Oak Care Limited

Cherry Tree Manor

Inspection report

8 Great Road
Adeyfield
Hemel Hempstead
Hertfordshire
HP2 5LB

Tel: 01442217621

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 21 and 22 June 2016 and was unannounced.

The service provides accommodation and personal care for up to 58 older people, some of whom were living with dementia. At the time of our inspection there were 54 people using the service.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from avoidable risk of harm and staff understood the process to follow and report any concerns regarding people's safety. There were risk assessments in place which detailed how people could be supported safely and control measures were in place to minimise and to mitigate risks. Staff were trained to move people safely and meet their needs in order to keep them safe. People's care plans were detailed, person-centred and included information regarding their backgrounds, preferences and activities they enjoyed. These had been reviewed regularly with involvement from people and their relatives where possible.

People's healthcare needs had been identified and met. There were good links with community healthcare professionals where required. People had enough to eat and drink and their nutritional needs had been monitored so that their health and wellbeing was maintained. There was a creative and varied program of activities available to people including opportunities to visit local places of interest and outings.

People were treated with dignity and respect and their views were listened to and acted on.. The service were able to evidence the ways in which people gave consent to receiving care. Staff demonstrated an understanding of the Mental Capacity Act 2008.

Staff received a variety of specialised training for their roles. Staff completed a thorough induction programme when they first joined the service. The recruitment processes used to employ new members of staff were safe and ensured that staff employed had the skills, character and experience to meet people's needs. There were enough staff to keep people safe and meet their needs. The service held regular team meetings and sent out staff surveys to provide staff with an opportunity to provide their feedback and contribute to the development of the service. Staff had been provided with opportunities to develop within their roles and had been supported through regular supervision and appraisal.

There was a robust quality monitoring system in place for identifying improvements that needed to be made across the service. The provider's director carried out monthly monitoring visits to ensure that the quality of care and compliance was consistently of a high standard. The environment was clean and well maintained with robust systems in place for monitoring health and safety and controlling the potential spread of

infection. Equipment was regularly checked and there were contingency plans in place in case of emergency.

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.

There were regular assessments and reviews of risks within the home, and staff demonstrated knowledge of how to keep people safe.

There were enough staff to support people safely.

People's medicines were managed appropriately and stored correctly.

There were robust recruitment procedures in place.

Is the service effective?

Good

The service was effective.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Staff received a range of training, supervision and appraisal to support them to carry out their duties effectively.

Is the service caring?

Good

The service was caring.

Staff demonstrated a compassionate, caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

People were supported to access advocacy services if necessary.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was a creative and full activity programme in place for people.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to seek their views and encourage them to contribute to the development of the service.

Cherry Tree Manor

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 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 over two days on the 21 and 22 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We reviewed local authority inspection records and asked for feedback from nine professionals involved with the service.

During the inspection we spoke with eight people who used the service and three of their relatives to gain their feedback. We spoke with four members of care staff, the assistant manager, the activities co-ordinator, registered manager and the new manager who was in the process of taking over from the previous manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for four people. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "Yes I'm safe." Another person told us, "I feel so safe. The staff really help me." A relative said, "They've always put [person]'s safety first."

Staff understood the ways in which people could be safeguarded from avoidable risk of harm. The service had a robust safeguarding policy in place which included the steps that staff would follow to safeguard people, along with the agencies that could be contacted to report concerns. Information regarding safeguarding was clearly visible throughout the service and had been discussed frequently in team meetings and staff supervisions. Staff had received training in safeguarding people and were able to describe the types of abuse and the ways in which they kept people safe.

People's care plans included risk assessments which detailed the risks presented to them and how they could be safely managed. There were assessments in place which detailed the risk of people falling and how this was mitigated by the support delivered by staff. During the inspection we observed that when one person had attempted to walk without their frame, staff were on hand to gently remind them to use their equipment to keep them safe. We looked at the person's care plan which confirmed that this was an identified risk and set out the steps that staff could take to keep the person safe. The support we observed was in line with the information contained within the risk assessment and showed us that it was being put safely into practice.

The service had a policy in place for recording and reporting any accidents and incidents occurred within the home. We saw that there had been extensive risk assessments carried out relating to the environment to ensure that equipment was safe to use, the environment was clear of hazards or obstructions and that the building was regularly maintained. Fire safety checks were carried out regularly as well as gas safety checks and PAT testing of electrical equipment. During the inspection we noted that the home was clean at all times, and there were no malodours or infection control issues. Regular audits were carried out on the environment to ensure that infection control procedures were being followed and we observed staff adhering to these procedures.

The service had an emergency protocol and contingency plan in place to keep people safe in case of any significant event. Each person had a personalised emergency evacuation plan (PEEP) in place which informed staff how they were to be supported in an emergency. The continuity plans were detailed and provided step by step instructions for staff on how to respond appropriately and who to notify including the relevant authorities and people's relatives.

There was a robust recruitment policy in place to ensure that staff who were employed to work in the service had the necessary skills, character and experience to carry out their duties effectively. We looked in the recruitment files for five staff and saw that each of them had two employment references obtained in additional to character references. Each member of staff had received a DBS (Disclosure and Barring Service) check prior to commencing their role. DBS is a way of employers making safer recruitment decisions and checking whether staff have any prior convictions on file.

People told us there were enough staff on duty to keep them safe. One person told us, "There's plenty of staff around, there's usually somebody that comes if I call. I've got a bell in my room to use. Or I just shout and somebody's around." Staffing dependency was assessed based on the needs of the people using the service and the staffing ratios were adjusted if more staff were required. For example the new manager told us that an additional member of staff was being recruited for the night shift in response to feedback. Staff told us that the staffing numbers were good, and during the inspection we observed that people were attended to promptly when they required assistance or support. There were call bells in people's rooms and in communal areas so that they could request assistance if required. For people who were not able to use call bells the staff made extra checks on them throughout the day to ensure they were safe.

People's medicines were administered safely. Medicines were only given by senior staff who had received the required training and were competent on how medicines were administered. Prescribed medicines were ordered monthly and stored in lockable storage rooms on each floor of the home. We noted that the medicine trolleys were locked and secured to the wall when stationary. People's care plans included information on the medicines people took and the reason they were prescribed. We looked through the medicine administration records (MAR) charts for twelve people and saw that they were completed correctly with no unexplained gaps. There were regular stock checks and audits carried out to ensure that safe administration and management of medicines were maintained.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the necessary skills and experience to provide effective and person-centred care. One person said, "I could never fault the carers here. They know me and they know all of us well. I've always been comfortable knowing that they're good at their jobs." A relative said, "The staff here do seem well trained and knowledgeable. You see the same people whenever you come, which I think helps."

Staff received a variety of training which the provider felt was essential. This included first aid, fire safety, medicines and manual handling. Staff told us that the quality of training was good. One member of staff said, "We have a lot of different training. The quality is good and we look forward to it, they're enjoyable courses." Staff also received specialised training which allowed them to offer a higher standard of care to people. We looked at training records which showed us that people had attended courses in dementia care, person-centred planning and end of life care. Staff were able to describe how they implemented this training into practice. A member of staff said, "I had training on nutrition and hydration. While I knew quite a lot already, the course helped me to understand the impact upon people if they were not given enough to eat or drink." Another member of staff told us, "I did a course about heart attacks and strokes. When somebody experienced a stroke we knew and understood what was happening and knew not to panic and how to support them." Staff told us that if they wished to undertake any further training then they were free to request this through their manager.

Staff were supported through regular supervision and appraisal of their performance. Staff told us they received regular supervision from their manager. One member of staff told us, "We're supervised each month. We talk about residents, updates around the home and they tell us what we're doing well and what we're not doing so well. Each year I have a review as well where they give us feedback." We saw a supervision matrix which confirmed that staff had received supervision every four weeks and an annual review of their performance. Staff were also supported to undertake vocational qualifications where possible and all staff had either completed or were working towards their NVQ Level 2 and 3 in social care.

Staff we spoke with were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) or deprivation of liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we were provided with applications that had been made to deprive people of their liberty where appropriate. While the service were awaiting authorisation from the local authority statutory body, we saw that assessments had been carried out and that measures were in place to ensure that people were able to consent to decisions around their care where possible. People's care plans included

information on how they made decisions and the support they needed with these. When people first came to the service they were asked for their choices in certain areas, for example what times they wanted to go to bed and get up in the morning.

People told us they enjoyed the food that was provided for them. One person said, "It's lovely food. All home cooked and things I like to eat. There's a choice but I usually just have whatever they give me." Another person told us, "There's not always a choice but the food they have is nice." We spoke to the chef on duty regarding people's choices on the menu and we were shown the weekly menu which contained a daily menu with a primary option and an alternative, usually for vegetarians. However, the cook explained that people were encouraged to let the kitchen staff know if they wanted a different meal or had any specific requests. We looked through the menus and found that there was a good variety of food on offer which was healthy, balanced and nutritious. We observed lunchtimes in both dining areas during the inspection and saw that people were being supported to eat where necessary. Staff communicated with people to let them know what their meal contained and whether they wanted anything else. We observed people being encouraged to drink to ensure they stayed hydrated as it was a warm day outside. For people who preferred not to eat in communal areas, we observed that staff bought their meals either to their rooms or into the living rooms and sat with them while they ate. The food appeared appetising and was freshly prepared and well presented. The cook was able to tell us how they met the unique dietary needs of people and had a list of their requirements. For example we saw that food was pureed for one person and that another person had a soft diet. Allergies and likes/dislikes were included in people's care plans.

People told us they had their healthcare needs met by the service and were supported to access healthcare professionals as necessary. One person said, "They'll help me to see the doctor if I need to." A relative gave us an example of when their loved one had a health issue which the staff responded to immediately. They told us, "We were concerned about [person]'s [health issue] and they contacted the doctor straight away and kept us informed of what was going on. That's comforting to know." People's care plans included records of doctor's visits and appointments with domiciliary healthcare agencies. Outcomes and advice from these visits were incorporated into their care plans to ensure that staff were aware of how to meet their continuing healthcare needs.

The home was well-designed in both people's rooms and communal areas. The environment was dementia-friendly with signposts placed around the service to direct people to different parts of the home. The layouts across both floors were identical to help people moving between floors to orient themselves effectively. There were notice boards up in communal areas which contained information about the date, time, season and the weather outside. The home was decorated with pictures and interesting features for people to look at. A conservatory was available for people to use which led to a large garden where they were encouraged to sit in warm weather. We observed people being supported to water plants and feed the koi carp that were in the pond (outside). The home provided a variety of communal areas for people to use depending on how they preferred to spend their time. For example, we spent time during the inspection in both quieter areas where people were free to snooze or relax and then areas where there were a variety of activities taking place.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were friendly, compassionate and kind. One person said, "Everybody is so pleasant here, kind and patient but not overbearing." A family member said, "It's really nice here, the staff are really caring and loving towards them."

During the inspection we observed staff interacting with people in a manner that was caring, affectionate and patient. We saw staff checking on people to ensure they were comfortable and had enough to drink, laughing, joking and singing with them and speaking to them about things that were meaningful to them. We noted that people who were in bed or receiving palliative care were being attended to by staff and had television or gentle music playing. The staff we spoke with were able to demonstrate extensive knowledge of the people they cared for and we saw evidence of meaningful and lasting relationships between people and staff. One member of staff told us, "All of the ladies here are so lovely. You get to know them all and hear their stories and you can't help but love them all." The registered manager told us that much of the staff team had worked at the service for many years, which had developed a sense of consistency and familiarity for people. A relative said, "So many of the staff seem to have been here for at least ten years and they know the place inside out. They're a very competent lot."

The service had received a number of compliments from people and their relatives which praised the way they or their loved one had been cared for. Compliments included, "We really appreciated your bright, cheery and spotlessly clean home, alongside the many lovely staff who have looked after [relative] so well for all these years."

People were provided with handbooks when they first came to the service which provided them with information about the history of the home, the support available to them and how they could have their concerns heard if required. There were leaflets available around the home which gave details on people's rights, support that available from external agencies and local amenities. People, their relatives and staff were sent a quarterly newsletter with updates on the home and events. Families had been asked to contribute to memory boxes for each person which included pictures, objects and items that had meaning to them. These were placed outside people's rooms and provided staff and visitors with a sense of who the person was and what was important to them.

Staff understood how to treat people with dignity and respect. One person's relative was positive about the way in which their loved ones dignity was observed. They told us, "[Person] is never treated with anything less than one hundred per cent dignity. They're so patient and respectful with all of them and you never see anything that would worry you." During the inspection we observed staff knocking on people's doors, ensuring that doors were closed during personal care and discreetly helping people to move or to be more comfortable throughout the day. Interactions were respectful and took into account people's preferred names and methods of communication.

People and staff were asked in surveys and feedback forms whether they were aware of the options available to them to seek advocacy services if required. Information about how people could access such

services was available in communal areas of the home.

Good

Is the service responsive?

Our findings

People and their relatives told us they had a care plan in place and were involved in the creation and review of their individual plans. One person told us, "Yes, they use a care plan for me." A relative said, "They're very good at keeping us informed, we're involved in [person]'s care and we're asked for our contributions."

Prior to a care plan being created, initial assessments were carried out which detailed the type of care people needed, what outcomes should be included in their plan and who was involved in their care and support. Care plans included a section which detailed people's life histories and included information about each stage of their life from childhood into their older years. This was done with consultation from families where possible and we saw information on places people had travelled, lived, their jobs and family backgrounds and memories that were important to them. This allowed staff working with the person to understand their background and to develop a deeper insight into the person. Each care plan had a checklist to assess how 'person-centred' these were and whether the plan was a current and accurate reflection of the person. Each care plan had been reviewed regularly and updated when people's needs changed over time.

There was a varied and creative program of activities on offer for people which took into account their individual choices and preferences. People told us there were a good range of activities available to them and that they enjoyed the events. One person said, "They do put a lot on. People come in and sing, we have trips out sometimes and they really push the boat out on Christmas day." The service employed two activity co-ordinators who created a schedule each week of activities within the home, as well as a calendar of events throughout the year. During the inspection we were told by several people about a garden party held to celebrate the Queen's 90th birthday. People had been encouraged to make cakes and decorations and friends and families were invited to take part. For people who preferred not to engage in communal activities or were supported in bed, there was one-to-one time incorporated to ensure that staff could spend time engaging them. During the inspection we observed people enjoying a visit from a choir, playing games and doing a quiz in one of the communal areas. People were informed of which activities were taking place and reminded in advance to give them the opportunity to attend. A relative commented in the service's satisfaction survey; "My relative was taken to a local school to meet and chat with the children- a good way for different generations to interact." We were shown pictures of past events and told about a recent competition in which a person won a prize for a design they had made for the Queen's birthday. The wide and creative range of activities on offer meant that people were stimulated, engaged and given chances to take part in events that were meaningful to them.

People's engagement in activities was recorded so that the activities co-ordinators could monitor how certain activities were working for people and develop a picture of how the person enjoyed spending their time. This meant that care plans had been be updated with details of activities that people liked to ensure that the program was meaningful to each individual. For example the home had asked each person which newspaper they liked to read and had ensured that these were delivered to them each morning.

People and their relatives told us they knew who to complain to and would feel happy making a complaint.

One person said, "I've honestly never had any reason to. But I'd speak to the staff or the manager or the council if necessary." The service had a robust complaints policy in place and people were issued with details of who to contact with concerns and how their complaint would be resolved. The registered manager showed us the complaints folder; however no formal complaints had been received since our last inspection. To demonstrate that they were resolving people's issues, the service kept a 'minor complaints' log which detailed how smaller grievances were being dealt with.

Good

Is the service well-led?

Our findings

The service had a registered manager in post, although at the time of our inspection they were in the process of changing roles and providing additional support to the provider's other service. A new manager had been appointed in January 2016 and planned to register with the Care Quality Commission. This arrangement meant that the new manager had received a high level of support and input from the previous registered manager who had been with the home for over 10 years. The commitment to ensuring a comprehensive transition between managers meant that it gave staff confidence in the new manager and a sense of consistency for people and relatives.

People we spoke with were positive about both managers and told us the service was well-managed and that both were caring and approachable. One person said, "There's two managers here now, one of them has been here a long time and she's wonderful. But the new one seems nice too. I can go to them with anything but I would usually speak to staff first as I know they're busy." A relative said, "The home is well managed." We received feedback from a community-based professional who told us, "The management team is very good. Very caring." In addition to the two managers there was a deputy manager and a team of senior care assistants. Each member of staff we spoke with was clear on their roles and responsibilities and knew who the manager was. During the inspection we noted that both managers were actively involved with providing care and support and knew each of the people that lived in the home.

Staff told us they had an opportunity to contribute to the development of the service through team meetings. Meetings were held each month with compulsory attendance and gave staff an opportunity to feedback on issues around the service. One member of staff said, "[The meetings] are really good. We talk about what's been happening, but at the end the managers give us all a chance to make suggestions or comments. If we don't want to then, we're asked later on instead." We looked at the minutes from these meetings and noted that they were person-centred and focused mainly on people and the delivery of care. For example, each month staff were given updates on which people were potentially isolated in their rooms and required additional checks or support. Staff told us the manager had an 'open door' policy which enabled them to share their views at any time and be listened to. We also saw meetings that were held for people once every quarter, and annual meetings that were held to gain feedback from relatives.

Staff understood the visions and values of the service. One staff member said, "The residents come first and that's the aim here. I think of this as a big family. We think about how we'd like our own relative to be cared for." The values of the service were clearly laid out in handbooks issued to staff when they first joined the service. These were "Our primary aim is to cater for the individual needs of our residents, whilst maintaining their identity and self-esteem." The policies operated by the provider clearly reflected these values. For example, we saw that there were specific policies in place around autonomy, advocacy, diversity, culture and the approach to dementia care. These had been created with reference to current guidance and best practice in social care to ensure that the service were always developing and keeping up with advancements and changes. By having a strong backbone of policies and values in place, this enabled the fundamental delivery of care to remain consistently strong and person-centred.

There was a quality monitoring system in place to identify any improvements that needed to be made across the service and provided the service with a rating based on the Care Quality Commission's standards. Each month the provider's director carried out an audit of the home which included spot checks on documents, observations around the service and feedback on areas for improvement. We saw that the improvements identified within these audits were being addressed by the managers. Additionally, the service had a contract with a local quality monitoring service who carried out a thorough audit each year. This enabled the service to continually monitor the quality of their care delivery. A local authority monitoring visit had recently rated the service as 'good' and the service had created an action plan to address any areas which still required improvement. For example we saw that in response to feedback regarding the handling of complaints, a 'lessons learned' form had been created to reflect upon learning in response to complaints received by the service.

A range of surveys were sent out to people, staff, relatives and community-based professionals to gain their feedback on the service. This was done through a third-party monitoring service so that feedback could be sent impartially. Feedback overall was very positive with over 90% of respondents in agreement that they were satisfied with all aspects of the service. Where comments received on areas that could be improved, we saw that these were acted upon quickly. For example, a professional had mentioned that they felt medicines were not always being administered on times as prescribed. We saw that the service had formed an action plan in response which included holding a senior management meeting, reviewing staff training and checking people's medicine records to ensure that people received their prescribed medicines regularly and on time.