

MNS Care Plc

# Cherrytrees Care Home

## Inspection report

Mandley Park Avenue  
Salford  
Greater Manchester  
M7 4BZ

Tel: 01617926883

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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

Cherrytrees Care Home is a nursing and residential care home located in Salford, Greater Manchester and is operated by MNS Care Plc. The service can support up to 32 people. At the time of inspection 27 people were living at the home.

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

People felt safe living at Cherrytrees Care Home and received care in line with their needs and wishes. Staff had received training in safeguarding and knew how to identify and report concerns. Any safeguarding issues had been reported in line with guidance. Accidents, incidents and falls were documented and reviewed to identify any patterns and trends, with lessons learned considered to help reduce future risks. Medicines were managed safely by trained staff. People had received their medicines on time and as prescribed. The home was clean, with effective cleaning and infection control processes in place.

People, relatives and staff told us the home was well run and a positive environment. People's views were sought through regular meetings and via questionnaires. Feedback about actions taken was shared with people and displayed on a noticeboard within the home. Information was communicated to staff through meetings and handovers. The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions plans were used to document any areas for improvement. We found any actions had been addressed timely.

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 the service was requires improvement (published 22 April 2021).

### Why we inspected

We carried out an announced focused inspection of this service on 12 and 31 March 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve infection, prevention and control practices.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Cherrytrees Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

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.

# Cherrytrees Care 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 an 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

Cherrytrees Care 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. Cherrytrees Care Home is a care home with 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

The inspection was unannounced. Inspection activity started on 8 February 2023 and ended on 20 February 2023 by which time we had received and reviewed evidence provided after our visits to the home. We visited

Cherrytrees Care Home on 8 and 9 February 2023.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for 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 of this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 1 relative about the home and care provided. We also spoke with 6 members of staff, which included the registered manager, deputy manager, care and auxiliary staff.

We reviewed a range of records and other documentation. This included 3 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 6 people.

#### After the inspection

We requested and reviewed additional evidence from the provider. This included medication information, safeguarding documents, staff rotas, risk assessments and survey data.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Preventing and controlling infection; visiting in care homes

At our last inspection the provider did not have appropriate systems in place to assess the risk of detect or prevent the spread of infections. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The home was clean with effective cleaning and infection control processes in place. We observed staff wearing and disposing of PPE appropriately. All visitors to the home continued to be asked to wear masks as a precautionary measure, although this was voluntary.
- Infection control policies and procedures were up to date and reflected current national guidance. Detailed cleaning checklists were in place and completed consistently.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow infection control procedures.
- A booking system for visits was in place, which relatives had agreed with. However, the registered manager confirmed relatives were welcome to visit at any time in line with current Government guidance.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider continued to embed appropriate safeguarding systems and processes to ensure instances of abuse were identified. The provider had made improvements.

- Safeguarding concerns had been reported in line with current guidance. A log was used to document any safeguarding issues, which included details of actions taken and any lessons learned. Since the last inspection, the home's safeguarding practice had been audited by the local authority, who had identified no concerns.
- Staff told us they had received training in safeguarding and knew how to identify the different types of abuse and report any concerns. Staff had completed additional competency training, which involved watching a video of abusive practice, and having to identify the different types of abuse people were subjected to.
- People told us they felt safe living at the home. One person stated, "Absolutely [feel safe], I have never been frightened of anything or anybody" and "I feel safe because the staff are around you and they are nice."

### Using medicines safely

- Medicines were managed and administered safely by nursing and senior care staff, who had all been trained and assessed as competent.
- Medicines were stored safely and had been given as prescribed, with records of administration completed correctly and accurately. Topical medicines and pain relief patches had also been applied and documented in line with guidance.
- Detailed guidance was in place for 'as required' medicines, such as paracetamol, which explained how, why and when to give this medicines and the expected outcome, to help staff identify if it had been effective.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person's care records contained a range of risk assessments, to enable staff to keep them safe and meet their needs. Where people's risks included the potential to display inappropriate behaviours towards others, detailed guidance was in place to help staff manage this behaviour.
- Accidents, incidents and falls had been logged on a spreadsheet. An investigation form was in place, which was used for reviewing any serious incidents, to look at outcomes and consider lessons learned.
- Safety checks of the premises and equipment had been completed consistently, in line with guidance. Certificates were in place to confirm trained professionals had assessed the safety of items such as hoists, slings and the lift. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies

### Staffing and recruitment

- Enough staff were deployed to meet needs and keep people safe. Staffing levels were allocated in line with the people's dependency.
- Staff, people and relatives feedback supported this. The home used existing or trained bank staff to cover any shortages, rather than rely on agency staff. This ensured staff people were supported by staff who they were familiar with and knew them well.
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we recommended the provider continued to improve their governance systems, particularly when identifying safeguarding incidents. The provider had made improvements.

- A range of audit and monitoring processes were in place and had been completed in line with the provider's audit schedule. These included ongoing audits of accidents, incidents and safeguarding concerns.
- Action plans were used to drive improvements. We noted any issues identified through the audit and monitoring process, had been addressed timely. It was clear the registered manager had good oversight of the home.
- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they liked living at the home and were satisfied with the care and support they received. People spoke positively about the staff and the registered manager, who was reported to be friendly and approachable.
- People and relative's views were captured via regular meetings, which were held every other month. Meeting minutes were circulated to everyone, regardless of whether they attended, to ensure each person was aware what had been discussed and any agreed actions.
- Bi-annual surveys were also circulated to gather people's views. Results of the surveys were shared and action plans completed to address any issues raised.
- Regular staff meetings were also held, to ensure staff were involved in the running of the home and kept up to date with relevant information. Their views were also sought through bi-annual surveys.
- Staff told us they enjoyed working at the home and felt supported. They told us the registered manager's main aim was ensuring people received the best care they could. One staff member stated, "The priority here is the people and their wellbeing, followed by the staff. If staff are not positive about the residents, they don't tend to stay here very long."

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 home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and easy to talk to, and people reported no concerns around communication, or action taken when any concerns had been raised. One person told us, "Once I spoke with the manager and my complaints were quickly resolved."

Working in partnership with others

- We noted several examples of the home working in partnership with other professionals or organisations. The home had links with local schools who visited the home to take part in festivities or sing for people living at the home.

- The home had been asked to be part of the local authorities 'Safeguarding Effectiveness Group', which involved them sharing information about safeguarding and being part of their auditing into safeguarding practice.

- The home had also been invited to be part of the 'Councillors and Care Project', which is a research study funded by the National Institute for Health and Social Care Research, looking at how councillors can help shape adult social care practice.