MNS Care Plc

Cherrytrees Care Home

Inspection report

Mandley Park Avenue
Salford
Greater Manchester
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Tel: 01617926883

Date of inspection visit:
18 January 2016

Date of publication:
17 February 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 18 January 2016.

Cherrytrees Care Home is registered with the Care Quality Commission to provide accommodation for persons who require nursing or personal care for a maximum of 32 people. The home is located in a residential area of Salford next to a public park with ample parking available for visitors. At the time of our inspection there were 28 people living at the home.

There was a registered manager in post at the time of our inspection. '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.'

We last inspected the home on in July 2014, when we found the service to be compliant with all the regulations we assessed at that time.

People who used the service, visiting relatives and friends told us they or their loved ones were supported by staff that were kind, friendly and caring, which made them feel safe.

We found people were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

We saw safeguarding and whistleblowing telephone contact numbers were displayed in the reception area for the use of people who used the service, their relatives and staff. This information was also available in the 'service user guide.'

We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

As part of the inspection, we looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there were sufficient numbers of staff on during our inspection to support people who used the service.

The registered manager told us all new staff undertook an induction programme, which included obtaining the care certificate over a 12 week period. Depending on previous experience, all new staff underwent a probationary period of three to six months.

All staff we spoke with confirmed they received regular supervision and appraisals, which we verified by looking at supervision records. Supervisions and appraisals enabled managers to assess the development

needs of their staff and to address training and personal needs in a timely manner.

The home managed Deprivation of Liberty Safeguards (DoLS) applications on a comprehensive spread-sheet. Staff we spoke with were able to explain the basic principles of DoLS and knew how to seek advice from the manager if they had any concerns about an individual's capacity or rights. We were able to verify from training records that staff had received training in the Mental Capacity Act.

People we spoke with were very complementary about the food they received, the skills of the cook and confirmed they received a choice.

The interactions between staff and people who used the service was observed to be caring and respectful at all times. People were given time to communicate their wishes. Privacy and dignity of people who used the service was maintained at all times and the general atmosphere within the home was calm.

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting peoples' rights and preferences. Throughout our inspection we observed that staff treated people with dignity and respected their privacy.

The home was part of the Six Steps End of Life Care programme delivered by Salford Royal NHS Foundation. This programme is intended to enable people to have a comfortable, dignified and pain free death.

The registered manager advised that there was a scheduled programme of in house activities for people who used the service. During our inspection we observed an absence of any stimulation for people other than watching television.

As part of this inspection we 'case tracked' five people who used the service. Care plans showed evidence of personalisation and regular reviews. However, there was limited information available regarding levels of independence and enablement i.e. what the resident could do for themselves.

We found the service routinely and actively listened to people to address any concerns or complaints.

People told us they believed the registered manager was doing a good job managing staff and services within the home.

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the registered manager was very approachable.

We found the service undertook a comprehensive range of audits and checks to monitor the quality of services provided. These included regular fire systems checks, environmental audits, monthly medications audits, accident reports, care plans, falls audit including action taken, training requirements and a night check audit.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, mental capacity act, consent, medication and supervision.

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. People who used the service, visiting relatives and friends told us that they or their loved ones were supported by staff that were kind, friendly and caring, which made them feel safe.

We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

As part of the inspection, we looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there were sufficient numbers of staff on during our inspection to support the needs of people living at the home.

Is the service effective?

Good

The service was effective. All new staff undertook an induction programme, which included obtaining the care certificate over a 12 week period.

All staff we spoke with confirmed they received regular supervision and appraisals, which we verified by looking at supervision records.

Staff we spoke with were able to explain the basic principles of Deprivation of Liberty Safeguards (DoLS) and knew how to seek advice from the manager if they had any concerns about an individual's capacity or rights.

Is the service caring?

Good

The service was caring. The interactions between staff and people who used the service was observed to be caring and respectful at all times.

Privacy and dignity of people who used the service was maintained at all times and the general atmosphere within the home was calm.

The home was part of the Six Steps End of Life Care programme

delivered by Salford Royal NHS Foundation. This programme is intended to enable people to have a comfortable, dignified and pain free death.

Is the service responsive?

Requires Improvement

Not all aspects of the service was responsive. The registered manager advised there was a scheduled programme of in house activities for people who used the service. During our inspection we observed an absence of stimulation for people other than watching television.

Care plans showed evidence of personalisation and regular reviews. However, there was limited information available regarding levels of independence and enablement i.e. what the resident could do for themselves.

We found that the service routinely and actively listened to people to address any concerns or complaints.

Is the service well-led?

Good

The service was well led. People told us they believed the registered manager was doing a good job managing staff and services within the home.

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the registered manager was very approachable.

We found the service undertook a comprehensive range of audits and checks to monitor the quality of services provided.

Cherrytrees 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 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.

This inspection took place on 18 January 2016 and was unannounced. The inspection was carried out by one adult social care inspector, one specialist advisor and an expert by experience. A specialist advisor is a person with specialist knowledge regarding the needs of people in the type of service being inspected. Their role is to support the inspection. The specialist advisor in this instance was a nurse with experience of older adults functional and organic, acute inpatient, psychiatric intensive care, brain injury, community mental health, addictions services and learning disability. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection, the provider 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 information we held about the home, which included statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority, local commissioning teams and infection control. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 28 people living at the home. Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and treatment rooms. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

During the inspection, we spoke with eight people who used the service and four visiting relatives and friends. We found a number of people could not carry out a full and meaningful conversation with us regarding the services they received as they were living with different stages of dementia.

The home employed 29 members of staff. During the inspection we spoke with the registered manager, five

members of care staff, one senior member of care staff, two nurses, the cook, the laundry assistant and the administrative assistant.

Good

Is the service safe?

Our findings

People who used the service, visiting relatives and friends told us they or their loved ones were supported by staff that were kind, friendly and caring, which made them feel safe. Everyone we spoke with said the home provided a safe environment for people. One relative explained to us how they had peace of mind knowing that their mother was safe living in the home. One person who used the service told us, "There's nothing wrong with the home. It's no better, no worse than any other home. It's like home from home. I don't feel unsafe." Another person who used the service said "There's nothing that could make it better. It's alright. I feel safe."

Other comments from people who used the service included, "Yes, I do feel safe here." "I think it's marvellous." "I'm happy here. I feel safe." "Of course I feel safe. I'm happy here." "It's very nice. There is nothing that I would change to make it better." "I feel very safe here. I'm very contented. I trust these ladies."

Comments from relatives and friends included, "Oh yes, she's definitely safe. I have peace of mind that I can go home and leave her here." "I think it's lovely, no problems at all." "There is good security. There is no reason to think that she is not safe. It's nice and homely. It's cosy and nice." "She's got the facilities she needs here. I think that she is perfectly safe here." "It's great. There are no problems. Her room is always clean. I wouldn't change anything. I'm really pleased."

We found people were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. We saw appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at six staff personnel files. Each file contained job application forms, interview questions, proof of identification and suitable references. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. CRB and DBS checks help employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults.

During the inspection we checked to see how people who lived at the home were protected from abuse. The home had a safeguarding policy in place. Staff we spoke with on the day of our inspection were knowledgeable about how to raise concerns and the different types of abuse that could occur. Staff also confirmed they would not hesitate to raise any concerns with the home manager if they were worried about the safety or wellbeing of a person. We also looked at the home's whistleblowing policy, which provided staff with guidance on how to report concerns confidentially. One member of staff told us, "If I saw anything concerning I would report it immediately to the nurse on duty. If I suspected abuse, I would then report the matter to the manager." Another member of staff said "If I suspected a resident was being abused, I would record my concern and report directly to the manager or CQC as it's my duty."

We saw that both safeguarding and whistleblowing telephone contact numbers were displayed in the reception area for the use of people who used the service, their relatives and staff. This information was also available in the 'service user guide.'

As part of the inspection we checked to see how the service managed and administered medication safely. We found people were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines safely.

The service used a 'Bio Dose pack' system' to store people's medication. A 'Bio Dose pack' is a term for pre-formed plastic packaging that contains prescribed medicines and is sealed by the pharmacist before delivering to the home. The pack has a peel off plastic lid that lists the contents and the time the medication should be administered. We looked at a sample of nine medication administration records (MAR), which recorded when and by whom medicines were administered to people who used the service. The records were up to date without omissions.

Medication records contained information detailing the name of the medicines to be administered, the colour, quantity and notes were documented to show if a G.P. had amended any medication. We found medication administration within the home was carried out by a qualified nurse. Competency checks to ensure the nurses had the relevant skills and knowledge for safe administration were in place. Medication known as PRN or 'when require' such as pain relief was supported by protocols. This provided guidance to nurses on the safe administration of such medicines.

As part of the inspection, we looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We found there were sufficient numbers of staff on duty during our inspection to support people who used the service. We looked at staffing rotas and spoke to people and staff. We were told by the registered manager the home used the 'Isaac Dependency Level Tool' to assist in determining levels of nursing and care staff required.

On the whole people and their relatives did not raise any concerns about staffing levels within the home, though one relative felt they could do with one more member of staff at night. One member of staff told us, "Staffing is not an issue, generally it is ok, but it will depend on people's individual needs." Another member of staff said "Staffing is fine, we have five in the morning and staff are good here." Other comments from staff included, "No concerns with staffing levels, we do try to make time to speak to people, but it depends on how busy we are." "No concerns working here, I'm very happy as I worked in another home before this one and it's a much better set up here." "Staffing levels are always enough." "No concerns about night time staffing levels."

We looked at a sample of five care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe and were regularly reviewed. Risk assessments included falls risks, weight monitoring, pressure care, management of diabetes, mental capacity, oral, nutritional and moving and handling. These provided clear guidance to staff as to what action to take to ensure people remained safe.

Good

Is the service effective?

Our findings

As part of this inspection, we checked to see how the service ensured staff had the required knowledge and skills to undertake their roles. The registered manager told us all new staff undertook an induction programme, which included obtaining the care certificate over a 12 week period. Depending on previous experience, all new staff underwent a probationary period of three to six months. One member of staff told us, "As part of my induction, I was shown around the home, did shadowing and completed the care certificate programme. As part of the care certificate training, I was observed by the manager in respect of manual handling and my communication skills with residents." Another member of staff said "There is an induction programme in which we did training and shadowing. We also get annual training in safeguarding, infection control, fire safety, manual handling and we get lots of updates."

We looked at the home training matrix, which detailed the training requirements of each member of staff. Another member of staff told us, "When I started here I worked with another nurse in order to get familiar with the residents and also had training in medication, manual handling and safeguarding. There is definitely enough training, which also includes the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)." We spoke to the clinical lead nurse who told us they did in house training for staff in safeguarding, challenging behaviour and manual handling, which involved the successful completion of work books. They also told us they arranged a number of 'work shops' with staff to ensure they got the most from the training available.

All staff we spoke with confirmed they received regular supervision and appraisals, which we verified by looking at supervision records. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Comments from staff included, "I have regular supervision with the manager." "I have regular supervision with the manager, who is very approachable." "I have formal supervision with the manager every three months. He is very approachable and does listen to staff. We are a good team."

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.

The home managed DOLS applications on a comprehensive spread sheet. Staff we spoke with were able to explain the basic principles of DoLS and knew how to seek advice from the registered manager if they had any concerns about an individual's capacity or rights. We were able to verify from training records that staff had received training in the MCA.

We found Mental Capacity assessments had been completed and were supported by best interest decision forms were necessary. In one care file we looked at we saw that there had been the active involvement by an Independent Mental Capacity Advocate (I.M.C.A). However, we found limited evidence to demonstrate the

active involvement of families and independent healthcare professionals during the completion of best interest decision forms.

We found that people's individual nutritional needs were assessed and planned for by the home. People who were identified as at risk of malnutrition had been referred to dietician services for further advice and guidance. We found little evidence within the care files we looked at of people's food preferences being documented.

We observed the lunchtime meal in the dining room. There were 15 people eating at six tables. People were offered a choice of soft drinks before the meal started. The dining area was clean and tables were laid out for people. The atmosphere was calm and relaxed. The food being served was written on a blackboard, although this was different to what was written on the table menu.

We saw staff did not rush people when providing support and people were offered further helpings. People we spoke with were very complementary about the food they received, the skills of the cook and confirmed they received a choice.

Comments from people who used the service included, "The food is ok. There's a choice." "The food's not bad." "The food's good. You get a choice. She's a good cook." "The food is good." "The food is good, there is a choice." "The food is excellent. There are about three or four choices. We get menus to choose from." "The food is very nice, very enjoyable." Comments from relatives included, "I would come in here myself. I've recommended people." "My relative doesn't eat properly, but they encourage her to eat." "They have adapted the menu to meet my relative's needs. They get her gluten free biscuits for her."

We found people had access to other healthcare professionals to make sure they received effective treatment to meet their specific needs. As part of this inspection we 'case tracked' five people who used the service. This is a method we use to establish if people are receiving the care and support they need and that risks to people's health and wellbeing were being appropriately managed by the service. These showed evidence of assessments being acted upon with relevant referrals being made to Speech and Language Therapist, Continence Nurse, GPs and dietician services.

Good

Is the service caring?

Our findings

The interactions between staff and people who used the service was observed to be caring and respectful at all times. People were given time to communicate their wishes. Privacy and dignity of people who used the service was maintained and the general atmosphere within the home was calm. People told us they felt well looked after and it was apparent that relationships between people and care staff was very caring. Relatives also felt that their loved ones were well looked after by the staff, with one relative explaining that their mother was not just seen as a patient by staff, but more as a 'family member.'

Comments from people who used the service included, "Some of the staff are great. They are all pretty good in their own way." "They look after me well." "The people are really, really good." "The staff are very good. They look after me." "The staff are very friendly and helpful." "I am very well looked after, well fed and I'm very comfortable." "I am very satisfied. They look after me very well. They couldn't do anything better. They have been kind and thoughtful."

Comments from relatives included, "They explain everything to me about her care." "My relative is washed and bathed every morning." "I can't think of anything, care wise that could be improved." "My relative is encouraged by everybody to get out of her bed and get out and about." "The carers obviously care. They are all approachable." "I think all the carers are very caring." "I've no issues with any of the staff. They're always friendly and happy to see people." "The staff are very friendly and very helpful. They always answer the phone."

Staff we spoke with demonstrated a good knowledge of person-centred care principles and the importance of respecting peoples' rights and preferences. Throughout our inspection we observed staff treat people with dignity and respected their privacy. Staff appeared unflustered if people demonstrated anxiety and exercised patience and understanding. When personal care was being delivered in people's bedroom, a notice was placed on the door warning other staff and relatives not to enter. The home had a designated dignity champion, who was responsible for influencing and informing colleagues about the importance of respect and dignity of people who used the service.

As part of the inspection we checked to see how people's independence was promoted and spoke with staff about their approach. One member of staff said "I encourage people to do things as much as possible, such as choosing their own clothing, but it all depends on how much they can do." Another member of staff told us, "I always explain what I'm doing and offer them choices, like encouraging them to feed themselves. I will always ask them to wash themselves for example, so they are more independent."

The home was part of the Six Steps End of Life Care programme delivered by Salford Royal NHS Foundation. This programme is intended to enable people to have a comfortable, dignified and pain free death. Advanced care plans were in place as appropriate, however these were not always signed by people who used the service or relatives to demonstrate evidence of involvement and agreement of the proposed plan of care.

Requires Improvement

Is the service responsive?

Our findings

The registered manager advised there was a scheduled programme of in house activities for people who used the service. There was a board in the hallway, outlining the events and activities being offered. On the day of our visit we were told the activities coordinator was off. The home maintained individual records for each person of activities they took part in and included handicraft, exercises, music and card games. The home also operated a 'tuck shop,' which enabled people to buy small items such as confectionary. During our inspection we observed an absence of any stimulation for people other than watching television. In the garden area the home had acquired some chickens to help stimulate people.

We spoke to people who used the service about activities that were offered by the home. We received a mixed response. Comments included, "There are things to do every day." "We have sing songs, but it gets a bit boisterous." "A gentleman comes to take me shopping. We go to Salford Precinct." "There are no activities here." "It would be good if could get out more often, to go to buy things." "They do our nails to make us feel good." "We've got chickens and hens. I like to watch them." "The activity coordinator is not in today. He does games and colouring."

We spoke with one member of staff who said "Generally there are activities going on, but there could be more. I personally don't think there is enough. The 'activities board' is not followed in my view." Another member of staff told us, "We have an activities coordinator and have organised Christmas parties and Hanukkah parties with the local Rabbi. Residents can go to our sister home for religious needs and residents can also use the Jewish community service."

As part of this inspection we 'case tracked' five people who used the service. Care plans showed evidence of personalisation and regular reviews. However, there was limited information available on levels of independence and enablement i.e. what the person could do for themselves. Three care plans were case tracked showed evidence of assessments being acted upon with relevant referrals to other health care professionals having been made. There was information about dietary and religious beliefs, which was again acted upon by the home. In one care plan we saw information available to support the early identification of specific medical conditions, which enabled staff to provide effective support were required.

During our visit we discussed with the registered manager that a person who used the service had complex mental health needs, but had not had a recent review by a psychiatrist or community mental health team. The same person was in receipt of medicines with no evidence of a recent medication review by the GP. The registered manager assured us that immediate steps would be taken to address these matters.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. Details of the complaints process was displayed within the home and contained within the service user guide.

We found the service routinely and actively listened to people to address any concerns or complaints. The home sent out customer surveys to relatives to gage the quality of service provided and enquire how these

services could be improved. Subjects covered included food and menu, dignity and care, activities and the environment. Questionnaires were also distributed amongst staff to determine the quality of management support provided. We looked at theses returned questionnaires and found responses were generally very positive about the quality of care being provided. We looked at minutes from 'relative and resident meetings,' with the last one having taken place in September 2015. Issues discussed included the new activity coordinator, a new menu and the tuck shop.

Good

Is the service well-led?

Our findings

At the time of our visit, there was a registered manager in place. 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.

During the inspection we asked staff, relatives and people who lived at the home for their views about the leadership of the service. People told us they believed the registered manager was doing a good job managing staff and services within the home. One person who used the service said "The manager is excellent. You can talk to him. He would do anything for you. I would recommend the home to anyone." A visiting relative told us, "The manager gets things done. That's what I like about him." Other comments included, "The manager is good, they answer all the questions that we have." "If I wasn't happy you'd hear about it."

The manager offered regular scheduled opportunities for relatives to meet and discuss any concerns, though it was evident during our inspection that an 'open door policy' operated for staff, visitors and other professional health care visitors.

Staff told us they believed there was an open and transparent atmosphere in the home, they felt supported in their role and that the registered manager was very approachable. All staff interviewed on the day of the visit confirmed that the manager was approachable. One staff member said that the manager was "Always willing to listen". Several of the staff we spoke with confirmed they had worked at the home for many years and confirmed that they were "happy" there. One member of staff said "The manager has made a lot of changes; decoration, improving things for staff and residents. He's a good manager. You can have a laugh and joke with him. I'm happy working at the home. It's a very good atmosphere."

Other comments from staff included, "The manager is the most approachable manager I have had and he does listen to what I have to say. I would have my own family here, as we have a good team and you can go to the manager about anything. There is a small turnover of staff as they are happy here." "You can definitely say there is an open culture here, the manager is very approachable and will listen. I have absolutely no concerns at all." "I do feel supported by the registered manager and the nurse. They tell you if you are doing well and always ask if you need anything to improve things." "I'm very happy here, the environment is very good, the team is excellent and the manager is very approachable."

During our visit, we observed the registered nurse on duty who regularly responded and supported staff with any queries in relation to the care and treatment of people living at the home. We found the registered manager had introduced various initiatives such as the "Six Steps Programme." The home was also involved in supporting the National Institute for Health Research in undertaking research in a care home setting.

We found the service undertook a comprehensive range of audits and checks to monitor the quality of services provided. These included regular fire systems checks, environmental audits, monthly medications

audits, accident reports, care plans, falls audit, training requirements and a night check audit.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, mental capacity act, consent, medication and supervision.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.