

Salveo Care Ltd

# Cherry Tree House Residential 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 Tree House Residential Home (Cherry Tree House) is a care home for people who are frail or who have a health condition which requires them to need accommodation and support with personal care. The service has accommodation for up to 20 people, set over 2 floors. It has a communal dining room and two lounge areas as well as a good-sized level garden. At the time of our inspection 16 people were living at Cherry Tree House.

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

We found there was a positive culture within the service. Without exception, everyone said they were happy living at Cherry Tree House. Staff showed kind and compassionate care towards people and there were sufficient staff so people did not have to wait to receive their care.

People were kept safe by staff as they understood the risks people faced and how to mitigate these. Staff put their training into practice to help ensure people were kept free from harm. Where staff suspected abuse may have occurred they knew how to report this.

People lived in an environment that was checked for its safety. It was clean, hygienic and well maintained.

People received the medicines they required and staff followed good medicines practices. Medicines were reviewed when needed by health care professionals and documentation updated as necessary.

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 service was well managed and people told us they felt comfortable approaching staff members and the registered manager if they needed assistance.

People felt involved in the running of the service through meetings and surveys. They told us their family members could visit at any time and that they could offer suggestions or ideas. Equally, staff felt supported and told us they felt comfortable speaking up in staff meetings. They said they received the training they required and had the opportunity to speak with their line manager regularly.

The registered manager had good governance arrangements in place and she worked with external agencies to help ensure the standard of care people received was good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (report published 15 September 2017).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

This was a focused inspection which looked at the key questions of Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good based on our findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Tree House Residential 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors.

#### Service and service type

Cherry Tree House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we held about the service and the statutory notifications we had received since our last inspection. Statutory notifications are information the provider is required to send us.

We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people and 3 care staff. We also spoke with the registered manager, deputy manager and the provider's operational manager.

We reviewed the care documentation of 4 people, looked at medicines administration and records, checked staff recruitment documentation and reviewed other documentation relevant to the running of the service.

Following our inspection, the registered manager sent us information relating to residents meetings, staff meetings and staff training and supervision.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Cherry Tree House. They told us, "I would say they (staff) are good at looking after me. It all seems very safe to me" and, "It's really safe. It's very good indeed."
- Staff were trained in how to recognise potential abuse and knew how to report any concerns. A staff member told us, "Any concerns, or if they (management) don't listen, I would go to the safeguarding team."
- Where potential abuse had occurred, the registered manager had reported this appropriately to the local authority safeguarding team as well as CQC and had undertaken a full investigation.

Assessing risk, safety monitoring and management

- People were kept free from harm, as staff knew the potential risks they faced individually and took action to mitigate these. This included moving people using a wheelchair where they had poor mobility, or ensuring someone was sitting upright in bed when they were eating. Where people were at risk of their skin breaking down, staff repositioned them at regular intervals to reduce this risk.
- People told us staff kept them safe. They said, "They always make my meals small and softer for me because I can't swallow", "I came here to be safe and I am safe" and, "It's the most important thing to me (to be safe)."
- People's care plans had clear information about safety issues and on speaking with staff it was clear they knew people well. A staff member said, "If they (people) are at risk of falls, we do a risk assessment when they move in."
- The service was checked for its safety through health and safety and fire checks. Each person had a personal evacuation plan should they need to leave the service in an emergency.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- People told us they were asked for their consent prior to staff giving care. One person said, "They always ask me for permission."
- Staff had carried out capacity assessments and best interests decisions where restrictive practices were in place, such as living in the service which had a locked door.
- Staff understood the principles of the Act, telling us, "Where people don't have full capacity, we have to involve those who have legal authority to make decisions on their behalf."

#### Staffing and recruitment

- People were cared for by a sufficient number of staff. This helped ensure people did not have to wait to receive care. People told us, "I think there's enough (staff)", "There are too many of them sometimes. They come when I use the buzzer" and, "They come instantly."
- Staff were unrushed and we observed them attending to people in a timely manner. At lunch time people received their meals promptly. This included people who chose to eat in their rooms.
- Staff felt there was enough of them to provide care to people as well as spend time with them. A staff member told us, "We have enough staff, definitely."
- Staff were recruited through robust recruitment processes. This included providing evidence of their performance in previous jobs, a full employment history and evidence of their right to work in the UK.
- Staff underwent a Disclosure and Barring Service (DBS) check prior to starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received the medicines they required. One person told us, "I have to have my medicines at a specific time and I get them then."
- Each person had a medicines administration record (MAR) which recorded information about their medicines, the dosage and when they should be taken. We found no gaps in people's MARs indicating that people had received their medicines in line with the prescription instructions.
- People who had 'as required' medicines had protocols in place giving instructions for staff on when this may be needed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

People were able to have family members or visitors visit them at any time. One person told us, "My family comes very often. They (staff) always make them feel welcome. It's very important to me."

#### Learning lessons when things go wrong

- Staff learnt from accidents and incidents. A staff member said, "We have meetings and we talk about what we can do better."
- The registered manager held an accident and incident log and reviewed this monthly to look for themes or trends. They told us, "We follow up on accidents, providing training to staff if needed. We will investigate the incident and check our response to it, recognising where we could improve things."

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service and people we spoke with told us how happy they were living there. We were told, "Staff are so kind and caring", "I'm very, very happy. It's wonderful here" and, "They've (staff) got it just about right. It's very friendly, everyone knows everyone."
- There was an openness in the service which people appreciated. People told us, "I know I can talk to (registered manager) if I need to", "Everyone knows who to speak to if they are unhappy about anything" and, "Everyone is responsive."
- Staff said there was a good culture within the staff team. They told us, "There is good teamwork, we are always communicating" and, "We help each other out. The night staff help too."

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 responsibility to apologise if care did not go to plan. The registered manager held a complaints and safeguarding log and noted if an incident required them to apply duty of candour.

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

- The registered manager understood their regulatory requirements. Where accidents, incidents or safeguarding concerns occurred, the registered manager notified the relevant authority as well as CQC.
- There were robust governance arrangements in place. This included auditing all aspects of the service such as care plans, medicines, infection control, the home presentation, dining experience and call bell response times.
- Senior management carried out regular audits and reviewed the monitored manager's overarching action plan. Where shortfalls were identified these were addressed, such as one person's curtains being re-hung and ensuring the lift was serviced when required.

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

- People and their relatives had the opportunity to put forward ideas and thoughts through meetings and surveys. One person told us, "We have meetings where we can say what we don't like or if anything could be

better. We are sent questionnaires occasionally too."

- Staff told us they felt very supported in their roles. They told us the training they received was relevant and they had the opportunity to speak with their line manager on a one-to-one basis through regular supervisions.
- Staff were complimentary about management. They told us, "We can go to the manager at any time. She is very supportive" and, "I definitely feel supported. We are encouraged to make suggestions."

Continuous learning and improving care

- Since our last inspection, the registered manager felt they had made some positive changes to the service. This included improving the activities. One person told us, "There is always something going on."
- The registered manager also told us, "We have internal and external training (for staff), we've improved the communication between management, staff and people as well as their relatives. We've introduced 'you said/we did' to get feedback from people."

Working in partnership with others

- The registered manager and care team worked in partnership with external health care professionals to provide care for people. A staff member told us, "We try to offer a high standard of care." There was evidence of district nurses, dieticians, the GP, paramedics and occupational therapists reviewing people's needs.
- The registered manager told us, "We have a very good relationship with our local GP practice and each week either the GP visits or the paramedic visits."
- The service was registered with the National Activity Providers Association (NAPA) and the registered manager had kept abreast of changes to CQC through webinars. The providers operational manager was part of the registered managers network.