

Stockton Care Limited

Cherry Tree Care Centre

Inspection report

South Road
Stockton-on-tees
TS20 2TB

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14 November 2019

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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

About the service

Cherry Tree Care Centre is a residential care home providing personal care to 40 people at the time of the inspection. The service can support up to 42 people across two floors, each of which has separate adapted facilities. One floor specialises in providing care to people living with dementia.

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

People and their relatives all gave very positive feedback on the home. One person told us, "I couldn't be in a better place. Nothing could be improved. It is pleasant, cheerful and helpful. They are only too pleased to help with anything. The atmosphere seems really positive."

Everyone we spoke with felt safe in the home. There were systems and processes in place to help protect people from the risk of abuse.

There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

Medicines were managed safely at the home, however records of the application of creams were not always completed correctly and the manager was looking for ways to address this. Risk assessments were in place, so staff had the information necessary to minimise risk.

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

The dining experience was relaxed and enjoyable and the quality of food was good. People were supported with eating and drinking, and any special dietary needs were met. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

There was a caring culture supported by a strong staff team who respected people and treated them with dignity. Staff encouraged independence and supported people to maintain their skills. The service had a relaxed, homely atmosphere and relatives were always welcome.

People's care was delivered around their wishes and preferences and care plans reflected this.

People had access to a variety of activities inside and outside of the home.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 November 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Cherry Tree Care Centre

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

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cherry Tree Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with 12 people who lived at the home and three relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this case the nominated individual is the owner of the home. We also spoke with the registered manager, deputy manager, senior care workers, care workers, activities coordinator, cook, maintenance and domestic staff.

We reviewed four people's care records in detail and reviewed aspects of others. We reviewed multiple medicine records. We looked at four staff files in relation to recruitment, supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received additional training data from the registered manager. We also received feedback from external professionals who had experience of working with the service.

Is the service safe?

Our findings

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

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. However, the records in relation to topical medicines, for example application of creams, were not always completed correctly. We discussed this with the registered manager who planned to review the documentation and recording of all topical medicines.
- Medicines were received, stored and disposed of safely.
- Medicines were administered by trained, competent staff. One person told us, "They are really good with my medication here. I need it at the time I need it, and they are always on the ball."

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person and included information on how to minimise identified risks. They were reviewed monthly or in response to people's needs changing.
- The registered manager and maintenance staff ensured all necessary checks and tests were carried out to make sure the building and equipment used were safe. Regular fire drills were taking place.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had.
- When issues were raised, records showed they had been appropriately investigated and reported to the relevant safeguarding authorities.
- People told us they felt safe living at the home. One person told us, "I feel safe because they care for you here. I admire the staff tremendously. I couldn't be in a better place, or happier."

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs. One person told us, "There are plenty of staff here; there is always someone around." A relative said, "There are always enough staff, yes, even at weekends."
- Processes were in place and correctly followed to ensure the safe recruitment of staff.

Preventing and controlling infection

- People were protected from the risk of infection. All areas of the building were very clean and there were no bad odours. One person told us, "The place is very clean, it is spotless!"
- Staff had access to protective items such as gloves and aprons. Information on correct hand-washing technique was displayed in bathrooms and toilets.

Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager every month to look for any themes and trends. Information was then acted upon to reduce the likelihood of similar incidents happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home to make sure staff could provide the care and support they needed.

Staff support: induction, training, skills and experience

- New staff completed induction training before supporting people without supervision. This included shadowing more experienced members of staff.
- Although new staff had received essential skills training a part of their induction they had not yet completed the provider's full training programme. We discussed this with the registered manager who explained that the gaps in training were due to a high number of new staff starting in recent months and records confirmed this. All staff had been given a target of 22 December 2019 to complete online training and this was being closely monitored. We did not see any evidence of staff lacking the necessary skills to care for people safely.
- People had no concerns about staff training. One person told us, "Staff are on training days all the time! They do a lot of training, it's surprising how much." Another person told us, "I don't know about their training, but they certainly fulfil everything they need to and more."
- There was a supervision and appraisal system in place and staff told us they felt well supported.

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

- People's nutritional needs were met. There was a wide variety of food, drinks and snacks available throughout the day. Kitchen staff knew which people had special dietary requirements and prepared food to meet their individual needs.
- Staff followed guidance from external professionals, for example when there were concerns about a person's weight or they had difficulty swallowing.
- People enjoyed the food and meal times were relaxed and unhurried. Staff spoke to people very respectfully and helped them to eat if necessary. One person told us, "The food is good. Fine. I don't think it could be any better. I enjoy what I have here."

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

- The premises were adapted to meet people's needs. This included appropriate signage to help people move around the building, and communal spaces for them to spend time in.
- The registered manager had worked with an external professional to help make the environment more suitable for people living with dementia. The corridors were lined with photographs of the local area. The

registered manager told us that several residents had enjoyed reminiscing about places they had visited.

- People's rooms were personalised to reflect their own preferences and people were happy with their surroundings.

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

- Staff supported people to have access to a range of healthcare professionals to help them receive appropriate care and treatment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was sought in line with legal requirements.
- The registered manager had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. Two people had conditions on their DoLS authorisations and these were being correctly met.
- Where people lacked capacity to make certain decisions, we saw evidence of decisions being made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were exceptionally happy with the care at the home. One person told us, "I have such a high regard for them. They are dedicated to your pleasure and comfort. I would recommend this place to anybody! Come here!" Another person said, "[Staff] go above and beyond and they are extraordinary."
- Staff treated people with kindness and respect. They knew people very well and responded compassionately to meet their needs. A relative told us, "The staff know [family member]'s moods, and they are great at distracting him. They seem to have a sixth sense. One staff member even got a Frank Sinatra song up on her phone in order to distract him, that was so good."
- People's religious needs were considered and visits to church were an option for anyone who wished to go.

Supporting people to express their views and be involved in making decisions about their care

- Feedback was sought from people and relatives and was acted on. One person told us, "The staff are excellent. They do listen to me and they work with me very well."
- Staff supported people and their relatives to be involved in decisions about their care. One relative told us, "I get copies of everything by email. They get ten out of ten for involving us in his care."
- Some people used an advocate. An advocate helps people to access information and be involved in decisions about their lives. Information was available on local advocacy services for anyone else who may wish to access them.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. This included addressing them by their preferred name and protecting their privacy when discussing their support needs or providing personal care. One person told us, "When the staff member puts me in the shower, they're there to do the shower part but they can't see me because there is a curtain around me."
- Staff supported people to be as independent as possible. One person told us how they were able to wash and dress independently. Staff helped by leaving their clothes in easy reach and quickly responded to the call bell if they needed help.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- External professionals gave extremely positive feedback about how responsive and person centred they found the registered manager and staff at the home. Care had been tailored to support people with very complex needs in a way that suited them best. One professional told us, "I feel extremely lucky my client has gone to this home. The manager has gone above and beyond what I would have expected, and I have seen a really positive difference in my client."
- Staff knew the people they supported and were providing care in a way that reflected people's likes and dislikes. One relative told us, "[Family member] has stayed up until two or three o'clock in the morning before drinking hot chocolate! It doesn't happen often, but it's nice to know they are not forcing him to go to bed."
- People's care records contained personalised information about them, to enable staff to deliver the service in a way people preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had detailed communication plans in place to help staff understand their needs in this area. For example, if a person was hard of hearing or had problems with their vision this was clearly documented.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access a range of activities. People engaged in their individual hobbies and interests and were encouraged to do so. There were special events such as a Remembrance Day service which people had greatly enjoyed but the variety of regular daily activities was quite limited.
- The provider and registered manager were committed to improving the activities on offer. There was a new activities co-ordinator in place and they were enthusiastic and very popular with people.
- People were supported to maintain relationships with their friends and families and visitors were made to feel very welcome at any time.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and this was on display. Only one complaint had been received in the last 12 months and this had been handled in line with the provider's policy.

- People and relatives were familiar with the complaints policy and were confident in using it. One person told us, "I can't see how anyone could complain about this place."

End of life care and support

- Policies and procedures were in place to support people with end of life care where needed, including ensuring their choices and preferences were respected.

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.

This is the first inspection for this service following the change in registered provider. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A good quality assurance process was in place. A comprehensive range of checks and audits were completed by the registered manager, provider and management team. Any issues raised were addressed immediately.
- Record keeping was generally good throughout the service, although we did highlight some issues with the recording of topical medicines. The registered manager planned to make these records more comprehensive and clearer.

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

- The service was well managed. People knew the registered manager by name and told us the things they had achieved in the short time they had been at the home. One person told us, "They are still getting things done, but they are doing everything they can to bring this place up."
- People, relatives and external professionals were very satisfied with standards at the home. One person told us, "I couldn't be in a better place. Nothing could be improved." Another person said "This is a very joyful, happy and comfortable place. I feel part of a family."
- Staff felt well supported by the management team. One member of staff told us, "Things are so much better since the new management took over. I love my job and look forward to coming to work every day. I feel fully supported by this manager and feel I could approach her for anything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibilities. They had submitted notifications of specific events in line with legal requirements.

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

- People felt they were involved and part of the home. One person told us, "There are discussion groups about things going on in the home which I join in if I want to. We picked pictures and paint colours. I'm interested in things and want to feel a part of it"
- The management team were committed to continuously improve the service. Feedback was sought from people using the service, relatives and staff via surveys and meetings and we saw evidence that this

feedback was acted upon.

- The registered manager was open and responsive to our inspection feedback.

Working in partnership with others

- The provider worked closely with GPs and external health professionals including community matrons, district nurses and social workers. There was also a good relationship with the local authority.
- The registered manager was very proactive in making improvements and was working closely with others to make positive changes. This included working alongside the dementia lead from the local authority to improve the experience of people who were living with dementia.
- We received positive feedback from professionals who worked with the service. One professional told us, "I feel that the home has made a lot of improvement. The owner and manager welcome advice and act on it. Leadership has improved and the staff seem to be more engaging."