable people, medicines management and first aid, including dealing with choking incidents and cardio pulmonary resuscitation (CPR).

Nursing staff and care staff spoken with confirmed they had access to regular training and were supported with regular supervision, including clinical supervision for the nurses, carried out by the registered manager.

Training records provided indicated that all staff had or were in the process of completing mandatory and refresher training. Some of the training also included both theory and practical learning, for example, moving and handling, first aid and fire awareness. New staff who have no previous experience of working in health and social care had been placed on the Care Certificate training course, which is a professional qualification to equip people with the knowledge and skills which they need to provide safe and compassionate care. We saw evidence of staff who had completed this training.

The registered manager provided us with the training timetable up to December 2017. Training from October to December included; managing aggression, moving and handling practical, catheterisation male/female and basic life support, and Venepuncture. The registered manager reviewed the training matrix (record) on a weekly basis to check the training that had been completed and actions to be taken to address any identified needs.

We saw that the service had a supervision policy and supervision was being carried out on a consistent basis. We were provided with evidence of the regular visits to the service by the quality and compliance director. This included carrying out audits and checks of documentation held relating to both people using the service and members of the staff teams. We could see that in August 2017 the quality and compliance director checked if supervision was being carried out and identified areas for improvement. This meant that staff were supported to maintain their knowledge and skills to make sure that the identified needs of people who used the service were being appropriately and safely met.

The Care Quality Commission (CQC) is required by law to monitor the operation of 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 decisions on behalf of people who may lack the 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.

Capacity assessments had been carried out on all people who used the service and the decision recorded in

care files. Where appropriate, applications for DoLS had been made and a central log of applications was kept, detailing the date of application, when the authorisation was granted and when it was due to expire. The registered manager and unit managers were able to demonstrate a good understanding of the legislation to ensure that people's rights were protected.

We saw records that identified individual people at risk of potential choking. We looked in depth at the care plans and risk assessments of two people who used the service, who were at high risk of choking. This was to check whether all reasonably practical action had and was being undertaken to minimise any risks and how this was recorded and monitored. A care plan is a document that contains written information that sets out a person's individual care and support needs and how they will be met. A risk assessment is information put in place about how a person's health, safety and wellbeing will be monitored and identified risks mitigated.

Each person using the service had an individual care file held on the unit they lived on. The care plans and risk assessments we looked at were held on these files and were reviewed by nursing staff on a monthly basis. The registered manager told us that where it was identified a person was at risk of choking a referral would be made to the Speech and Language Therapist (SALT) to obtain an assessment and to identify how support should be provided to the person to maintain their safety when eating and drinking. We saw evidence of such referrals in the care files we looked at.

On one care plan file, it identified that on admission to the service, the person was at risk of choking. Relevant documentation was in place to inform staff that this person had a potential risk of choking and was to be provided with 'thickened fluids' and a 'mashable' diet. Care staff we spoke with were able to confirm this information and were aware of the needs of this person in order to minimise and mitigate the risk of choking. Care plans and risk assessments had been reviewed on a monthly basis. We saw that a choking risk assessment had been put in place on 10 July 2017 which identified the person as being at high risk of choking.

On another care plan file, it identified that, following admission to the service, the person was assessed by the SALT and placed on a soft food diet with an allergy for certain meat products also being identified. Care staff we spoke with were able to confirm this information and were aware of the needs of this person in order to minimise and mitigate the risks of choking. Care plans and risk assessments had been reviewed on a monthly basis. We saw that a choking risk assessment had been put in place on 8 August 2017 which identified the person at being of high risk of choking.

To ensure people were being provided with a diet that met their assessed needs, especially where there was a potential risk of choking, we observed the lunchtime meal being served on Romiley unit. We chose to observe the two people whose files we examined to make sure the meals provided were as stated in their nutritional care plan and risk assessments. Meals were prepared by an outside caterer and delivered to the service on a regular basis. For those people on particular or special diets, these meals were prepared individually. A member of the catering staff brought in the meals in a heated trolley and began to serve meals so staff could hand them out. We checked the meals that had been provided for both people whose care plans and risk assessments we had seen were appropriate. One was a 'mashable' meal and the other a 'soft' meal as identified as a requirement in their individual care plans, appropriate meals had been provided.

Staff also had a colour coded list that clearly identified each person who was in need of a particular diet to meet their identified needs. We observed staff checking this list to make sure only appropriate food was served in accordance with the persons identified diet. We also observed staff gently assisting those two

people we knew were at risk of choking.

The quality and compliance director informed us that the provider had engaged the services of a speech and language therapist who was available to support the service on one day per week. This would enable staff to raise questions about maintaining effective support to people with poor dietary intake due to swallowing difficulties and at risk of choking.

We saw that all care plans relating to people who may be at risk of choking had been updated to include clear directions to staff on the action to be taken should the person begin to show signs of choking. This information was following guidance provided by the St John's Ambulance Service. Clear directions had also been placed on all units for ease of access by staff.

Introduced on the day of our inspection was a Clinical and Care Equipment Training Booklet for Nurses and Senior Assistant Practitioners (SAP's). This training comprised of nine individual units relating to use of; pressure mats/pads, blood pressure machines, blood glucose monitoring devices, use of syringe driver (nurses only), use of SATS machine, use of stethoscope, use of suction device (nurses only), use of nebuliser and use of body temperature thermometer. The assessment criteria included skills, knowledge, assessor/competency checks, self-assessment evidence and assessor's evaluation. Such training would help to make sure staff understood their role in providing safe and effective care when using medical and other equipment for the care and wellbeing of people who used the service. We were told this training would be completed by 10 November 2017 and a copy of the completed training records would be sent to the Care Quality Commission.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection a Registered Manager was in post and was available throughout the time of the 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in November 2016 where we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The identified breach was because a new manager was in post and we needed to see evidence that longer term, consistent and sustainable good practice and management of the service had been maintained. During this inspection we looked to see if the consistent management of the service had been maintained. We found the breach in regulation had been met.

We looked at what systems were in place to assess, monitor and mitigate the risks relating to the health, safety and wellbeing of people who used the service.

Each day at about eleven o'clock a meeting is held with the registered manager and all the heads of departments. We attended this meeting on the day of our inspection and heard about any issues that had arisen overnight and the sharing of information about the care and welfare of people who used the service. Everyone was asked whether they had anything to report and most people contributed. The maintenance supervisor advised that someone was visiting the home the following week to service all the wheelchairs and asked that all the wheelchairs be available. The food supervisor also asked that any changes in any person's dietary requirements to be passed to the catering team immediately so that the correct food could be provided.

At our previous inspection of the service in November 2016 we found that effective quality checks had been introduced and undertaken to drive continuous improvement for the benefits of people who used the service. All senior and management staff had their own particular responsibility for carrying out daily, weekly and monthly audits of service provision. We saw that any areas of concern identified had been recorded and where needed action taken so that the quality of care provision was not compromised.

In our discussion with the registered manager and the quality and compliance director they provided us with lots of relevant information about the new auditing processes they had put in place in order to closely monitor the service and to ensure people's wellbeing was maintained and improved.

We saw that the quality and compliance director was carrying out regular visits to the service to support the registered manager and staff. We saw evidence of their various audits conducted during their visits which included audits in relation to each regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In our discussion with the quality and compliance director, who is also the nominated

individual for the service, we were informed that their visits to the service had increased since the incident, to make sure all staff were receiving support.The staff we spoke with during the inspection confirmed they felt supported by the management team.

The provider had taken positive action in obtaining the services of a Speech and Language Therapist (SALT) to provide support to the home on one day per week. This meant guidance could be obtained by staff should they have any concerns about a person's dietary intake due to potential swallowing difficulties.

We looked at what action had been taken by the provider and registered manager to mitigate the risks relating to the health, safety and welfare of people who used the service following the recent choking incident.

Unit managers had been instructed to carry out weekly audits on each of the three new suction machines to ensure that this equipment was working properly and available for use at all times. These checks would commence on Monday 16 October 2017 and the registered manager confirmed that a copy of the first completed weekly check of equipment would be sent to the Care Quality Commission. Following our inspection, we received completed copies of the records of weekly checks of the suction machines.