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

This was an unannounced comprehensive inspection that took place on 1 June 2017.

Cherrytree Residential Home provides accommodation and care for up to 40 people who are aged over 65 and who may also have a physical disability or have a diagnosis of mental health. The home is located on two floors and has three communal lounges, a large garden and a dining room where people could spend time together. At the time of inspection there were 36 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns that they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified control measures were in place.

There were enough staff to meet people's needs safely. The provider had safe recruitment practices. This assured them that staff had been checked for their suitability before they started their employment.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were offered to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through an induction and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People received sufficient to eat and drink. Their health needs were met. This is because staff supported them to access health care professionals promptly.

People were supported to make their own decisions. Staff and managers had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that assessments of mental capacity had been completed where there were concerns about people's ability to make decisions for themselves. However, these were not completed to make a specific decision. The registered manager

told us that these were being completed with support from Leicestershire County Council. Staff told us that they sought people's consent before delivering their support.

People were involved in decisions about their support. They told us that staff treated them with respect. Staff knew people they cared for and treated people with kindness and compassion.

People received care and support that met their individual needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed. People took part in activities that they enjoyed.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and staff felt the service was well managed. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. This included a plan for maintaining and improving the environment. People were asked for feedback on the quality of the service that they received. The service was led by a manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

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 were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and offered to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were encouraged to make decisions about their support and day to day lives. Staff asked for consent before they supported each person.

People were supported to eat and drink well. They had access to healthcare services when they required them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected. People were supported to be independent.

People were involved in making decisions about their support.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed. Care plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

There were activities that people participated in and enjoyed.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good

The service was well led.

There was audit systems in place to measure the quality and care delivered and so that improvements could be made.

There was a plan in place to update and maintain the environment.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

Cherrytree Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 June 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, the deputy manager, the provider, two senior care staff, one care staff and the cook.

We spoke with eight people who used the service, three relatives of other people who used the service and a visiting health professional. This was to gather their views. We observed staff communicating with people who used the service and supporting them throughout the day.

Good

Is the service safe?

Our findings

People told us that they felt safe while living at Cherrytree Residential Home Limited. One person said, "I am safe here and things in my room are safe." Another person told us, "I have never been scared or frightened here in three years." A relative agreed that they felt their relative was safe. People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the registered manager or external professionals if necessary. One staff member said, "I would always report any concerns." The actions staff described were in line with the provider's guidance. Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Staff knew how to reduce risks to people's health and well-being. We saw that risks associated with people's support had been assessed and reviewed. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of choking. We saw that there were guidelines in place for staff to follow. These included making sure that the person's food was served at an appropriate consistency and that guidance was in place from a health professional to support this. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. This included information about what may cause a person to become distressed and ways to reduce this. Staff told us that they were confident in following these plans. This meant that risks associated with people's support were managed to help them to remain safe.

People told us that there were usually enough staff to meet their needs safely. One person said, "There are enough staff but I don't know about that at night time." Another person told us, "I think they could do with more staff. I don't have to wait long for help." A relative told us, "The staff are always around." Staff told us that they felt there were enough staff to meet people's needs most of the time. One staff member said, "There are enough staff on in the morning and at night. It would be good if we had an extra person in the afternoon to go in the kitchen." Another staff member said, "Sometimes people think we have too many staff on duty. People's needs have to be taken into account. There needs to be staff ready to support people." The registered manager told us that they had agreed staffing levels based on the needs of people who used the service. They explained that if a member of staff was unable to work that they would approach the other staff to ask them to cover the shift. The rota showed that suitably trained and experienced staff were deployed based on the staffing numbers that the registered manager had agreed. We found that staff had time to talk with people and support them when they asked for this.

People could be sure that staff knew how to support them to remain safe in the event of an emergency. This was because there were plans in place so that staff knew how to evacuate people from their homes should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. We saw that the checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Records showed that fire drills had taken place.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to apply these. They told us that they used this as a learning tool to minimise the risks of such incidents reoccurring. We saw that details of any incidents or accidents were reviewed including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents and to reach satisfactory outcomes for people.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks had taken place.

People received their medicines safely. One person told us, "The carers give me tablets." The provider had a policy in place which covered the administration and recording of medicines. We observed people taking their medicines and saw that staff followed the policy. Staff told us that they were trained in the safe handling of people's medicines and records confirmed this. One staff member said, "I have done online training and then had a supervision with [registered manager] who made sure I was safe to give out the medicines." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. We saw that there were guidelines for staff to follow that detailed when these medicines could be offered to people. We looked at the medicine administration records and found that these had been completed correctly.

Good

Is the service effective?

Our findings

People felt that they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff know what they are doing." Another person said, "The staff go on training." Staff who we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "We have a good level of training." Another staff member told us, "The training is good. I like doing online training as you can do it in your own time and at home." Training records showed that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in supporting people who were living with diabetes to make sure they understood how to support people appropriately where they had this diagnosis. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. One staff member said, "We are given a few weeks to get to know how things work. I appreciate that." Another staff member commented, "When I moved from night shifts to day shifts I was given two weeks to get to know how things worked." Records we saw confirmed that staff had completed an induction. The provider told us that they used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have supervision every three months. I can always talk to [registered manager]." Records confirmed that supervision meetings had taken place. This meant that staff received guidance on how to provide effective support to people.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed. However, we found that these were not done for a specific decision. The registered

manager told us that they were in the process of updating the capacity assessments and were being supported to do this by staff from Leicestershire County Council. We saw that care plans included information about each person's ability to make their own decisions and encouraged staff to give people opportunities to make their own decisions. Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. One staff member explained, "We have one person who is on a DoLS. They try to leave the home. It was done in their best interests as it would not be safe." This involved supporting people to make their own decisions and respecting their wishes. Staff told us that they had completed training in the MCA.
We found that DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority. Staff knew that some people who lived in the service had DoLS in place.

People were asked for their consent before staff supported them. We saw that staff asked people if they wanted help before supporting them throughout our visit and explained what they were doing. Staff understood the need to respect people's choices. One staff member said, "I always give people a choice with food, clothes and activities. You can offer two choices if someone struggle's to decide. If someone says no I respect that and document it."

People had access to a choice of meals and drinks. They told us that they liked their meals. One person said, "Lunch is very nice," just after they had eaten their lunch. Another person told us, "The food is quite good. They will always change it if you don't like it." There was a menu displayed in the dining room. This was quite hard to see as it was high up. The provider told us that new menus were being developed that would be on each table so that people could access these. The cook told us that people could always ask for something else if they did not want what was on the menu. Where someone had a dietary need such as a soft diet this was provided. The cook told us that they had information about people's dietary needs and made sure that their meals were prepared in line with their assessed need. The cook told us that the menu was based on what people liked. They explained that people were asked each month for feedback on the menu and where changes were requested these were put on the menu.

We saw that people were offered drinks and snacks from a trolley throughout the day. There were jugs of water and juice available around the home. Staff offered people support that they required with their meals and did this at a pace that seemed to suit the person so they were not rushed. This meant that people's eating and drinking needs were met.

People were supported to maintain good health and could access health care services when needed. One person commented, "If I need the doctor they would get them." Staff were aware of people's health needs and told us that they reported any changes in people's needs to the senior on duty who would make appropriate referrals to other professionals if required. Records we reviewed confirmed that staff supported and referred people promptly. Records also showed that people had seen a range of health professionals and details of the outcome from the appointment had been recorded so that staff were aware of any changes.

Good

Is the service caring?

Our findings

People were positive about the support that they received and the caring nature of staff. Comments included, "The staff are kind," "Staff look after me well," "The staff are all lovely and kind to me," and the staff look after me." A visiting health professional told us, "The staff seem very friendly and caring." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. One staff member said, "I think at Cherrytree the care is second to none. We all work together and I think the carers go above and beyond." Another staff member commented, "I think we care for the residents to a level that ensures their well-being to the highest degree."

Throughout the day of our inspection visit, we observed that staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with their tasks. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

People were supported in a dignified and respectful manner. One person commented, "My bedroom is private." We saw that staff promoted people's dignity through asking them discreetly if they wanted support and encouraging people to adjust their clothing. Staff spent time chatting to people and took an interest in them. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. We saw that staff did knock on people's doors before entering their room.

People were involved in making decisions about their care. One person said, "I can get ready for bed when I want to." People were included in decisions about meals, going out, and attending activities. Staff explained that they offered people choices about their care. One staff member said, "We give people a choice of staff. Some people prefer certain members of staff." We saw throughout the day of our visit that people were asked if they wanted support with things such as using the toilet, or help with cutting up their food. People's decisions were respected.

Information had been gathered about people's personal histories, preferences and wishes which enabled staff to have an understanding of people's backgrounds and what was important to them. One staff member said, "I really enjoyed getting to know about people. They are very interesting." Care plans included a map of a person's life that included where they were born, where they had lived, information about family, work history and life events.

Staff were knowledgeable about the people who they supported. They could tell us about people's likes, dislikes and preferences. One staff member explained the needs of one person. They told us, "Some people have been here a long time. We get to spend time with people and get to know them." We saw that this information was recorded in people's care plans. The information had been provided by each person and their family and friends. This meant that staff had access to information about what was important to the person and could use this to have conversations with people about things that mattered to them.

People's visitors were made welcome and were free to see them as they wished. One person said, "Visitors

can come when they want to. There is no restriction." A relative told us, "We come every day." Throughout our inspections people visited and were invited to eat with their relative if they wanted to. The visitor's book showed that people had visited at various times.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We also saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Good

Is the service responsive?

Our findings

The care that people received met their individual needs. One person said, "They look after me well, I get everything I want really." People's care plans included information that guided staff on the activities and level of support people required. We saw that people's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. Care plans contained information about people's preferences and how they liked to do things. This included information about what was important to each person, their health and details of their life history. This enabled staff to provide support in a way that met people's individual needs and preferences.

People's care and support needs were assessed prior to them moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Staff confirmed that this had taken place. People and their relatives told us that they had been involved in their assessment. A staff member commented, "Families and residents get involved." Records we saw confirmed that this had taken place.

People and their relatives told us that they had been involved in changes to their care plans. One person said, "I think I have a care plan. They tell you about the care plan and what has been done." Staff confirmed that people have been involved in developing new care plans. One staff member said, "We have done a lot of work on the care plans. We did them with the person. We learnt things we didn't know. It was so interesting." We saw that care plans had been reviewed monthly or if a person's needs had changed. This meant that care plans included up to date information about people's needs so that the staff had the information they required.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. Key information was recorded in the communication book that all staff could access.

People were offered activities to provide them with stimulation. One person told us, "We have sing songs and they have a piano thing." Another person said, "We have bingo, making cards and arts and crafts." One person commented, "Its' fun doing arts and crafts. I did that." They showed us their artwork which was displayed around the service. A relative told us, "[Person's name] enjoys doing the art work. They are happy when they do it." Staff told us that the activities co-ordinator offered a number of different things for people to do. One staff member said, "Everybody is given the opportunity to join in. We do lots of things including armchair aerobics. Tai chi and going for walks. Bingo and dominoes are always popular." Some people told us that they did not enjoy all activities that were on offer. One person said, "I am not really churchy. I could have left the room." On the day of the inspection there was a communion that a number of people joined in with. One person told us, "I enjoyed the service. I got married at that church." A member of staff told us, "If people don't want to join in that is their choice and some of them do choose to leave the room." We saw that special events had been held for events throughout the year such as Easter and Christmas. One person said, "The children come in to sing at Christmas."

We saw that there were a number of people who were sat together knitting. Staff told us that people really

enjoyed doing this. They explained that some people who enjoyed knitting had formed a club and they thought of this as their work. The staff explained that the knitting club had made things for premature babies and for homeless people as part of charity work. An article had been written about this in a local newspaper. This activity was important to the people who participated as it made them feel part of a community.

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "If I was worried I could talk to the staff or go to the office. But I don't have any concerns. If I was worried I would tell staff." One person commented, "I can tell the staff if I don't like how they help me." There were procedures for making compliments and complaints about the service and these were displayed so that people and their relatives had access to them. We reviewed details of complaints that had been received and saw that action had been taken to address and respond to these within the agreed timescales identified in the provider's policy.

Good

Is the service well-led?

Our findings

People told us that they were pleased with the service they received. One person said, "I like it here." A relative commented, "[Person's name] calls it home." The provider had changed in December 2016. Following this change some people had raised concerns with CQC. At this inspection people told us that they had not been affected by the change in ownership. One person said, "Since the new owners have taken over there hasn't been much change." Staff told us that they had been worried about the change in ownership but were more settled now. One staff member said, "It was difficult with the handover. The changes were communicated to us." Another staff member told us, "It has taken people time to adapt. There are plans for the service which will make it better. Some things have been done already such as the paperwork. It is a lot better." A visiting health professional said, "The new owners are around. I have noticed that they are on top of things now." Records showed that a meeting had been held with people and their relatives in January 2017 to discuss the changes in ownership.

People and their relatives had opportunities to give feedback to the provider. One person said, "We have meetings about two times a year." A member of staff said, "[Activities co-ordinator] has a meeting once a month to ask people what they want on the menu and what activities they want to do. We saw minutes from the last four residents meetings these showed that people had discussed activities, meals and changes in the home environment. A survey had been sent out in January 2017 to people who use the service and their relatives. The feedback had been analysed. Actions had been set to address the two areas where people had asked for improvement.

Staff told us that they attended regular team meetings and felt supported. These provided the staff team with the opportunity to be involved in how the service was run. We saw minutes from the last three team meetings. Topics discussed included good practice, training, staff roles and responsibilities, documentation and how to complete this. We saw that a staff survey had been completed in March 2017. All but one of these were returned. The results from this were positive and feedback was provided to staff. This meant that the provider made sure that staff knew their responsibilities as well as offering them opportunities to give their feedback

There were systems in place to regularly monitor the quality and safety of the service being provided. These included checks on areas such as care plans, medicines and the environment. We saw that any actions that were needed were recorded and reviewed. We found that areas within the home appeared to not be well maintained and required updating. This was something that had been brought to our attention before our inspection. The provider acknowledged that the décor required modernising and decoration to improve the environment. They had a plan for the works that had already started to be completed. Staff confirmed that the works had started. One staff member commented, "The maintenance has improved. We have had the toilet stands and handles replaced. There is a plan in place. It will make the service better." This meant that the service had processes in place to monitor the quality of the service and drive improvements in the delivery of a quality service.

We saw that the provider had made available to staff policies and procedures that detailed their

responsibilities that staff were able to describe. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can go to CQC or social services."

The registered manager was aware of most of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. They had not always notified us when a DoLS had been agreed for a person which is something that they must do. We discussed this with the registered manager who sent the notifications to us following our inspection. During our inspection we saw that the ratings poster from the previous inspection had been displayed in the home. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.