

Indigo Care Services Limited

Cherry Trees

Inspection report

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Date of inspection visit:
01 August 2023

Date of publication:
18 August 2023

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 Trees is a care home providing personal care for up to 66 older people some of whom were living with dementia. At the time of the inspection there were 60 people living in the home. Cherry Trees is a purpose-built care home consisting of 4 separate units, each of which has separate adapted facilities.

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

People were safeguarded from the risk of abuse. Staff knew what actions to take if they suspected abuse. The management team took appropriate actions to keep people safe. Risks associated with people's care were identified and managed safely. Accidents and incidents were analysed and trends and patterns were identified. Actions were taken to mitigate future risks.

People received their medicines as prescribed and by staff who were trained and competent to administer medicines safely.

The home was clean and well maintained. Scheduled maintenance of the building and equipment took place in line with current guidance. The provider had a safe recruitment process in place which ensured suitable staff were employed. There were enough staff available to respond to people in a timely way.

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.

Person centred care was promoted throughout the home. We observed staff interacting with people in a caring and supportive way.

We saw evidence the provider had involved professionals in people's care and had promptly sought assistance from relevant professionals when required. People, relatives, and staff were supported to feedback about the home and had several opportunities and forums to facilitate this.

The management team completed a series of audits to ensure standards were maintained. Actions identified were promptly resolved.

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 good (published 8 November 2019).

Why we inspected

We received concerns in relation to leadership, the management of medicines, meeting people's needs and

risks associated with people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Cherry Trees' on our website at 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 Trees

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 1 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 Trees 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 Trees 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used 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 used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 relatives to gain their experience of the care provided. We spoke with 7 members of staff including the registered manager, both deputy manager's and care workers. In addition, a healthcare professional gave us feedback on their experience of the service. We reviewed a range of records, including 6 people's care records and multiple medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

- Systems were in place to safeguard people from the risk of abuse. Safeguarding concerns were recorded, and actions were taken to keep people safe.
- Staff were knowledgeable about safeguarding and knew what actions to take if they suspected abuse was occurring.
- The management team took appropriate and prompt actions to ensure people were kept safe from harm and abuse.
- People told us they felt safe living at the home. One person said, "I am definitely safe and well looked after." A relative said, "I do feel [relative] is safe here, this is the safest place for [relative]."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and managed to keep people safe.
- Risk assessments and care planning documentation were reviewed regularly to ensure staff were responding to people's changing needs.
- Scheduled maintenance of the building and equipment took place in line with current 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 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.

Staffing and recruitment

- People were supported by sufficient numbers of staff who were able to respond to people in a timely way.
- The provider had a robust recruitment system in place to ensure staff were safely recruited.
- We looked at 3 staff recruitment files and found they contained appropriate documentation and evidence

of pre-employment checks such as Disclosure and Barring Service (DBS) checks.

Disclosure and Barring Service (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

- The provider had systems in place to ensure people received their medicines as prescribed.
- People were supported with their medicines and staff were patient, checking whether pain relief was needed and giving explanations about what medicines were for.
- Some people needed medicines 'as required' (PRN), such as for pain relief. Protocols were in place to ensure these medicines were administered correctly.
- People told us they received their medicines as required. One person said, "I get my medication regular."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain relationships with family and friends who were free to visit the home.

Learning lessons when things go wrong

- The management team and staff learnt lessons when things went wrong. An analysis was completed regularly which identified lessons learned and actions to take to mitigate future incidents.

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

- Person centred care was promoted throughout the home, and we observed staff interacting with people in a caring and supportive way.
- Staff promoted independence by involving people in their care and support and including people in conversations. One person said, "They [staff] treat me with respect and dignity and are very kind here." A relative said, "They [staff] go above and beyond here."

- The registered manager was keen to drive improvements and was dedicated to providing person centred care for people. Staff obviously cared for people and were equally as keen to ensure they enjoyed their day. One staff member said, "If people are feeling low it's my duty to ensure they are lifted up."

Continuous learning and improving care; Working in partnership with others

- Quality audits in place ensured the management team continuously learnt and improved care.
- Audits included areas such as medication, care planning, and accidents and incidents. Where issues were identified they were corrected in a timely way.
- The provider worked well with other professionals to ensure people's needs were appropriately met.
- We spoke with visiting professionals who were complimentary about the home and how the staff engaged with people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager, 2 deputy managers and a team of senior care workers. The team worked extremely well together, recognised each other's skills and abilities and understood their legal responsibilities.
- People and their relatives knew the registered manager and were comfortable talking to them. One person said, "I know the manager and can talk to them, I would recommend it here." A relative said, "The manager is very approachable, and nothing is too much trouble. They [staff] will do anything for you."

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

- Views and opinions were sought from people, relatives, staff and other stakeholders. Feedback was used

to develop the service.