

Cherry Oak Care Home Care Home Service

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Unannounced

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City of Edinburgh Council

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About the service

Cherry Oak Care Home is registered to provide care and accommodation for up to 19 residents. The home is a converted Victorian building, located in a residential area to the south-west of Edinburgh. The service had moved to the current building from different premises about 3 months prior to our inspection.

Accommodation is provided over two levels, with access to the upper floor being provided by a lift and stairs. All bedrooms are single occupancy, with eighteen of the rooms having en-suite facilities. One bedroom has sole use of an adjoining bathroom. Communal bathrooms and toilets are situated on each floor. The dining room is on the ground floor and there is a shared lounge on the first floor.

There is an enclosed garden to the rear of the house and a large lawn area to the front. There is a small off-street parking area at the front of the home.

The service states its aim is 'to provide high quality care homes for older people, where the needs and wishes of each person are valued and respected'.

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Cherry Oak experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

What people told us

There were 17 residents living in the home at the time of our inspection. We spoke with 11 residents in detail about their experience and we chatted with, or observed the care of, other residents around the home. We did not manage to see any relatives, or carers, during our visit but received responses to questionnaires from five relatives.

During our visit residents told us about their experiences of living in the home. Their comments included;

'The food is good, much improved'

'Very well looked after'

'Love it here'

'Staff are good, no issues there'

'Staff are wonderful'

Residents talked about the move to the new home. Some residents had been worried about moving, but now that they were in their new home, they liked it. In particular, they liked the spacious bedrooms, large windows and having en-suite facilities in their rooms. Some residents who smoked did not like the lack of an indoor smoking room and would like a more sheltered space outside to smoke. We received mixed views on the food and provision of social opportunities and activities. We told the manager about these views.

We received three completed questionnaires from residents. One response disagreed that there were enough trained and skilled staff on duty at any point and one disagreed that residents were asked for their opinion on how the service could improve. One resident commented that it was a 'very good environment'.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection (SOFI). This observes staff interactions with people and helps us evaluate experiences of people who cannot always tell us what it is like to live in the care home. We saw that two residents had very

different experiences of care. We saw staff enabling one resident to be included in an activity with other residents. The resident enjoyed the activity and was able to participate at their own pace and ability due to the support provided by staff. In contrast to this, we saw that another resident had no contact from staff throughout the observation period. The resident had engaged with the inspector, looking for something to hold and touch, and spent some time folding paper, indicating they had wanted to be occupied and have something to do.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | not assessed |
| How good is our staffing? | not assessed |
| How good is our setting? | 3 - Adequate |
| How well is our care and support planned? | 3 - Adequate |

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated how well people's wellbeing was supported and concluded that there were strengths and some important areas for improvement.

Despite staff being unfamiliar with the Health and Social Care Standards (HSCS) they demonstrated some of the key principles when caring for residents. In particular residents experienced compassionate and respectful care from staff who knew them well. There was one exception to this which we brought to the attention of the manager. The provider should continue to promote awareness of the Health and Social Care Standards within the staff team and how these should be applied to their work, including providing palliative or end of life care.

As part of the preparation to move to the new premises, staff arranged for residents to be supported by an independent advocacy worker. This helped ensure resident's wishes and views were sought and communicated, and they were supported to make decisions about their care and where they wanted to live. Residents and relatives also had opportunities to discuss their wishes at six monthly reviews of their care. The service should build on this consultation work by regularly seeking feedback from residents on their experience of the service and involving them in how this can be developed or improved.

Overall, residents were supported to make every-day choices about their care and where they wanted to spend their time. However, this was constrained by the lack of communal space in areas such as the lounge (see 'How good is our setting?' for further information).

Residents should expect to get the most out of life and have a meaningful and fulfilled social life. The service had recently moved to a new area of the city and staff had started to make links with local resources and amenities and were supporting residents to familiarise themselves with their new community.

Despite not having dedicated activity staff, we saw that, when time allowed, staff organised activities such as dominoes, bingo and a knitting group, along with visiting entertainers. Some residents were enabled to join in at their own pace and ability, whilst others did not receive the support they needed to be engaged and occupied.

We recognised that both residents and staff were still settling in to their new home. However, residents should be supported to maintain and develop interests and be helped to participate in a range of social, recreational and physical activities both indoors and outdoors. Resident's wishes and aspirations should help inform the development of both individual and group activities and social opportunities. We will look at the progress of this at the next inspection.

Residents should expect to have meals and snacks that meet their dietary needs and preferences. The dining room created a pleasant mealtime experience for residents. Staff took measures to ensure mealtimes were as undisturbed as possible. Residents who needed help with their meals were assisted discreetly by staff, at a relaxed pace to suite each resident. Staff monitored residents' risk of under nutrition, which was reviewed by the provider's dietitian on a monthly basis. The dietitian worked with staff in order that residents received the diet they needed, such as increased calories or supplements.

Most residents told us the food was good but some said that it could be better at times. They also said that alternatives were available if they didn't like what was on the menu. Staff knew residents preferences well, however, it is important that choices, including visual choices, are offered to enable residents to select what appeals to them at that time. Modified texture or extra calorie diets should be provided according to residents assessed needs (area for improvement 1).

To provide an accurate reflection of care and treatment provided, and to help monitor residents needs or health conditions, improvements were needed in the completion of charts, such as fluid intake and topical medication charts. Regular oversight of these by senior staff will help promote this and allow for any concerns to be identified (area for improvement 2).

Overall medication was safely managed. Actions had been taken in response to issues identified in pharmacy audits. Improvements were needed in the recording of information relating to medication taken on an 'as required' basis, such as the time administered and effectiveness of the medication. This will help staff provide G.P.'s with information to evaluate the effectiveness and need for the medication.

There were times when there were no staff in the lounge or communal areas with residents, and we saw that, on occasions, residents did not receive support or reassurance from staff when they needed it. The staff were adjusting to being in a new building and the impact that the layout had on the staffing availability to residents. The manager advised at feedback that they had reviewed the deployment of staff and shift rotas, which meant they had been able to increase the staffing levels to help address some of the issues we saw.

There was a clear system for safely handling resident's day-to-day money and all financial transactions were clearly recorded and receipted. The provider should ensure that it has the appropriate authority to hold large balances on behalf of residents in accordance with Adults with Incapacity legislation (area for improvement 3).

Areas for improvement

1. To make sure people's health benefits from their care and support, the provider should ensure residents have meals and snacks that meet their dietary needs and preferences.

In order to do so;

- residents should be provided with altered texture diets according to their assessed needs.
- staff should be knowledgeable about altered texture diets and be provided with training where learning needs are identified.
- information on resident's dietary needs should be easily accessible to both carers and kitchen staff.
- residents should routinely have opportunities to give their views on the quality of meals, food and drink provision, review their preferences and be involved in menu planning.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

2. Care charts should be completed accurately and in a timely manner. This will help staff to monitor residents health conditions, or evidence that aspects of care, such as the application of topical creams, are being carried out in accordance with their assessed needs.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that 'My care and support meets my needs and is right for me' (HSCS 1.19).

3. The provider should ensure that each resident has an assessment of their ability to manage their money at admission and this is reviewed regularly. Where large balances are held for residents, the provider and manager needs to ensure that it has the appropriate authority to hold these on behalf of residents in accordance with Adults with Incapacity legislation.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" (HSCS 2.5) and "I experience high quality care and support based on relevant guidance and best practice" (HSCS 4.11).

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

3 - Adequate

We evaluated how well people benefited from high quality services and concluded that there were strengths but also important areas for improvement.

The service moved premises to the current building in December 2018. In the short period of time since their move, staff had worked hard to help residents get settled in to their new home. There was a warm and homely environment and most of the areas in the home benefited from large windows affording rooms plenty of natural daylight.

Residents told us that they liked the privacy of having en-suite facilities and others said they enjoyed having large windows in their rooms where they liked to sit and watch what was going on outside. Some residents had personalised their rooms with items of their own furniture and cherished possessions. Some of the residents needed help to make their rooms more personal, and staff had started to support them with this.

Residents should expect to be able to use a mix of private and communal areas, including an accessible outdoor space. The design and layout of the building meant that there was a lack of space in some rooms and corridors. The lounge did not have enough space to accommodate all of the residents and, other than the dining room, there were no other communal spaces for residents to spend time in. The staff had already identified this and had created seating areas in resident's bedrooms to try and provide them with alternative spaces to use. The service had plans to create a small seating/TV area in the dining room as another communal area for residents. Whilst acknowledging the limitations presented by the layout of the building, the service should continue to look creatively at how rooms can be utilised. This will make the best use of the space available, in order that residents experience a high quality environment.

The building had external steps leading to the front door but no accessibility ramp. This meant that anyone with reduced mobility, or who used a wheelchair or mobility aids, had to enter the building via the back door, which had a ramp fitted. This did not help promote residents to leave or enter the building independently. Plans to install a temporary ramp to the front entrance were in progress but had been delayed due to a need to apply for planning permission. The manager was regularly reviewing this.

There were plans to develop the gardens to the rear of the home, in consultation with residents, to provide an outdoor space that met their needs and preferences better. Some residents were keen to have a more sheltered space to smoke in. The manager planned to secure the two side gates to the garden to provide a safe outdoor space so that residents were more able to freely come and go to the gardens as they wished.

We used an assessment tool to help identify areas where the environment could be improved for people with dementia. This highlighted that there were some changes that could be made which would help the home to be more enabling for those living with dementia. We shared this with the manager and have suggested that the service also complete this assessment and progress any actions they identify.

A large open staircase near the entrance to the home, led to the first floor lounge and bedrooms, with another small set of stairs leading to bedrooms on the mezzanine level. The open stairs could potentially pose a risk of falling to individual residents (area for improvement 1).

There was a system in place for on-going maintenance checks of the environment, equipment and for reporting repairs. Whilst some checks were being completed regularly, the home still needed to fully develop some systems, such as records of tests on portable electrical equipment and developing a log of all equipment used in the service.

A legionella risk assessment had been completed, which had identified some high and medium risk issues that needed addressed. We asked the manager to inform the Care Inspectorate when the necessary actions had been taken.

We were unable to see records to indicate that thorough examinations, in line with LOLER regulations (Lifting Operations and Lifting Equipment regulations, 1998), had been completed for two items of moving and handling equipment. The manager advised that they had identified this and that the maintenance staff and provider's occupational therapist had checked the equipment and determined it could continue to be used. The service were in the process of arranging for the LOLER examinations to be completed (area for improvement 2).

During the Care Inspectorate variation process for the move to the new premises, some improvements were identified as being needed in order to meet with 'Building better care homes for adults' guidance and best practice guidance in infection control. Whilst some of these have been addressed, the provider should progress the completion of any outstanding actions (area for improvement 3).

Due to the lack of dirty utility (sluice) facilities on the first floor of the home, we have asked the manager to look at the developing a system for the emptying and cleaning of commodes to promote good infection prevention and control practices.

Areas for improvement

1. Due to the potential safety hazards posed by open staircases in the home, the provider should complete an overall health and safety risk assessment and individual risk assessments for the use of stairs by residents. Preventative actions should be taken in response to any risks identified.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state that 'My environment is secure and safe (HSCS 5.17).

2. In order to ensure that moving and handling equipment is safe to use, the provider should ensure that checks and examinations are completed in line with the Lifting Operations and Lifting Equipment regulations, 1998.

This is to ensure that the environment is consistent with the Health and Social Care Standards which state that 'My environment is secure and safe (HSCS 5.17).

3. In order for people to experience a high quality environment, actions should be taken to address improvements needed in order to meet with 'Building better care homes for adults' guidance and good practice guidance in infection prevention and control. These included;

- i) review the laundry provision to provide segregation of clean and dirty linen to prevent cross-contamination and install a designated wash-hand basin for staff, to promote good hand hygiene practices.
- ii) domestic services and dirty utility (sluice) facilities on the ground floor are currently provided in a dual-use room. These should be separated to provide a dirty utility area that is separate from the cleaner's or housekeeper's area for cleaning and storage of housekeeping equipment. A designated wash-hand basin should be provided in the dirty utility room.

When re-locating the domestic services room, consideration should be given to the space available for non-disposable cleaning equipment to be thoroughly cleaned after use, and for the disposal of cleaning solutions. This should include where mop buckets are filled and emptied.

- iii) the communal bathroom should have hand-washing facilities provided and alternative storage sought for hairdressing equipment so that this is kept outwith the shared bathroom.

This is to ensure that the environment is consistent with the Health and Social Care Standards 5.17; my environment is secure and safe and 5.22; I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. This also takes account of the 'Building Better Care

Homes for adults' guidance, Care Inspectorate, 2018 and the National Infection and Control Manual (NIPCM), Health Protection Scotland for the NHS National Services Scotland 2012.

How well is our care and support planned?

3 - Adequate

People who use care services should be confident they will have a well-developed personal plan, which sets out how their needs and wishes will be met. From the care plans we reviewed, we saw that assessment and planning reflected people's needs and wishes to some extent, however, plans were completed to variable standards and there were important improvements needed.

Some care plans contained good personalised information about residents' choices and preferences which would help staff provide care to residents in the way they wished, including their wishes for care towards the end of life.

A document was completed for use in instances where residents went to another care setting, such as hospital. This gave a summary of resident's individual care needs and preferences, and on the whole were well completed.

Residents and relatives were involved in six monthly reviews of their care. This offered them an opportunity to tell staff what their wishes for their care were and to provide feedback on the quality of the care they received.

Life-story work was in progress and had been used to inform some of the care plans. More work was needed to develop and explore with residents their history and how it relates to their current dreams, goals and aspirations.

There were a number of areas where care planning could be improved. We saw several examples where information was not up-to-date, or consistent between different sections of the plans. Care plan audits were completed by senior staff who had identified where issues or amendments were needed. Many of these actions were not completed or amended in a timely manner.

Care plan sections were not evaluated regularly. Meaningful evaluations of care plans are important in helping to ensure that information is current and that care plans continue to meet the needs and wishes of residents.

Whilst the move to new premises had been busy for staff and they had prioritised their time to support residents, some documents had not been kept up-to-date. The service should ensure that care plans are updated when residents care or circumstances change, including information for residents needing palliative or end of life care. This will help ensure that care plans continue to reflect residents current needs and wishes (area for improvement 1).

The assessment and planning of resident's skin care needs needed to improve. Documentation, such as skin risk assessments, were not completed regularly. Some care plans did not include information such as the type and setting of special mattresses, or how often residents needed help to move position. This ensures residents skin is protected from damage (area for improvement 2).

Risk assessments should help to assess and minimise risks for residents. The provider needed to review the range of risk assessments and help staff use them effectively.

Where someone has been legally appointed to make decisions on behalf of residents, regarding their care or finances, the service should ensure that they have copies of all relevant documents which evidence the powers appointed.

Areas for improvement

1. The provider should ensure that staff have access to and use clear, accurate and up-to-date individualised care plans in order to provide care which meets residents needs in a way which is acceptable to them.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15) and "My care and support meets my needs and is right for me" (HSCS 1.19).

2. The provider should ensure that care plans and associated documentation accurately details residents' skin care needs and actions required by staff in order to meet these needs. This must include, but not be limited to:

- i) timely completion of skin risk assessments.
- ii) information on settings for pressure relieving equipment according to individual resident's assessed needs.
- iii) guidance on re-positioning needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1.15) and "My care and support meets my needs and is right for me" (HSCS 1.19).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The documentation for reviews of personal plans should be updated so that there is space for residents or their representatives to sign to say that they agree with the content of the review.

National Care Standards. Care Homes for Older People – Standard 6: Supporting Arrangements.

This area for improvement was made on 8 June 2017.

Action taken since then

The documentation which records 6 monthly reviews has some space to allow for those involved to offer their views and to sign that they are in agreement with the contents of the review.

Previous area for improvement 2

The provider should ensure that all staff receive regular planned supervision to allow for discussion on staff practice, training needs and development, in line with the organisation's policy.

National Care Standards. Care Homes for Older People – Standard 5: Management and staffing arrangements.

This area for improvement was made on 8 June 2017.

Action taken since then

Staff had received regular supervision until near to the time that the care home moved premises. As this was an exceptional and busy time for all, the service had had to prioritise staff time in planning for the move and supporting residents and families through this. We saw that staff had started to receive supervision again recently, which was conformed by some staff. There is sufficient evidence to show that staff had been receiving supervision and that this is being planned for and provided now that the service has moved premises.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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| How well do we support people's wellbeing? | 3 - Adequate |
| 1.1 People experience compassion, dignity and respect | 4 - Good |
| 1.2 People get the most out of life | 3 - Adequate |
| 1.3 People's health benefits from their care and support | 3 - Adequate |

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|---|--------------|
| How good is our setting? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |

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|--|--------------|
| How well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and care planning reflects people's planning needs and wishes | 3 - Adequate |

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