

Cherry Tree Care Limited

# Cherrytree Residential 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 ●

# Summary of findings

## Overall summary

### About the service

Cherrytree is a residential care home providing personal care for to 40 people. The service supports older and younger people, people with a physical disability and mental health needs. At the time of our inspection 20 people were using the service. Accommodation is provided across two floors with communal lounges and areas.

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

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were identified and assessed. Strategies were put in place to reduce the risks. People received their medicines safely. There were sufficient numbers of staff who had been safely recruited to meet people's needs. Incidents were reviewed and analysed to identify any trends or themes. The premises were clean, well maintained and people were protected from the risk of infection.

Staff were supported to provide good support through effective training and induction to the service. People's needs were assessed and staff worked with other health professionals to enable people to maintain their health and well-being. People were supported to eat and drink a balanced diet which took account of their needs and preferences. The provider was in the process of completing a redecoration and upgrade programme for the premises to ensure it met people's needs. People had benefited from increased light and space, a choice of comfortable communal areas and improved bathing facilities and soft furnishings. Further work was planned to improve signage that would enable people to find their way around independently where possible.

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.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans had been developed to support staff to provide personalised care. People were encouraged to take part in a range of meaningful activities and interests of their choice. Staff recognised the importance of protecting people from social isolation and supported people to maintain relationships that were important to them. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service worked with other agencies to provide end of life care for people.

The provider had systems in place to check the quality and safety of the services provided. People, relative and staff views were sought and feedback used to drive improvements within the service. Staff worked with other health and social care professionals to achieve the best possible outcomes for 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

The rating at the last comprehensive inspection was requires improvement (published 14 February 2019) and there were multiple breaches of regulations. We undertook a focussed inspection (published 17 April 2019) to check the provider had made the immediate improvements required. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Cherrytree Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector

#### Service and service type

Cherrytree Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and spoke with local authority commissioners responsible for commissioning and monitoring the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with five people and one relative to gain their views about the service. We also spoke with the provider, registered manager, three care staff, an activity co-ordinator, a visitor and a visiting health professional. We reviewed care and support records for three people and sampled medicine records. We looked at three staff files for recruitment and supervision and reviewed the training provided. We also looked at other records relating to the day to day running of the service, including quality assurance. We observed care and support provided in communal areas and during the lunchtime meal.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures.

## Is the service safe?

### Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last comprehensive inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and people were not protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and carried out a focussed inspection where we found enough improvement had been made and the provider was no longer in breach of regulation 12. At this inspection we found the provider had continued to make improvements.

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. We observed staff wore disposable gloves and aprons when providing support with personal care and at meal times.
- The home was clean and free of unpleasant odours. Domestic staff worked to cleaning schedules and had wallet sized information cards to remind them about infection control.
- Managers undertook regular audits to ensure staff were compliant with the provider's infection control procedures. They had taken action to improve infection control since our last inspection. This included refurbished bathrooms, hand soap dispensers, new toilet seats and flooring.
- Individual risks to people had been assessed and provided detailed information in order for staff to keep people safe, whilst respecting their right to retain as much independence as possible. These were reviewed to ensure records reflected people's current needs.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely and to use equipment to transfer.
- Maintenance records showed checks were carried on the premises, installations and equipment. Fire risk assessments and plans were in place to enable staff to support people to safety in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe living at the service. One person told us, "I feel safe because the staff are always here. I only have to pull my call bell and they come to help me." A relative told us they had never had any concerns about their family member's safety and staff had acted appropriately to incidents in the past.
- Staff knew what to do to make sure people were protected from avoidable harm or abuse. They told us they would be comfortable to follow-up safeguarding concerns with the management team so they could be confident they had been addressed.

- There were systems in place to report safeguarding concerns. These were reviewed and analysed by the provider who worked with other agencies to ensure people were safe.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs in a timely manner. Staffing levels were adapted according to the needs of the people using the service at the time and potential new admissions.
- The management team ensured the staff supporting people were familiar and consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) checks and references were obtained before new staff started working in the service. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- Staff told us they felt supported and received regular supervision which helped them to develop in their role.

#### Using medicines safely

- Medicines were stored, administered and managed safely. Staff used an electronic system for dispensing, administering and recording medicines which helped to reduce the risk of error.
- We observed staff consulted with people before administering their medicines and gave them the time they needed to take them.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.
- Staff who supported people with their medicines had completed training. Competency assessments were carried out to check staff were following the correct procedures.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Accidents and incidents were reviewed to look for themes or patterns, for example after a person had fallen. This information was used to make changes to reduce the risk of recurrence.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection the environment had not been adapted to meet the needs of people living with dementia and was in need of redecoration and ongoing maintenance. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 15.

- The provider had made significant improvements to the décor, bathrooms and furnishings of the home to ensure it met the needs of people using the service.
- Improvements had been made to décor and furnishings in the communal areas and people had been involved in this. For example, people had been consulted about choice of floor coverings and colour samples for furnishings. Further work was in progress or planned, such as continued redecoration, the installation of a sensory bathroom and new soft furnishings.
- People and relatives spoke positively about the impact of environmental changes for them. One relative told us, "I am really impressed with the refurbishment. It is so much lighter for people and there have been no bad odours for months now."
- We observed people could move around the premises freely and safely. The provider had arranged for personalised signage to be placed on doors to support people to recognise their room. Further appropriate signage was planned around communal areas to support people to find their way around the home independently.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- The provider described an admission procedure that ensured compatibility between people using the service.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had and support needed to maintain lifestyle choices and relationships.
- Assessments had been completed with the person, or where appropriate, with their family or representatives.

Staff support: induction, training, skills and experience

- Staff were seen to be competent, knowledgeable and skilled in their role and supported people effectively.
- The provider described a turnover in staff and a change in culture which in turn had had a positive impact on the care provided. One visiting health professional told us, "The staff are friendly and the communication is really good. There is effective information sharing and if I raise any issues, they make sure it is followed up."
- Staff were positive about the training provided. One staff member told us, "The training is really good. They [provider] don't let you help anyone until you have done all the mandatory training and moving and handling." A second staff member described how they received continuous support and guidance from managers which helped increase their confidence and ability within their role.
- Staff were supported to complete detailed induction training and on-going development training. This included training that the provider had identified as being essential and specialist training to meet people's individual needs, such as health care conditions or dementia.

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

- People told us they were happy with the quality of the food provided. One person told us, "The food is really good here. There is enough of it and they cater for what we like."
- People were fully involved in the choosing of their meals each day. Photographs were used for people to make their decision.
- Staff were knowledgeable of people's individual dietary needs and preferences. Staff ensured people were provided with a range of drinks and snacks between meals.
- We found gaps in records used to monitor people's food and fluid intake. This did not support effective monitoring where people had been assessed as at risk from poor nutrition or from de-hydration. We raised this with the provider who told us they would review monitoring to ensure it was only in place where required. As a result, they told us they had introduced more robust monitoring and recording following our inspection.

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

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service.
- People told us and records confirmed staff supported people to access a range of routine health appointments. For example, a chiropodist regularly visited to provide foot care. People were supported to access dental care and care plans included the support they needed to maintain good oral care. The provider was updating and developing this information at the time of our inspection.
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

- Care plans referenced people's abilities to make specific decisions regarding certain areas and these were supported by MCA assessments and best interest decisions.
- Appropriate DoLS applications had been made in a timely manner. Where conditions had been applied they were being met.
- Staff understood the importance of supporting people to make decisions about their day to day lives. One staff member told us, "Just because a person may be assessed as lacking mental capacity doesn't mean that they can't make some choices and decisions." Decisions made in people's best interests were clearly recorded.

# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they were happy with the care and support they received from staff. Comments included, "They [staff] treat me very well and look after me really well," and "The staff are friendly, happy and helpful. It really is excellent here." A relative told us, "The care here is very good, I have never had any concerns. Staff are always friendly and welcoming whenever I visit."
- A visiting health professional told us, "Staff are more friendly and spend time with people. Communication is much better now."
- We saw kind interactions and friendly banter between staff and people living at the home.
- Staff knew people well, they were able to tell us about people's needs, their preferred routines and the things that were important to them. People's care records included information about their needs and preferences such as the name they preferred to be known by.
- People were supported to celebrate diversity and cultural differences. For example, the provider had involved people in pride celebrations in recognition of lesbian, gay, bi-sexual and transgender communities. People were able to make comments about what equality and diversity meant to them and attach them to an equality tree which sat in a communal lounge.

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

- People and, where appropriate, their relatives were supported to be involved in planning their care. One person described the importance of where they sat in communal areas and the support needed to maintain their personal appearance. They told us they had explained this to staff who ensured their preferences were met.
- Staff made sure they got to know people well so they could support the person's decision making and provide support the way the person wanted. We observed staff respectfully offering people different choices on what they wanted to do and respecting their wishes when they declined to participate in certain activities.
- Information about advocacy services was available to people in admission information. The provider told us they would ensure this information was available on communal information boards to make it readily accessible. This would enable people to access the right services where they required support to share their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they protected people's privacy and dignity. Comments included supporting people to maintain their appearance and protecting people's dignity whilst supporting them

with personal care.

- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this.
- People were encouraged to maintain relationships with family and friends and information was shared appropriately and stored securely.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last comprehensive inspection the care and treatment of people did not meet their needs or reflect their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received support that was individual to their needs and preferences.
- Care plans had been developed and updated. Records were personalised and contained information about people's likes and dislikes. For example, one person's care plan stated they did not like to be alone. We saw they were supported to sit in communal areas around other people and had interaction from people and staff.
- People confirmed they had been involved in reviews of their care but this was not reflected in records. The provider told us they would develop records to ensure people's involvement in reviews was clearly evidenced.
- Staff demonstrated they knew people well, and the care they wished to receive.
- Staff promoted equality and diversity and provided support that recognised people's specific beliefs and preferences.
- People were supported to personalise their rooms. For example, the provider was in the process of replacing soft furnishings and had consulted with people as to whether they wished to keep their own bedding or curtains or have new ones.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- Information could be made available to people in a different format if it was needed.

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.

- An activity co-ordinator, supported by staff, provided a range of meaningful activities and stimulation for people.
- People told us they had enough to do and interest them. One person told us, "There is lots for me to do throughout the day. When the weather is good I sit outside which is lovely and there are always people I can talk to." A relative told us, "[Name of activity co-ordinator] is fantastic. They are always involving people".
- We observed activities such as group floor games, dancing and singing which people were supported to get involved with if they wished. Other activities were available for people, such as jigsaws and painting. We saw one person periodically engaged with a jigsaw when they wished as it was available to them throughout the day. Two people regularly knitted blankets which were donated to a local neo-natal unit for premature babies.
- The activity co-ordinator demonstrated a good understanding in ensuring people were not at risk from social isolation. They told us, "I develop the activities through getting to know people. We don't push activities onto them. Some people like group activities whilst others prefer one-to-one time."
- People were supported to celebrate key dates such as birthdays, and festivities. Community groups, such as the church, local school children and girl guides were invited to spend time with people and put on concerts. Entertainment was frequently arranged, such as professional singers and theatre companies. Trips out were also arranged to local places of interest.
- People were supported to maintain relationships with friends and family who were welcome to visit at any time.

Improving care quality in response to complaints or concerns

- People and relatives were given information about the complaints procedure which detailed how to raise concerns.
- Complaints were recorded and where appropriate action was taken to improve the service and reduce the risk of recurrence.
- People and relatives told us they felt confident to raise concerns with staff or the provider if they needed to. One relative told us, "If I had any concerns I would be able to approach any of them [staff] and it would be sorted out."

End of life care and support

- Staff had received training about end of life care. There was nobody receiving end of life care at the time of our visit.
- Staff did not routinely explore people's advanced care planning preferences, but people were provided with the opportunity to discuss wishes and preferences as part of the care planning process.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the providers' quality monitoring had failed to identify risk and did not gather or act on the feedback and experience of people who used the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. For example, improvement had been made in areas such as infection control and documentation. Audits and checks demonstrated these improvements had been sustained.
- Policies and procedures had been reviewed and updated. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- Staff were clear about their roles and responsibilities and felt listened to. Staff described effective communication and support from managers as being 'fantastic'. Staff spoke about positive teamwork and a culture that respected and celebrated equality and diversity.
- People and relatives were engaged in the service and how it was run. They were able to share their views through surveys, meetings and directly with the registered manager and provider. The provider regularly consulted with people about changes within the service, directly and through regular resident meetings.
- The provider had listened to and taken action in response to people's feedback. For example, changes had been made to food choices and portion sizes. An activity information board had been implemented to inform relatives of activities their family member could participate in.
- Staff were able to share their views through meetings and surveys and these were used to drive improvements in the service. For example, more detailed and robust handovers between shifts had been implemented and support for staff to recognise and learn from errors.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, provider and the staff team were passionate about providing person centred



care. Staff demonstrated they understood the need to treat people as individuals and respect their wishes.

- The management team were visible in the home, directing care and supporting people and staff.
- The service had a friendly and open culture, people, staff and visitors were able to approach the registered manager and provider throughout our inspection visit.

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 and provider was open with us throughout the inspection. There was good communication in place with people, relatives, and professionals.
- We looked at the provider's systems to deal with complaints and incidents. These were robust and evidenced the provider was aware of their responsibilities under duty of candour.

Working in partnership with others; Continuous learning and improving care

- The provider had systems in place to support continuous learning and development. This included contingency planning, improvement action plans and staff training and development.
- Staff worked with a range of health and social care professionals and relatives to ensure they reviewed and developed the service to meet the needs of people using it.