Cherry Trees I.W. Limited

Cherry Tree Care Home

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

Overall summary

This inspection took place on 18 and 21 August 2015 and was unannounced.

Cherry Tree Care Home provides accommodation for people requiring personal care. Care is provided over three floors and the home can accommodate up to 25 people. At the time of our inspection 22 people were living at Cherry Tree. The home had a large lounge/dining room, and outside space which was accessible to people.

The home 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.

Care provided at Cherry Tree Care Home was safe. Risks to people's health and wellbeing were assessed and managed. People receive their medicines appropriately and these were stored safely.

There were enough staff to care for people's needs and spend time talking with people. People had good relationships with staff and complimented them on the

Summary of findings

standard of care they received. Staff knew people's preferences well and respected these. They ensured they gained people's consent before providing care and took care to respect people's privacy and dignity.

People felt safe in the home. Staff were knowledgeable about safeguarding people from abuse and were confident to report any concerns they may have. People had access to healthcare when this was required and were supported to attend appointments if needed. People had no complaints but were confident a complaint would be taken seriously as minor concerns had been acted on promptly.

Food served in the home was attractively presented and nutritionally well-balanced. People had a choice and said they could eat their meals when and where they wanted to. When people required support to eat and drink this was provided with respect and discretion and at the appropriate level to help people retain their independence

The registered manager led the service well. They supported staff informally as well as through supervision meetings and guidance. Staff were well trained for their role and had opportunities to gain further qualifications. A friendly and calm atmosphere prevailed in the home and it was clear that people had developed positive relationships with staff.

A variety of meaningful and enjoyable activities were available to people. The service monitored the quality of the care provided and made improvements as a result of feedback from staff and people living in the home. All the feedback from visitors, relatives, and health professionals was positive.

Summary of findings

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.

People felt safe. All necessary checks were carried out before staff were employed in the home. There were sufficient staff to care for people and staff were knowledgeable about abuse and how to report concerns.

Medicines were managed safely and given to people appropriately. Risks to people's health and wellbeing were assessed and action taken to manage these.

Good

Is the service effective?
The service was effective.

Staff were well-trained and skilled to care for people's needs. They took time to ensure they gained people's consent before providing care.

People were provided with a choice of nutritious food and drink which was presented appealingly. When people were unwell or needed the services of healthcare professionals this was arranged for them.

Good

Is the service caring?
The service was caring.

People said staff were kind, patient and caring and had formed positive relationships with staff.

Staff respected people's privacy and dignity. People's views were sought and their choices were respected.

Good

Is the service responsive?
The service was responsive.

People's preferences were known and their care was provided in line with these. Care plans showed people were treated as individuals.

A variety of activities were planned and people said they enjoyed them.

People had no complaints but were confident any concerns they had would be taken seriously.

Good

Is the service well-led?
The service was well-led.

The home had an open and transparent culture and people and staff could approach the registered manager at any time.

Quality checks were carried out regularly and action taken where this was needed. The registered manager personally monitored care delivery by ensuring they worked with people on a weekly basis.

Formal opportunities for people and staff to give feedback were arranged. All the feedback from people and health professionals was positive.

Good

Cherry Tree Care Home

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 18 and 21 August 2015 and was unannounced. The inspection team comprised one inspector and an expert-by-experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications about important events which the home is required to send us by law and our previous inspection report.

We spoke with 18 people living in the home and eight of their visitors or relatives. We also spoke with seven staff, the registered manager, and the provider's representative. We gained feedback from three visiting health professionals. We observed how care was delivered in communal areas and reviewed parts of five care plans and associated records. We also reviewed the record of accidents and incidents, medicines administration and three staff recruitment files.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe in the home. People commented, “I feel safe and comfortable”, “I can relax here”, and “I’m very safe. I think it’s fine here”. A health professional visiting the home said they, “had no worries” in regard to people’s safety.

The provider had ensured that staff had received training in the safeguarding of adults. Staff were aware of the adult safeguarding policy in place and expressed personal responsibility to protect people from abuse. One staff member said, “I would be happy for someone I love to live here”. All the staff we spoke with were aware of the signs of abuse and knew what action to take if they had concerns about people’s safety. Staff said the registered manager would take appropriate action but they knew who to contact if they felt their concerns were not acted on in a timely manner.

Where the service held money for people, accurate and complete records were kept of the transactions made on their behalf. If a safeguarding concern was raised, the registered manager notified the relevant external organisations, carried out a full investigation and produced an action plan, where necessary. This outlined the action they had taken in order to prevent a similar concern occurring again.

Risks to people’s health and safety had been assessed and were managed to protect people from harm. People’s care records showed risks to their health and wellbeing such as pressure injury, falls and malnutrition were assessed and action taken to protect people. For example, where a person was at risk of falls each transfer they made had been assessed, such as moving from bed to chair, or from chair to standing. The level of support the person needed was documented.

Care records showed where the person required the support of one or two staff, and how this should be done, for example, ‘needs left arm supported’. Where people needed equipment and staff to support them to move around this was used in a safe manner. A relative told us their family member now required the use of a wheelchair, and commented, “they [the staff] always use the [lap] strap to make sure she is safe”. Where people required pressure relieving equipment this was in place and people were aware of the need to use it. We observed staff caring for people with the level of support required and in an unhurried manner.

A plan was in place to respond to emergencies, such as fire. Staff were aware of what to do if the fire alarm sounded, and personal evacuation plans were in place for each person living in the home.

There were sufficient numbers of staff on duty to attend to people’s needs. Staffing levels were determined by people’s level of dependence. A member of staff was available to support people who needed to attend appointments outside of the home, or if a staff member was on short notice leave. This meant staff in the home were not placed under extra pressure due to the absence. Staffing levels were kept under review to ensure that busy times of day were adequately staffed, or if people’s needs increased. Staff were not rushed and were able to respond to people’s requests for assistance in a timely manner. When people pressed the bell to summon staff assistance these were answered within a minute or two. People said they were never kept waiting for more than a few minutes. A visiting health professional said there was, “always [a staff member] available” to accompany them when they visited people who required their attention.

The recruitment and selection process for staff was safe. Checks on staff conduct in previous employment were carried out, as well as a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Medicines were managed in a safe manner by designated staff who had been trained and assessed as competent by the registered manager. All medicines were kept securely and according to the manufacturer’s instructions.

People told us they were able to receive pain relief at any time and their medicines were given regularly at the right time of day. When staff administered medicines they did this in a sensitive way and ensured the person had taken the medicine before completing the appropriate record. Where people could administer their own medicines staff provided the level of support they required, for example, to be prompted to take the medicine.

Good

Is the service effective?

Our findings

People said their needs were met by staff who were competent and skilled. One person commented that they felt a little unwell, saying, "[the staff] will sort me out". A visiting health professional said, "staff are capable"; another said, "staff know the residents, and their needs, very well. If they cannot meet people's needs they make this known". A relative said, "I know [my relative] is looked after", adding, "[the staff] always seem to be doing some sort of training".

Staff knew people's needs and how to provide the appropriate support for them. This included where the person's needs were complex and changed from day to day, for example if a personwas at risk of pressure injury. They knew who to talk to if they had concerns about anyone they cared for.

A comprehensive support and training programme was in place and staff said they felt they had the skills they needed to care for people's needs. They said if they requested particular training or wanted to gain further qualifications, this was arranged for them. One member of staff had expressed a wish to increase their knowledge of mental health. This had been arranged and they were completing a qualification in this subject. Another member of staff said, "I always put my name down for training; it's important to keep up to date". Care staff said the practical training in moving and handling they received was beneficial; it helped them to, "know how it feels to use equipment; if a resident gets anxious [whilst in the hoist] you might know what the reason is, and how they might be feeling".

Staff said they received supervision, "every couple of months" and records confirmed this. Staff said these meetings offered them support, but that they, "wouldn't wait for a meeting" if they had any concerns. They added that the registered manager was, "very approachable, and if we need anything we just ask". Supervision was detailed and covered all aspects of the member of staff's role, including their appearance, attendance, knowledge of policies and procedures, relationships with people using the service and awareness of individualised care. Supervision records showedthat staff were given positive feedback where applicable and encouraged to seek support from the registered manager or senior staff if they had any concerns.

Staff understood that they should seek people's consent before providing care. Staff, including non-care staff, asked people before carrying out a task, for example, "can I bring your table round here?", "would you like some help with that?" and, "would you mind if I moved your wheelchair?" Staff allowed people time to respond before acting and respected people's right to refuse. If people had difficulty understanding, staff said they would use pictures or writing, or, "would look into other ways of helping [people] to make decisions for themselves".

The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005. Whilst no one in the home lacked capacity, the registered manager knew the process to follow should they have concerns about a person's ability to make decisions. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were no DoLS in place, however the registered manager was fully aware of the process to follow should this become necessary.

People were given sufficient food and drink to maintain a healthy diet. One person said, "The choice is good, but you can really have anything at all if they can get it." The cook knew people's likes and dislikes and offered people choices accordingly. People could choose when they had their meals and where. Most people ate in the dining room, which had a variety of different style of chairs, whilst others preferred to eat in their rooms. One person said, "I'll eat my lunch up here today, but I also use the dining room when I want to."

Mealtimes were enjoyable occasions, with a light hearted and unhurried atmosphere. Several choices of dessert were offered and some people had second helpings. Meals were presented attractively and consideration was given to people's preference of portion size. People who had specific dietary requirements were accommodated and where people required it, food was mashed or pureed. This was presented as individual elements of the dish so people could choose which parts they wanted to eat.

Staff discreetly observed people and offered the appropriate level of assistance if this was required. This allowed people to maintain their independence. One

Good

Is the service effective?

member of staff had noted that the person had had a choking fit earlier in the day and discreetly said to another care staff, “Would you stay in here while [the person] finishes [their] meal?” Two people required greater assistance. This support was provided cheerfully as the care staff chatted to the person in a friendly manner. The person was smiling frequently and ate all of both courses.

People were supported to access health care when they required it. Visiting health professionals said, “[the staff] call us appropriately; they don’t wait too long before seeking medical help, and they don’t call us unnecessarily”, and “they are very good at calling the district nurse when necessary”. People were supported to attend healthcare appointments, such as the chiropodist or dentist, and could choose to see either the visiting professional or one of their own choice. People said they could request a visit from their doctor whenever they wanted to. The registered manager offered to attend hospital appointments with people if they wished to have support. They asked people if they would like any questions asked and on return would discuss with the person what had happened and answer any questions they had. Telephone calls to health professionals, and visits from the GP and District Nurse were recorded in people’s care plans, including the reason why they were called and the outcome of the visit.

Good

Is the service caring?

Our findings

People said staff were kind and caring. Comments included, "[Staff] are so kind", "nothing's too much trouble", "Everybody is very kind. They all are" and "I've made friends with people here, residents and staff." People said that they knew staff well and staff knew them well. One person said, "Everybody knows each other; we even know each other's visitors, so really, we share them too!" A visiting health professional commented, "Staff are polite, friendly, courteous and warm; they know people well". Relatives and visitors said, "The staff are brilliant; they really care", and "I would definitely let my mum move in here; it is like a family; I've recommended [the home] left, right and centre".

Staff were visibly caring, and genuinely affectionate with people. The good relationships between the staff, in all of their roles, and people living in the home were evident. Where people were cared for in bed, this was done cheerfully and considerately, with friendly chat.

People's privacy was respected. Staff knocked and waited for a response before entering a person's room. People were addressed using their preferred name and conversations between people and staff showed staff knew about people's personal interests, hobbies and preferences. People's dignity was protected. Staff ensured doors were closed and curtains drawn when people were being assisted with personal care. They spoke in low tones in private when passing information on about a person's needs. Two toilet facilities had a curtain which could be drawn across the hallway when the toilet was being used. Staff said this was to ensure privacy when people who required the use of a hoist or stand-aid equipment used the toilet. In this case the toilet door needed to be open to allow the equipment to be used safely. The curtain protected people's privacy and dignity.

People were involved in reviews of their care and treatment. These were carried out regularly and if the person wanted, their family members were invited to be involved too. Both the person and their family, where appropriate, signed the review to indicate their agreement with the reviewed care plan. People were kept informed of what was going on in the home. For example, when an activity was planned for the afternoon was cancelled, staff visited each person to explain this. They chatted for as long as the person wanted and then asked if they would like the newspaper to read, or the television on. When one person commented that they were, "too old" for the magazines that were available to read, care staff sat down and asked them what sort they would prefer and said they would arrange this.

People were invited to regular residents' meetings and minutes of these showed people were consulted about their preferences and these were then implemented if possible. People were consulted about the decoration of the home and arrangements for celebrating holidays including carol singing and religious services. A visual display served as a reminder to people of the day of the week, date and month as well as the season and the day's weather.

Good

Is the service responsive?

Our findings

People's preferences were known by staff and people said they were treated as individuals. People said they could get up and go to bed when they wanted to and if they had any special requests these were met. A visitor said that their friend had requested an all-day cooked breakfast and this had been arranged for them.

People's care plans were individualised, and contained information on their past history, social interests before moving into the home and activities they enjoyed. Initial assessments were prepared with people and their family members and then reviewed monthly or if people's needs changed, such as following an admission to hospital. People's level of independence was recorded in relation to specific activities. For example, when a person required support to eat and drink safely the level of support was documented and staff provided this to the person. In another example, a person's care plan relating to the assistance they needed for personal care stated, 'needs left arm supported and will wash hands and face if given their flannel'. Some people's needs fluctuated daily and staff said they would assess the person each day to establish the level of support they required. Staff were aware of each person's abilities and offered assistance where necessary without impacting on a person's ability to care for themselves where possible.

Staff shift handover meetings were thorough and covered every person living in the home, their current health and emotional care needs, activities they had engaged in and any concerns about their food and fluid intake. Staff were knowledgeable about people's wellbeing even when this had changed very recently because guidance and instruction from visiting health professionals was communicated to them. A relative said, "We can ask any one of the staff and they will know exactly how [their relative] is feeling today".

A social atmosphere was promoted in the lounge and dining area and staff sat and chatted with people. It was clear they enjoyed spending time with staff. People said they were never bored. Some people read or watched television, or did crosswords or puzzles. Others occasionally went shopping with care staff or went on outings with relatives. People said they were able to use the garden in nicer weather and a cream tea event was arranged which relatives were invited to attend. A hairdresser visited weekly and care staff provided manicures. A schedule of arranged activities was in place which included musical entertainers, flower-arranging, movement to music sessions and bingo. Once a month religious services were arranged for those who wished to take part. A card was received from a relative of a person who had celebrated a birthday recently, thanking staff for, "the smashing birthday party" they had arranged in the home.

People had no complaints about the care provided to them but said they would not hesitate to speak to the registered manager, or any of the staff, should anything need to be said. Relatives said, "We cannot fault the place; it's absolutely brilliant", and, "we have no complaints whatsoever". One relative said they had mentioned to staff that their family member was wearing another person's clothing. They said it had not happened since, and they had received an apology. A visitor said, "Any problems I have, I just come in and they've solved them; they really are receptive to what we say". The complaints policy and procedure was displayed in the home. This detailed the response a complainant could expect and how to escalate a complaint should this be necessary.

Good

Is the service well-led?

Our findings

People said they found the registered manager and staff very approachable. They said the registered manager was active around the home, and very accessible. One person said, "Aren't we lucky to have such a nice manager? They added that they "won't let anything get in [their] way", and, "does [their] best for us." Another person said that the registered manager, "is always around; helps out; always here." A visitor said, "the [registered] manager is really 'hands-on'; you can talk about anything" with them. A visiting health professional said the registered manager, "gets full marks; really leads; is brilliant when you contact [them]; things get done".

The registered manager said, "I make myself available, not just as the boss", but for, "advice and supportive friendship". Staff felt supported by the registered manager describing them as, "approachable; friendly, and kind". The registered manager promoted teamwork in the home and staff said they appreciated this. Staff supervisions records showed this. One supervision record stated, "I love my job; I love the staff, they are supportive and helpful". Staff worked as a team and showed a commitment to the people living in the home. Domestic staff said, "We are committed to keeping the home clean for residents", and "We will stay later than our time if people need extra help with cleaning".

The culture of the home was one of openness and transparency. The provider recognised that everyone makes mistakes and staff should not be fearful of admitting to a mistake. They promoted the culture of openness with policies such as the 'Medicines, come clean' policy. This stated that any attempt to conceal a medicines error would result in instant dismissal, whereas staff would be supported, and re-trained if necessary, if they owned up to the mistake and took appropriate action. Staff showed they were committed to this and to the safety of people living in the home.

The registered manager monitored the quality of care in the home on a daily basis and was involved in 'hands on' care when this was required. They said this helped them to keep, "in touch with people's needs", and enabled them to observe how staff delivered care. The registered manager had made changes following monitoring of the call bell system and this meant the bell could be heard more clearly in all parts of the home. Daily and weekly audits of medicines records and stocks were carried out and recorded. Actions were noted; these were infrequent and completed quickly. Checks on the use-by dates of topical creams, and checks on the condition of equipment such as moving and handling belts, and hoist slings were regularly carried out and action taken where needed. A health and safety audit was carried out every six months; this covered areas such as the safety of handrails, how well carpet was fitted and whether all call bells were working.

An annual quality questionnaire was used to gain feedback on the service from health professionals and people who lived in the home and their relatives or regular visitors. The survey covered all aspects of the care delivered as well as staff appearance and attitude, the approachableness of the management team and the choice of activities. All the responses we saw were positive about the service. Comments included, "there is plenty to eat", "we do well for activities", and "staff are professional in appearance; always friendly and helpful".

All accidents and incidents in the home were recorded in detail as well as the action taken in response. These records were reviewed to establish if there were actions that could be taken to prevent accidents. Following a review of falls, changes had been made to the placement of furniture in a person's room so that they were safer.

Staff meetings were held and the results of quality checks were discussed. Issues such as correct laundry procedures, answering call bells and the delegation of specific duties to staff were discussed. Staff were asked for their ideas on how care provision could be improved and staff offered suggestions about improving safety when using equipment such as wheelchairs.

The provider made resources available where this was needed. Funds had been provided recently to enable the registered manager to purchase equipment that a person needed to remain safe whilst being assisted to move. Equipment that required replacing was done so promptly. The provider made funds available for staff to celebrate events together which helped promote the teamwork of staff.