

Lime Tree Care Ltd

# Cherry Tree House

## Inspection report

96 Creswell Road  
Clowne  
Chesterfield  
S43 4NA

Tel: 01246451313

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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

### About the service

Cherry Tree House is a residential care home providing personal and nursing care to up to 18 people. The service provides support to older people, people with a physical disability, younger adults and people who experience mental health difficulties. At the time of our inspection there were 11 people using the service. Accommodation is provided in 3 purpose-built buildings.

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

Significant improvements had been made in the service since our last inspection. The registered manager was an experienced manager who was dedicated to achieving good outcomes for people through person-centred support. The provider was committed to making improvements in the service and had implemented robust governance systems.

People lived in a relaxed, clean environment. Systems and processes were in place to protect people from harm. There were enough staff safely recruited to meet people's needs. Infection prevention and control measures were in place to help keep people safe. People had their health and well-being needs met. Medicines were safely managed.

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.

People were supported by caring, skilled and experienced staff who had time to get to know them and how best to support them. Staff supported people to identify their goals and develop their independence.

There was a positive culture within the home and the staff implemented the values of the provider to provide high quality personalised care and support to people.

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 and update

The last rating for this service was inadequate (published 8 June 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 31 July 2021. The decision was made to impose conditions on the providers registration to reduce the risk of harm to people. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

### 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 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.

# Cherry Tree House

## **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.

#### Inspection team

This inspection was carried out by 3 inspectors.

#### Service and service type

Cherry Tree House 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 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

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 3 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including members of domestic and catering staff, the clinical lead, the registered manager, a nurse and care staff. We reviewed a range of records. This included 5 people's care records and multiple medication 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. After the inspection we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection systems were either not in place or robust enough to demonstrate safety was well managed and risks were mitigated. The provider failed to ensure the proper and safe management of medicines was in place. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Using medicines safely

- People were involved, where possible, in the safe management of their medicines.
- At our last inspection we identified medicines were not safely managed. At this inspection we found significant improvements to demonstrate proper and safe use of medicines. People received their medicines as prescribed with support from staff who were assessed as competent.
- Detailed guidelines were in people's care plans for staff to follow for use of as required medicines (PRN). The use of PRN was recorded and analysed which ensured effective and appropriate use.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support.
- At our last inspection we identified people were at risk from inappropriate restraint. At this inspection we found the provider was committed to ensuring best practice and had introduced a new methodology for managing complex behaviour which focused on preventing the need for restraint. People engaged with staff to establish individual ways of working, setting boundaries and developing their care plans to help them manage their moods and when they became anxious or distressed. Care plans included detailed guidelines for staff to offer the least restrictive support to people to manage their health and wellbeing.
- The provider had implemented systems to safely manage people's areas of risk. The registered manager completed a full review of all accident and incident records, including of where physical intervention had been used, this reduced risks to people and improved their care.
- Staff understood the systems and strategies in place to help keep people and themselves safe. One member of staff told us, "We get to know people, we talk to people, be honest and develop trust".
- Risk assessments were in place for people to store their own medicines and self-administer where safe to do so. Guidelines were also in place for staff to support people if it became unsafe for them to administer their own medicines.

- Health and safety compliance checks were completed and recorded, evidencing the safe management of the environment.

#### Learning lessons when things go wrong

- There was an open culture of learning from mistakes. For example, the provider developed a template for responding to medicine errors to support all staff to achieve consistently good standards of practice.
- Outcomes for people were improved as a result of the provider implementing lessons learned. For example, following a medicines error the registered manager implemented more effective systems to monitor visiting professional interventions, this ensured people received their treatment as was prescribed. The registered manager took action and provided training and resources to be able to deliver interventions for people in the service. This ensured people received safe, person-centred care.

#### Preventing and controlling infection

At our inspection in May 2021 the provider did not ensure infection control procedures were effective. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were assured that the provider's infection prevention and control (IPC) policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections. At the main entrance, IPC guidance was available and masks and hand sanitiser for use by visitors.
- 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. Staff had completed training updates and used PPE, for example, masks, following up to date guidance. Donning and doffing guidance posters were available at PPE stations throughout the location.
- We were assured that the provider was responding effectively to risks and signs of infection. Staff knew people well and could identify if someone was not well or their normal self and take appropriate steps to help them and protect them from any infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The cleanliness and hygiene at the location was of a good standard. Domestic staff had a good knowledge of IPC procedures. Cleaning schedules were in place and records identified these were followed.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- People were supported to receive visitors into their home when they wanted and leave the home to meet their friends and family, with staff support where required. There were no restrictions on visiting in the home.

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

- People told us they felt safe at Cherry Tree House.
- One person said, "This is my safe place", a relative said, "My [relative] is in safe hands".
- People and their relatives and staff knew how to raise any concerns they had and believed these would be



addressed by the registered manager. One member of staff said, "If I had any concerns I would go to [clinical lead] or [registered manager] and feel comfortable to do so".

- Systems were in place to help keep people safe. Safeguarding incidents had been recorded in line with the provider's policy and reported as required to external agencies. The provider regularly reviewed incidents to mitigate risk of ongoing harm.

#### Staffing and recruitment

- People were supported by safely recruited staff.
- The provider followed safe recruitment guidelines, including 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.
- People were supported by staff who understood their needs and how to keep them safe. One staff told us, "We always have time to speak to people and get to know how to support them". One person told us, "I have got to know the staff and know them well".
- The registered manager understood people's individual support packages and ensured there were sufficient numbers of staff deployed to support people safely. Staff rotas identified the relevant training and skills of staff, for example, fire warden and positive behaviour support.

# Is the service effective?

## Our findings

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.

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.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider did not always ensure consent to care and treatment was sought in line with legislation and guidance. This is a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11.

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 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At this inspection we found significant improvements had been made and the service met the requirements of the MCA. Where required, mental capacity assessments and best interest decisions had been completed in line with best practice. For example, the information used to assess a person's capacity for making specific decisions was recorded. Involvement from family or professionals was recorded where used.
- Staff demonstrated a good understanding of the MCA and DoLS processes. For example, staff understood the DoLS decision appeals process and offered appropriate support to people going through this, including the involvement of an independent advocate. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them. A DoLS tracker was kept up to date by the registered manager to ensure applications and decisions of authorisations were up to date.

- Staff supported people in the least restrictive way possible. For example, following incidences of restraint people reflected with staff to identify what had triggered their actions and explored what support would help them to keep safe at times of heightened anxiety. As a result of people and staff working together to support people's wellbeing there had been no incidences of people requiring physical intervention to help keep them safe for over six months.
- People were supported to have maximum choice and control of their lives. For example, staff offered support to people to consider alternative options when making "unwise" decisions about their health, or relationships, and respected the choices people made.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our inspection in May 2021 the provider failed to ensure care and treatment was always provided in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People's dietary needs were assessed and their care plans identified support where required.
- Staff understood people's needs, for example, to reduce the risk of choking or to manage health conditions. Advice from professionals, such as dietitians and speech and language therapists, was included in people's care plans.
- People were offered choices of what they ate and drank. The cook at the location asked people each day what they would like from the menu. One person said, "I want to lose some weight, staff have been so supportive and designed menus to help".
- People had up to date health records in place, these identified health professionals involved in their care. Referrals were made to professionals in response to changes in people's needs or to manage their health conditions. For example, a referral was made to the dietitian for a person who had lost weight.
- The provider implemented a system to safely manage the discharge of people from hospital to return to the location. Communication with the hospital was recorded and any changes to people's needs were assessed and care planned.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in the assessment of their health and wellbeing needs.
- The provider developed a document with each person to record information about their lives, what was important to them and their goals. Staff knew this information and used it to support people in their everyday lives. One person said, "When I first came here ..., they (staff) worked with me and helped me develop and give me control".
- People's needs were identified and managed using nationally recognised tools. These tools identified any risk of malnutrition and pressure injury. Staff recognised changes in people's risks and referrals were made to the relevant professional for specialist assessment and input. For example, tissue viability, diet, swallowing difficulties.
- People's care records contained information and guidance for staff to meet their specific needs. For example, how to support a person to move safely using equipment. Staff understood how to help people to safely manage their health conditions, such as diabetes.

Staff support: induction, training, skills and experience

- People were supported by staff suitably trained to meet their needs.
- All newly employed staff completed an induction which involved shadowing an experienced staff member. One member of staff said, "Induction gives you an insight, training is in depth. Working with people and other staff ...I keep learning things".
- Staff were trained to effectively support people to safely manage times of anxiety and distress. Monitoring records identified zero use of physical intervention since the provider introduced a system of therapeutic support which followed person centred principles of promoting wellbeing and involving the person to manage their risks. One person said, "Staff have been on my journey all the way through, they know when something is wrong".
- Nurses employed at the location were supported to develop and maintain safe and current practice as their competence was assessed and clinical supervision was completed by the clinical lead.
- Staff felt supported by the provider. Staff were encouraged to develop their knowledge & skills and progress into roles with more responsibility when confident and competent to do so.

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

- The location provided a purpose-built environment to meet people's individual needs.
- The home offered sufficient spaces for opportunities for social interaction as well as smaller spaces for quiet time such as a room for reading or completing crafts.
- People had personalised their rooms with their belongings, including furniture, photographs and decorative artwork and ornaments. People could take visitors to their rooms and eat their meals in there if they wanted to.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our inspection of this quality standard in May 2021 the provider did not ensure people were always supported by staff respecting people's dignity, privacy and independence. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 10.

- Staff demonstrated compassion when supporting people to maintain their dignity and help balance their wellbeing.
- Staff were skilled to implement strategies and communicate with people to optimise their choice and control when, for example, they felt anxious or in a low mood. One relative told us, "Staff diffused the situation and talked to us about it afterwards. They were concerned about my [relative's] wellbeing".
- People had positive relationships with the staff who supported them. One person said, "The staff are absolutely brilliant. I cannot praise here (the location) enough. I know there are professional boundaries to uphold but we are like a family". One relative said, "Staff are brilliant, they always involve my [relative] and have got to know them".
- People were encouraged to set goals and develop their skills and interests. For example, staff supported people to choose, shop for, prepare and cook their own meals. One person said, "I want to move on, I cannot do that yet, staff are helping me to work towards being confident to live independently".

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring.
- One person said, "Staff all go above and beyond" and described how staff had helped them to arrange special events and celebrations with their family.
- The provider had policies in place which supported anti-discriminatory practices and staff undertook equality and diversity training. This meant people who were protected under the Equality Act 2010 were able to access care that met their needs. For example, people's care plans included information and guidance for staff to meet people's cultural needs in respect of following their religion, their dietary requirements and support at, and after, end of life.

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

- The provider implemented an approach to providing care and support which ensured the person, or their representative where required, were involved in making decisions about their care. People or their relatives told us they were involved in assessments and reviews and care records reflected their involvement.
- Staff supported people to make day to day decisions. People were relaxed when engaged with staff in choosing activities such as games and planning their shopping trips and outings.

# Is the service responsive?

## Our findings

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

At our inspection in May 2021 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who understood how they preferred to be cared for.
- The provider implemented a system to ensure people, or their representative, were involved in the assessment of their care needs. The assessment was completed with a competent member of staff prior to a person's admission to the location. One relative said, "An assessment was done, and we were able to visit before my [relative] moved in. Straight away we were pleased and knew Cherry Tree House could look after our [relative] safely".
- Care records included information for staff to know what a good day looked like for people. One person said, "I like the staff here. I do prefer my own company; I know there is always someone to talk to if I am fed up or want to talk".
- People were cared for by a consistent team of staff who knew them well. One person said, "I have a core group of staff who have known me since day one and have been on my journey with me all the way through".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People with sensory loss were supported by staff who understood their needs and how best to support them to communicate effectively. People's individual needs were assessed and detailed guidance available to staff to support people to know who was around them and what they were doing.
- The provider was able to provide information in a variety of formats where required, for example, information documents in easy read format. The provider made resources available to meet people's individual interests, such as audio books. The provider supported people to use voice activated devices to listen to music.
- The provider had introduced a visual way for people to share with their support staff how they were feeling. People placed individually meaningful symbols on their door. People were enabled to communicate their changing needs in a discrete and dignified way and staff understood how best to support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with their family and friends. Staff support was flexible to ensure people could attend events and celebrations. For example, one person went out to meet family members for a birthday meal. One relative said, "Staff make us feel very welcome when we visit, there is always someone available to talk to us. It already feels like our [relative's] home".
- Staff were respectful of individual's relationships and understood the impact of these on people's wellbeing. One person said, "I prefer to not have visitors and I use a mobile phone to keep in touch with people who are important to me."
- People participated in a range of activities in the home in small groups or individually. For example, one person told us they enjoyed the movie nights. Some people also chose to engage in activities outside the home such as shopping and going to cafes and restaurants.

Improving care quality in response to complaints or concerns

- The provider implemented an effective system for recording and responding to complaints.
- People, their relatives and staff told us they knew how, and to who, to raise any concerns they had.
- The provider had improved the quality of care for people as a result of investigations carried out in response to complaints made by people or their family members. For example, the registered manager implemented changes to a recording system to ensure consistency of medical intervention for people.

End of life care and support

- There was no one requiring of end of life care and support at the location during this inspection. The provider implemented an end of life care pathway to support people and their families through this sensitive time where required.
- The provider worked with local specialist facilities to ensure best practice was implemented. Staff were trained to provide support to people, and their families, through the stages of dying, death and bereavement.



# 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 inadequate. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At the last inspection the provider failed to demonstrate effective governance, including assurance and auditing systems or processes. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The service was led by an incredibly person-centred and positive registered manager whose empowering and inclusive ethos was shared by their staff team. They had worked hard to make substantial improvements in the service.
- The provider completed the work required to comply with the conditions imposed on their registration.
- Staff understood the values of the service and ensured people were cared for in line with their preferences.
- We received consistently positive feedback from people and their relatives about the improvements made at the service. One person said, "I did not want to come here when I read the CQC report, ever since I've been here, I don't recognise this place from what it says in that report". One relative said, "When I read the CQC report I was confused (by the rating), I asked myself why? Staff here (at the location) are extremely capable to support my [relative] who has very complex and challenging needs".
- Staff were clear about their roles and responsibilities and felt listened to, valued and supported. Feedback from staff about the registered manager was consistently positive. A member of staff said, "The (registered) manager cannot be faulted, they are a really good (registered) manager and have turned the home around".
- The provider had introduced new effective quality assurance systems and processes to monitor the safety and quality of the service. Audits were regularly completed by the provider and an external agency. Areas for improvement were identified and actions were taken to address these. The registered manager involved staff in understanding and working towards achieving the improvements through regular meetings. Staff told us they felt part of the changes led by the registered manager.
- The provider facilitated regular meetings with the management team to review and prioritise the service improvement action plan and share good practice.
- The registered manager understood their responsibility in managing safeguarding incidents to improve outcomes for people. For example, the registered manager reviewed all safeguarding incidents and referred

them appropriately to the local authority.

- The provider submitted notifications to CQC as required by their registration. Notifications provide details of events at the service and the action the registered manager has taken, which assists us to monitor the service.

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 keep people informed when incidents happened in line with the duty of candour.
- The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. One relative said, "The manager keeps me up to date when things happen." Another relative said, "My (relative) was involved in a very difficult situation, the (registered) manager handled it very professionally and told me straightaway".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider supported regular meetings for people to attend and discuss topics on an agenda. People had the opportunity to raise compliments and complaints, talk about the environment, plan events, suggest activities and raise any other business. People were also informed of planned improvements and changes. The records of these meetings were made available to everyone in the service in easy read formats.
- The registered manager maintained contact with people's families, where required, through regular conversations. One relative said, "I speak to [registered manager] to keep up to date". The registered manager was working with people to develop a service newsletter.
- The provider worked in partnership with other professionals such as GP and pharmacist, the community mental health team and local hospital services to support people to access healthcare when they needed it.