

Mr & Mrs N J Chitima

The Cherries

Inspection report

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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

The Cherries is a residential care home registered to provide personal care and support for up to eight people aged 65 and over. At the time of the inspection there were seven people living in the service.

People's experience of using this service:

People continued to receive safe care from staff who had been provided with safeguarding training. There were detailed risk management plans in place to protect and promote people's safety. Staffing numbers were being maintained to keep people safe and the registered manager followed the established recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Accidents and incidents were analysed for lessons learnt and these were shared with the staff team to reduce further reoccurrence.

People's needs and choices were assessed and their care provided in line with their preferences. Staff received an induction and on-going training to ensure they could provide care based on current best practice when supporting people. Plans were compiled with the involvement of the person and their relative where required. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes.

People received enough to eat and drink and were supported to access health professionals when required, including opticians and doctors. Staff provided support to people when needed to make sure they received continuing healthcare to meet their needs.

People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible and upheld their legal rights. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted by staff. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were kind and caring. People had developed positive relationships with staff who had a good understanding of their needs and preferences.

The service continued to be well managed. People and staff were encouraged to provide feedback about the service. Staff felt well-supported and had opportunities to share ideas, and exchange information. Effective systems were in place to monitor and improve the quality of the service provided through a range of internal checks and audits. The registered manager was aware of their responsibility to report events that occurred within the service to the CQC and external agencies.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The service was rated Good at the last inspection; the last report was published in July 2016.

Why we inspected:

This was a planned inspection based on previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

The Cherries

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

One inspector carried out this inspection visit.

Service and service type:

The Cherries is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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.

Notice of inspection

The inspection was unannounced.

What we did:

Before the inspection:

We reviewed information we had received about the service since the last inspection in July 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually (the Provider Information Return) to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We checked for feedback from local authorities and commissioning bodies.

During inspection:

We looked at the information we had gathered. We met and spoke with all seven of the people living at The Cherries, we spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with four relatives. We spoke with two care staff and the registered manager. We also spoke with one visiting healthcare professional.

We reviewed a range of records. This included two people's care records and medication records. We also looked at the training records of all staff and staff rotas. We reviewed records relating to the management of the home and looked at a small selection of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "I feel happy and well cared for here. The staff are good and I feel lucky to be here."
- A visitor said that from their professional experience they had judged that their relative was very safe in the service at all times. Another visitor said, "We are always let into the home by staff who know us this is good."
- Staff were trained in safeguarding and had received guidance about what to do if they had concerns about people's safety. Staff were clear about issues that could constitute abuse and were confident about action they would take if they judged that anyone was at risk of abuse. The provider had systems in place to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- People were fully assessed on admission into the service to identify any issues which might put them at risk. Risk assessment and management plans were in place so staff knew how to minimise risks and provide consistently safe care and support.
- People were encouraged and enabled to maintain their independence and where necessary had aids and adaptations to help them stay safe. Staff had received training to safely use the hoist and people's own equipment. Some people were supported by two staff members at times and one relative commented, "There are always staff available to make sure [Name] is safe when she moves into her chair."
- Equipment in the home was regularly serviced and maintained. Fire exits were clearly marked in the areas of the service used by staff and people who lived there.
- We noted that a carpet fitted to the footplate of the stair lift had come loose on one corner and when brought to the attention of the registered manager they advised it would be addressed and stuck down promptly.

Staffing and recruitment

- People in the service were supported by enough staff at all times. We saw that there was a minimum of two care staff on duty throughout the day. From discussion and checking of the staff rotas we found that staffing levels were consistently maintained. Through the night there was either one waking staff and the registered manager on a sleeping in duty providing on-call support or there were two staff on waking night duty.
- Staff worked as a team to meet people's needs.
- The registered manager advised that staffing was increased at times when people were unwell or needed more support.
- The registered manager advised that they were currently in process of recruiting a member of staff to fill a

vacancy but were keen to ensure that they recruited someone who would work well as part of the full staff team.

- Staff were safely recruited with references taken and checks on their character undertaken before they commenced working in the service. to ensure they were fit to work with people using care service. A member of staff recalled that when they had been recruited that references and a DBS check had been undertaken before they started work (A DBS is a check of criminal records to ensure people are of good character - Disclosure and Barring Service).

Using medicines safely

- People received their medicines safely and on time. Medicines were stored securely, and medication administration records regularly checked for accuracy. Two staff administered medication at all times.
- Specific information from the supplying pharmacist was available for staff about what each medicine was used for and any possible side-effects.
- All staff who administered medication had received specific training. Regular competency checks and observations took place by the registered manager to ensure they continued to administer medicines safely.
- Some people had been prescribed medication to be taken 'as required' and that staff had a consistent understanding about the protocols and circumstances when people would receive such medication. The registered manager undertook to ensure the written guidance was made available for staff as this could not be located at the time of the inspection.
- The service was subject to annual checks by the supplying pharmacist and a minor recommendation made at the past audit had been actioned.

Preventing and controlling infection

- The service was clean and tidy in communal areas and bathrooms.
- Staff were trained in infection control and understood their responsibilities to protect people from the spread of infection. Staff advised that refresher training on infection control was regularly provided/updated.
- There was named lead member of staff for issues related to infection control.
- The kitchen was very clean and well organised. The last inspection of the premises by the food standards agency was undertaken during the week prior to the inspection and we found that the rating that was awarded was very good (highest level 5).

Learning lessons when things go wrong

- The registered manager checked and analysed incidents and accidents and used them as learning opportunities for the whole staff team to try and prevent any further occurrences.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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

Good: 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 had been fully assessed prior to admission into the service and was ongoing after admission.
- Each person had an individual set of care plans that covered all aspects of their care and daily lives.
- Reviews were regularly held to see whether the identified care and support provided was suitable and meeting each person's needs. Care plans were updated as needed.
- People's diverse equality needs were detailed in their care plans. This included information about how any specific support was to be provided to respect culture, gender and religious needs.

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff. Staff spoke positively about the training they received to equip them to deliver good care. One staff member advised, "The training is very good, both mandatory training and additional training." A staff member made specific reference to some of the training and commented on how it had helped them to improve the care provided.
- A number of the care staff had worked at the service for a long time and were experienced in supporting people. New staff received induction training directly from the registered manager or senior care staff and were also supported to undertake formal training to national skill levels. A staff vacancy in the service was being covered by existing staff working additional hours. The registered manager advised that no agency staff were used in the service.
- The registered manager advised that any new staff would be expected to have suitable qualifications or would be required to undertake training in line with the Care Certificate Standards.
- All staff received formal supervisions every couple of months and also had annual appraisal meetings. Annual appraisals had been undertaken in the month prior to the inspection.

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

- We received a number positive comments from people about the meals they were served which they enjoyed. One person said, "There is always enough to eat and drink." Another person shared general comments about the food and summarised by adding, "The food is good." A visitor said, "My [relative] likes good cooked dinners and these are provided." Another person added, "[Relative's name] told them what food they liked when they moved in and they ensure they get this meal."
- We saw the lunch time meal being served. Some people chose to have their meal whilst seated at the dining tables and other people had their meals served to them whilst they remained seated in easy chairs. Staff knew people's dietary likes and preferences.

- Some people were supported to eat their meal and this was well managed so that people ate their full meal.
- People were supported to drink often throughout the day. Hot drinks were provided regularly and in addition there were cold drinks available at all times. One relative said, "They always ensure that [Name] has plenty to drink. Whenever I come here there is usually a hot drink nearby as well as water."
- There was a set menu used in the service for planning and shopping purposes however, people were asked what they would like to eat at each meal with alternatives always available. Whilst most people ate well, when people were not eating and drinking enough to maintain good health additional records were maintained to help monitor the person's food and drink. Encouragement was provided to people in respect of food and drink consumed.

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

- People had care plans for their nursing and healthcare needs which staff followed to help ensure they maintained good health.
- People were supported by the staff to receive consistent support through good communication with external agencies and professionals. A healthcare professional made very positive comments about the quality of support provided to people in the service. They advised that communication was timely from the service to ensure people received support to maintain good health.
- People's healthcare needs were known and well supported, with clear records and care plans in place. A healthcare professional advised that the staff followed guidance and advice on how to support people with their healthcare condition or when they were unwell. They said, "They do exactly what we have agreed and they let us know if there is a concern. All the staff are good it's not just the manager."
- People said they saw their doctors when they needed to. Staff advised that they had a good working relationship with people's GPs.
- Plans were agreed with other agencies, when appropriate, to ensure that long term issues or plans were fully considered and followed.

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

- Some people's rooms had been personalised with belongings that reflected their personal interests or hobbies.
- The communal lounge dining room was tidy and homely. Toilets were located close to the communal areas of the home and a stair lift provided easy access to bedrooms on the first floor. People used the stair lift on their own if they wished to support their independence although staff assistance was available and offered.
- The registered manager advised that repairs and ongoing maintenance tasks were carried out promptly when needed.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one living at the service was subject to DoLS.
- We checked whether the service was working within the principles of the MCA, and found that this was the

case. Staff supported people when needed by talking through decisions they had made. Staff supported people to make choices and have as much control as possible over all aspects of their lives.

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

Good: 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 relatives made numerous positive comments about the care and support they received. One visitor said, "They provide very good care and ensure that [Name] is helped to maintain their appearance and get help they need with moving around the home." One person commented on care provided to other people in the home, "I know that the staff are well trained. I see them giving kind support [to others] and they deal well with people when they are ill."
- People engaged and chatted with staff often throughout the day – and the registered manager and a care staff member also spent time with people in the communal areas of the home engaging in conversations or activities such as completing puzzles.
- The staff were caring and kind and understood what was important to people. People were afforded respect and were informed or reminded about plans that had been made for the day.
- One person commented on how they felt supported by the staff to make choices, "I like my room and the staff helped me decide where I wanted furniture and how I want things in my room, this is nice." The person had several items on display in their room that they had created and in general conversation in the lounge it was clear that staff knew they person well and discussed the displayed work.

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

- People were treated with kindness and care by the staff. Staff spoke respectfully to people and engaged in light hearted jokes with them.
- One relative spoke about how people were supported by staff to make everyday decisions as well as major decisions, "[Name] decided on this home and moved in. [Name] has been happy ever since and it's good because staff listen to what they want."
- Staff encouraged people to share their views and opinions about how they were supported and people were encouraged to express their views and make decisions about their routines and lifestyles. For example, people determined their own routines including what time they got up and what time they went to bed. One person said, "I tell them what I need help with and they just do it."
- Records showed relatives were also involved in discussing and planning people's care when this had been agreed by the person living in the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to do as they wished in the service. Most people spent time together in the company of others in the lounge or dining areas chatting with each other, viewing television programmes and receiving visitors. People moved freely around the service and we saw that some people used the stair lift independently if they wished. Some people returned to their bedrooms for part of the day and one

person remained in bed at all times and liked to watch their favourite films.

- People were supported to be well dressed and well-groomed and advised us that they could use the hairdresser that come into the service on a regular basis if they wished. Some relatives made arrangements for people to go out to their preferred hairdresser. Staff provided nail care and manicures when people wished and used the opportunity to chat.
- People's privacy was respected in their own rooms and although there were no locks fitted people said that staff never entered without knocking and waiting for a response. There were two shared rooms in the home and privacy screening was fitted and used to protect and promote privacy.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Reviews of the care and support needs were undertaken regularly. All relatives commented positively about the support provided. One relative commented, "They maintain a good watch on [Name] health. They call the doctor when they are unwell and take the initiative when needed [to make changes]."
- Another relative spoke about their experience when the care staff and registered manager were concerned about the persons health. They had contacted the persons GP and arranged for a medication review which made a positive difference to the persons health.
- "I am very pleased with the home, the care is very good. The manager is excellent, she keeps me informed if [Name] is poorly or if there is a change."
- Each person was supported to follow and engage in their preferred interests and hobbies. One person was activity engaged with the registered manager in solving a crossword puzzle and their conversations in the lounge included everyone else in trying to find the answer. Other people were engaged in watching daily programmes on television and spoke with staff and each other about what they were viewing and the storyline of the programmes.
- One relative spoke about arrangements that were supported by staff to ensure that their relative could watch films of her choice, "The staff know how much [Name] likes Westerns and as well as ensuring they are on, they talk to [Name] about their favourite actors."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. However there had been no complaints since our last inspection.
- People were clear about who they would talk to if they had any concerns. The registered manager was well known to everyone and had daily contact with everyone when they were in the service.
- Relatives advised that they would be happy to raise any issues or complaints with the registered manager; "We wouldn't hesitate to raise anything and know we would be listened to and action taken."

End of life care and support

- At the time of the inspection no one was receiving end of life support. People and their relatives had been consulted and long term wishes and plans were recorded for the majority of people.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe. Quality checks were effective and identified areas where actions needed to be taken.
- The registered manager said they had an open-door policy, spending the vast majority of their time in communal areas of the service so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- There were established processes and procedures in place to ensure people received care and supported they wanted.

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

- There was a positive atmosphere at the service. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- People and staff spoke highly of the registered manager. One person said, "The manager is so good. She is always looking at how to improve things or looking for things the residents might like to do." A member of staff commented, "The manager is approachable. We can ask anything and at handovers we often have useful discussions about the care and support we are providing."
- Quality assurance checks put in place by the provider were being undertaken regularly and staff and people spoke highly of the registered managers commitment and approachable nature. Staff had regular supervision meetings and staff meetings were held every three months with an agenda shared in advance.
- Staff felt they were well trained and supported and were committed to the care and development of the people they supported.
- The staff team understood their roles and responsibilities and knew when to escalate things to the next level. They said that when they had issues they could raise them and be listened to. All staff said they questioned practice if they have any concerns and were aware of the safeguarding and whistleblowing procedures.

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

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time
- Staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the service.

Continuous learning and improving care

- The staff team were all motivated and keen to develop and learn. Staff advised that the registered manager supported them and helped secure training on any relevant topic they were interested in.
- Staff told us that they were encouraged to make suggestions and they advised that a recent event held in the service had focussed on dignity issues and had proved to be a source of numerous discussions.

Working in partnership with others

- There were good relationships with local health and social care professionals.
- A visiting healthcare professional confirmed that the registered manager and care staff were good at working in partnership to provide care. Any concerns, issues or queries were brought to their attention promptly.