

Cherry Wood Grange Chelmsford Limited

# Cherry Wood Grange Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherry Wood Grange is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 54 people living at the service. Care is provided over three floors. The top floor accommodates people with nursing needs, the middle floor specialises in providing care for people with dementia and the ground floor accommodates people with personal care needs.

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

When we last inspected this service in February 2020, we found that some of the systems in place to monitor the quality and safety of the service were not effective and risks to people were not always safely managed. People had not always been involved in reviewing their care, and care records were not always personalised. A few months after the inspection, a new registered manager was appointed.

The number of safeguarding alerts had reduced since the arrival of the new registered manager. They were working well with external professionals to investigate and resolve outstanding concerns.

The feedback we received during our inspection combined a positive view of the new registered manager and the changes that had been made. One person said, "There is enough staff. There was one staff member who was a bit abrupt, I told the manager and I have not seen her since. I love it here, I am never leaving." A staff member said, "It's a lot happier here now. Sometimes staff haven't always got on at times, but that has been resolved. The management has sorted this out now."

The new registered manager had put in place systems to monitor the quality and safety of the service, we found these to be effective. The registered manager had introduced measures to learn from incidents and to look at how they could improve the service.

Since the last inspection, people's care records had been updated and reflected people's needs and preferences. People and relatives were involved in reviewing care.

The way people's medicine was managed had improved. Audits were in place and carried out routinely. People received their medicines as prescribed and were supported by staff who had received the appropriate training.

The registered manager had started to address the concerns we had raised at our last inspection. They had a practical, person-centred approach which was making a difference to the care people received. Although the registered manager had made positive changes and staff and relatives spoke highly of them, we would need to see a stable management team in the future to ensure improvements are sustained. At the time of the inspection, the provider was recruiting for a clinical lead for the home and told us a person had been recruited and would be starting shortly. A senior nurse was providing an oversight of the clinical care in the interim. The registered manager had a good understanding of the health needs of the people at the service.

Feedback was particularly positive about how well the registered manager was communicating with people, families and staff. One relative said, "Communication is excellent if they have any concerns or need to report anything to us. The care on the dementia floor is brilliant." Another relative said, "The staff are very good at trying to motivate people. I have seen staff go and sit with people who are sitting on their own to check if they want any company." Another relative said, "I am impressed with the strategies the staff use. The staff never seem to rush."

We found the risk from the spread of infection was well managed. People's care was well-planned, and staff minimised risks to people's safety. The administration of medicines had improved.

There were enough staff to keep people safe. The registered manager was working well with the staff team to improve staff turnover and morale.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The registered manager promoted a person-centred approach to managing restrictions resulting from the covid-19 pandemic. They communicated well with people and families to explain the restrictions.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 March 2020). After the last inspection, the provider completed an action plan 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.

Why we inspected

Our data indicated that the provider did not have effective systems in place to keep people safe. We also had concerns about the turnover of registered managers within the provider's service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. Therefore, we did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

We considered how well the provider had responded to the concerns and breach found at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Wood Grange on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor the information we receive about the service, and we will carry out an inspection if we receive any concerning information indicating that people are not safe.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Cherry Wood Grange Care Home

## **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.

#### Inspection team

One inspector and a nursing specialist advisor visited the service on 27 October 2020. We limited the amount of time spent at the service to minimise risk.

We spoke with four people, and seven staff. An Expert by Experience rang and spoke with five family members. 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 Wood Grange 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.

A few weeks prior to our inspection, the new manager received their registration certificate with the Care Quality Commission and so is referred to in this report as the registered manager. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We rang the registered manager to announce our inspection. This helped us to discuss with them how best to minimise the risk of infection at the service.

### What we did before the inspection

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 took this into account when we inspected the service and made judgements in this report.

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 all of this information to plan our inspection.

### During the inspection

We focused on speaking with people who lived at the service and observing how they were cared for. Where people at the service were not able to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We also spoke with four people.

We spoke with the new registered manager, the business manager, a senior staff member, and seven care staff.

We viewed a limited number of key records as we were minimising our time at the service.

### After the inspection

We received additional information from the registered manager, as requested and spoke with them on the phone.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

- At our last inspection we had concerns that risk was not well managed at the service. The new registered manager had acted quickly and put systems in place to make sure people were safe.
- When a change in someone needs had occurred, the risk assessment was reviewed, and additional measures put into place. For example, one person could not be weighed, so measurements of their mid upper arm circumference (MUAC) were taken periodically, and reviewed to ensure this person was not losing too much weight.
- Before the inspection we had received concerns about care for people to help them maintain their skin integrity. Staff had recently been given updated training in pressure care and could explain the signs to look out for.
- At the time of the inspection, people were turned periodically and pressure relieving equipment was in place. The registered manager told us all staff had recently completed pressure care refresher training. One member of staff said, "I have had pressure ulcer training recently, so I know how to spot the early warning signs. [Name] isn't mobile, so their skin is likely to break down. They are on two hourly turns. If we see anything, we report it. We always reposition [Name]. They have a boot and you have to put a pillow in a certain position to make sure their foot isn't touching the mattress. We have to fill out a record when we have repositioned and checked the person. We have to explain what equipment we have used and what position the person is in."
- The registered manager had reviewed the weights for all the people at the service and taken action where necessary. A person had started to gain weight after staff had involved their GP and made a referral to a dietitian.
- We observed staff prompting people to drink, helping to minimise the risk of dehydration. People had personalised care plans which gave staff guidance on the specific support needed with fluids.

Using medicines safely

- At the last inspection we found medicines were not always given safely. On our return we found there had been a marked improvement and people received their medicines as prescribed. No one reported having any concerns about medication. Medicines were given in the right way and at the right time.
- We observed medicines being given by a nurse. This was done both sensitively and safely with care taken to ensure infection control safeguards were in place. The detailed knowledge the nurse had regarding the needs of the residents meant the administration went smoothly and safely.
- People had detailed care plans outlining the support they needed to take their medicines. Staff completed legible and accurate medicine records.
- Medicines were stored and disposed of safely.

- Senior staff carried out robust checks which ensured they had a good oversight of the medicines people had received.

#### Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their safeguarding responsibilities. They had been working with external professionals to resolve a number of concerns.
- People were encouraged to maintain contact with their families, despite the restrictions from the covid-19 pandemic. Relatives described how contact with family members provided reassurance about their safety. A person told us, "Yes, we use the phone, we can keep in touch with our families."

#### Staffing and recruitment

- When we inspected, we found there were sufficient staff on duty to keep people safe. Feedback from relatives and staff confirmed there was enough staff. A staff member said, "The atmosphere and the staffing levels are so much better,"
- We observed staff responding to people when they needed help quickly. People told us that it didn't take long for staff to respond to them. One person said, "Sometimes you have to wait a short while for a call bell but it's never too long."
- Staff had started working better as a team. A staff member told us, ". People work hard to make sure people are well looked after. We have enough staff at night. The new manager is very nice, there have been changes there have been more things happening, she is a very nice person and is easy to talk to. She is doing a very good job."
- Recruitment of staff continued to be safe.

#### Preventing and controlling infection

- All relatives we spoke with reported being impressed with the measures that had been put in place. They said the service had taken this very seriously and was adapting and reacting as necessary to keep residents, staff and visitors as safe as possible. 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.

# 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 the last inspection this key question was rated as requires improvement. We also found a breach of regulation, because the management was inconsistent, and the culture they created did not always support the delivery of high-quality, person-centred care.

At this inspection we found the service had improved and was now good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found robust systems were not in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At this inspection, we could see the new registered manager had made a positive impact in a short period of time. However, more time was needed to be sure the provider could achieve a period of stable leadership and maintain the recent improvements.
- Just before the inspection the clinical lead for the service had left. This means that there was a lack of oversight of clinical decisions. Following the inspection we contact the nominated individual who provided assurances that a new clinical lead had been appointed and would be starting at the service shortly.
- The Clinical Commissioning Group (CCG) told us that the local GP had previously had some concerns about the clinical oversight at the service, but that this had been resolved.
- Everyone told us they were impressed with the way the service used technology to keep people in touch and share activities that have taken place. Especially as no face to face visits had been permitted. Consent had been sought from people and families to put photographs of residents on there.
- Feedback from relatives was overwhelmingly supportive of the changes that had been made. One relative said, "I am 98% happy and do feel [Name] is getting excellent care." Another relative said, "Communication has been excellent. If they have any concerns or need to report anything to the family." Another said, "We reviewed the care plan recently; it was very long and covered so much and everything appeared to be tailored to her individual needs."
- Relatives and people were very positive about the recent changes to the management team. One person said, "I was very upset about my mother and [Name of Registered Manager] sat me down, explained a few things and really supported me through it" Another relative said, "If you leave a message for [Name of registered manager], they will always get back to you." Another said, "You can always tell when you have a good manager because you have happy staff."
- When we last inspected, we found the service did not have effective systems in place to monitor quality

and safety. Audits had failed to identify the issues that we found. Audits and governance systems were being used effectively, and monitored the quality of the service, over a number of key areas.

- Systems had been put in place to monitor people's health and ensure people received their medicine on time and in the right way. The registered manager told us they had received support from the CCG, and that this had helped them to settle into their new role and could start improving care at the service.

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

- Staff said they felt supported by the registered manager. One member of staff told us, "The management are really good they listen and look after us. It's a lot happier here now. Sometimes staff haven't always got on but that has been resolved. The management had sorted this out now."

- People and relatives spoke positively about the culture of the service. One person said, "It's very good, the food is good. There was one staff member at night who was a bit abrupt. I told the manager and I have not seen them since. I love it here, I am never leaving."

- The service continued to award staff when people had felt they gone above and beyond in their support.

- When accidents or incidents had taken place, the service had notified the CQC and involved key professionals.

- Since the pandemic had started, the registered manager had recruited additional staff to focus on providing people additional activities throughout the week.

- The atmosphere of the dementia unit was very calm, and staff were attentive to people's needs. The environment of the dementia unit needed improving. The décor of this area was very neutral, and people's doors were plain. For some people living with dementia they may need help with finding and recognising their bedroom. The registered manager told us they had plans to make improvements to this area to create a more dementia friendly environment.

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

- The relatives we spoke with felt the service was a well-run, person centred home offering high quality care. They all appreciated the efforts the staff have gone to particularly during the pandemic and recognise that staff are going over and above to communicate regularly with them whilst keeping their loved ones entertained and safe.

Working in partnership with others

- External professionals told us the registered manager had worked well with them since their arrival at the service. The Clinical Commissioning Group confirmed that the manager had been giving them weekly updates, and that the manager was very proactive. They said, "We do feel assured that the home is always acting in the residents best interest at all times."

- Despite the challenges resulting from the covid-19 pandemic, staff were involving external professionals when needed, for example, referring people for support with pressure care.