Care Quality Commission

Chiltern Care Services Limited

Cherry Tree Nursing Home

Inspection report

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Date of inspection visit: 13 & 14 July 2015
Date of publication: 29/07/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This unannounced inspection took place on the 13 and 14 July 2015. Cherry Tree Nursing home provides nursing care to up to 42 older people. At the time of the inspection there were 34 people living in the home. The home is set on two floors, the ground and first floor. A lift is available to assist people to move between both areas. Wet rooms, bathrooms and toilets were available on both floors, three of the bedrooms have en suite facilities, The building is surrounded by well-maintained gardens, a pond with a fountain and footbridge to provide access.

A registered manager has been in place for over three years. 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 told us they felt safe in the home and staff knew and understood how to meet their needs. Assessments of

Summary of findings

people's needs were completed prior to people moving into the home. Where appropriate people's relatives were involved in the assessment process. People told us they were happy living in the home, and staff were kind and supportive.

We observed staff carrying out care with people who had difficulties. They showed respect towards the people they cared for; they were encouraging and sensitive to individual people's needs. Where people needed specialist care this was provided through referrals to speech and language therapists and community psychiatric nurses as well as the local GP and hospital.

Staff told us they felt supported by the registered manager. Records showed staff received induction, training and regular supervision alongside annual appraisals. Staff were comfortable feeding back to the registered manager concerns or ideas for improvement. Staff were encouraged to note positive aspects of their colleague's performances. Alongside the opinions of people living in the home, their relatives and visitors these comments were recorded on a wellbeing tree. This acknowledged the good practice of staff.

Staff recruitment was undertaken in such a way as to minimise the risk of employing staff who might be unsuitable to work with the people living in the home. Checks were made on the suitability and previous conduct of applicants.

People told us they enjoyed the food in the home, with their choices and preferences being supported. Where people required support to enjoy their mealtimes, this was provided. Specialist advice was available from external professionals to ensure people nutritional health was maintained.

Medicines were stored and administered safely. Staff were trained in how to administer medicines and the registered manager regularly reviewed the medicines records to ensure people received them when needed. Where discrepancies or concerns arose these were investigated.

The registered manager and the staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how it applied to their role. There were no restrictions in place for people in the home, and people had the freedom to access all parts of the home apart from areas that stored hazardous materials or equipment.

People and their relatives were involved in making decisions about their care, how the home was run and were able to give feedback to the registered manager and staff. When complaints were raised these were dealt with quickly and appropriately and in line with the providers policy.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Medicines were stored, administered and recorded in a way that protected people from the risks associated with medicines.

Staff were trained and knew how to protect people from the risks of abuse. Where concerns had been raised the registered manager had responded appropriately.

There were sufficient numbers of appropriately trained staff to meet the individual needs of people.

Good

Is the service effective?
The service was effective.

Staff were supported through regular training, supervision and appraisals to assist them with their professional development and improve the service to people.

People were provided with food and drinks they liked and encouraged to stay healthy by having a nutritional diet. People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Good

Is the service caring?
The service was caring

Staff demonstrated a caring nature when supporting people. They spoke knowledgeably about the people they cared for. People were involved in how their care was delivered.

Staff demonstrated their ability to protect people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they moved into the home. Care plans and risk assessments described the care and minimised hazards.

A wide range of activities were on offer to people. People told us and appeared to enjoy the activities.

Good

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

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

Good

Cherry Tree Nursing 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 13 and 14 July 2015 and was unannounced. The inspection team included an adult social care inspector, a specialist nursing advisor, a pharmacy 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. Their specialist area of expertise is care for older people.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider.

We spoke with nine people and four relatives of people living in Cherry Tree Nursing Home. We spoke with the registered manager and nine care workers including nurses.

We reviewed a range of records about people's care and how the home was managed. These included care records for seven people, 10 people's medicine administration record (MAR) sheets and other records relating to the management of the home. These included three staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, menus and incident reports.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us "I have made friends with residents here and the staff are nice to me. Because I can fall, I am afraid to live alone. Here I feel safe because there are staff here 24 hours a day". Where incidents or near miss situations had occurred people told us staff took preventative action to minimise the risk of a reoccurrence. For example, one person told us their door from their room to the outside had accidentally been left unlocked all night. They were now reassured by staff checking it every evening.

Risks related to the care people received, the environment and staff had been assessed. Records showed how these risks could be minimised. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the risks, for example where a person required the use of a hoist to transfer from bed to a chair.

Staff were trained in how to safeguard people from abuse. They were able to tell us how they put the training into practice with their knowledge of indicators of abuse and who to report to. They were also aware of how to report concerns anonymously to the local authority if there was a need to do so. One staff member told us "I have been here a long time and would not hold back if I was worried about something I saw." There had been two unsubstantiated safeguarding concerns reported since the last inspection. The provider had responded appropriately to the concerns raised.

The home appeared clean and tidy. There were detailed cleaning schedules available within the home and all staff had completed infection control training. We saw they applied this training when using protective equipment such as gloves and aprons when supporting people with personal care and eating and drinking. This reduced the risk of cross infection.

There were appropriate emergency evacuation procedures in place, regular fire drills had been completed and fire extinguishers and fire equipment had been regularly serviced. Each person had a personal emergency evacuation plan in place. All lifting equipment within the home had been regularly tested and serviced. All electrical equipment had been tested to ensure its effective operation.

There were sufficient numbers of care workers and nurses available to keep people safe. The provider had assessed the minimum staffing levels required to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Documentation showed how people's needs were assessed and how staff numbers were calculated. Staff rotas showed the required number of staff were available to support people this was verified by our observations during the inspection. Bank or agency staff were used to fill staff absences.

Call bells were available and within reach of people in their rooms. When in the shared areas of the home such as the lounge we saw some people wore pendant alarms, which enabled them to summon help immediately regardless of their location.

The service operated safe recruitment procedures. Staff files contained Disclosure and Barring Service (DBS) checks, references including one from previous employers and application forms. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults. Identification documents and health checks had also been completed.

There were clear systems of ordering and receiving medicines, including those required urgently and administration was recorded clearly and accurately on the medication administration record (MAR) charts which were provided by the pharmacy. There were no omissions in the administration records and where people had not received a medicine a code or reason had been recorded. Any handwritten additions or changes to the MAR charts had been checked by another member of staff to minimise the risk of errors.

Medicines were stored safely and securely, in locked medicine trolleys within a secure treatment room. We discussed with the registered manager how the security could be improved and they told us they would take immediate action. Medicines requiring cold storage were kept within a monitored refrigerator in the treatment room. All medicines were within their expiry and safe to use. Protocols for the administration of 'as required' medicines

Good

Is the service safe?

were available. These protocols provide guidance as to when it is appropriate to administer an 'as required' medicine and ensure that people receive their medicines in a consistent manner. We were assured that all people within the home were having their 'as required' medicines offered to them when they needed them.

The registered manager was regularly reviewing people's medicine records to ensure that people received their medicines when they needed them and we saw evidence of an investigation conducted by the home manger when a discrepancy was discovered. The registered manager confirmed that staff had undergone training with regards to medicines administration.

Good

Is the service effective?

Our findings

Staff were trained to meet the needs of the people they were caring for. Each new member of staff undertook a five day induction training course covering areas such as moving and handling skills, safeguarding people from abuse and first aid. The registered manager planned for all staff to complete an additional days training to bring them up to the standards required of the new care certificate. The new care certificate is a recognised set of standards that health and social care workers adhere to in their daily work. It applies to all health and social care staff. Additional training in addition to the training deemed mandatory by the provider was available to staff. This included areas such as understanding dementia and Parkinson's disease.

Competency checks were carried out by the registered manager through discussions with staff on their knowledge related to their role and through direct observations of the care being provided. Documentation showed where concerns were raised about a staff member's knowledge or skills, additional training or support was offered.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one meetings every three months and group staff meetings. Where staff were not available to attend staff meetings, documentation showed these staff received a one to one or group supervision session to update them on the subjects covered in the staff meeting. During the inspection we observed the nurses were clear about their objectives for the day, with good direct supervision given from the registered manager.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. We observed staff encouraging a person to eat who needed specific support. Due to the gentle and encouraging nature of the staff member the person was enabled to feed themselves. We commended the staff on their approach.

Where people had problems with weight loss staff were aware and monitoring took place regularly. Supplements were added to people's diets to help maintain weight. Risk assessments and care plans were in place to reflect the support people needed. Where people required more specialist support the dietetic team and speech and language therapists had been consulted and their advice was acted upon.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). Everyone in the home reportedly had the capacity to make decisions about their life, preferences and care. The registered manager understood the need to make deprivation of liberty safeguard (DoLS) referrals when appropriate to do so. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of care and treatment.

There were no restrictions placed on people who lived in the home. Doors were unlocked apart from storage areas where harmful substances were stored. People were free to stay in their rooms or move about the home independently or with staff support. One person told us "I have the freedom to move around, I am perfectly happy as I am."

People had access to healthcare as required. Care records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. For example, one person who required help with their mental health received specialist support from the community psychiatric team.

Overall the home was well maintained, clean and suitable for the needs of the people living there. Each person had a room which had been personalised with their own furniture or decorations such as photographs and pictures. Wet rooms, bathrooms and toilets were available on both floors, these were accessible to people who used wheelchairs. Three of the bedrooms have en suite facilities,

The gardens were well maintained with floral baskets, pots and beds and looked very attractive and welcoming. One person told us how they enjoyed watching the wildlife and the birds that visited the garden including a heron and a kite. A person and their relative who visited every day told us they brought bird seed so the person could watch the birds and ducks which flock round to their door. They enjoyed this greatly. The gardens were accessible to people who used wheelchairs and visually were colourful and stimulating to people who had difficulty leaving the home.

Good

Is the service caring?

Our findings

People told us the staff knew their needs and carried out their care well. One person said "The staff all know about me, they come in and speak to me when I am on my own and they know just what I require and they really look after me…Just like a good hotel".

People's opinions were sought and staff reacted positively to their wishes. This was done through speaking to the staff or through the resident's meetings. One person told us "I think the resident's meetings are really so that we get a chance to say what's good and to complain if we think things are not working well". They also told us the meetings gave them the chance to praise the way staff cared for them. One person told us they were awakened early in the morning to have their breakfast, they discussed it at a resident's meeting, they told us things had changed, they said "they (staff) leave me alone until I decide I want breakfast… similarly I can go to bed whenever I like, it's my choice".

People were involved in the planning and delivery of their care. Records showed people had been consulted about how they wished their care to be provided. Care plans were personalised and included people's wishes. Where people had a preference about being cared for by a male or a

female staff member this was recorded and respected. Staff understood the need for people to maintain their independence and encouraged decision making and choice. We saw people being supported to walk, eat and participate in activities in a way that encouraged independence.

One staff told us "People who use the service always come first". Documentation showed from the pre admission assessment through to the review of care, people's wishes, wants and needs were taken account of documented and responded to. Staff knew people's preferences and wishes and knew how to support people in their preferred way.

Records showed people's relatives where appropriate had been involved in the pre-admission assessment and in subsequent decisions or reviews that had taken place in relation to people's care. Relatives were also invited to meetings with the registered manager to discuss the care being provided and any changes to the service.

People were treated with dignity and their privacy was respected. We observed when people required privacy their curtains and doors were closed. Staff spoke with people in a discreet manner to ensure their dignity was maintained. Staff received training in how to care for people in a way that considers them as a person rather than being focussed on the tasks they need assistance with.

We observed one staff member escorting a person into the lift. When the doors of the lift opened the person did not move forward. The staff member showed patience. They kept their language simple but the tone was kind and reassuring, even though transport was waiting outside for the person, they were not hurried or stressed.

Staff spoke to people in a respectful and sometimes humorous way. During lunch time we observed one staff member used humour to encourage the person to eat their meal. A staff member showed respect to one lady when offering her support. They did this by using appropriate language, tone and body language. It was clear from the person's response they were pleased with the way they had been treated by smiling at the staff and thanking them.

The provider extended care to the relatives of people living in the home. For example, one relative told us how they and their partner wished their partner "Could come back home for a day, but I am unable to take her home due to my disability". We mentioned this to the registered manager who told us they would arrange for suitable staff and transport to be made available to fulfil this couples wishes.

Good

Is the service responsive?

Our findings

People and their relatives told us they were included in the planning of their care, and could make decisions and choices about how it was delivered. Records showed people met with the registered manager prior to moving to the home and an assessment of their needs was completed. From this a care plan and risk assessment were written. We saw one person had signed each part of their care plan to indicate their agreement with the contents. Care plans and risk assessments were updated regularly.

Where people had specific needs due to physical or mental health concerns, specialist care was provided. For example one person required specialist hospital treatment for an illness. Another person had regular visits from a community psychiatric nurse.

Alongside people's physical and psychological needs, care plans recorded people's likes; dislikes; interest; history and hobbies. People's social needs were also considered as part of the care provided at the home.

People were supported to take part in activities. Meetings held with the people who lived in the home and their relatives gave them an opportunity to discuss what activities interested them and what they wished to participate in. Photographs showed outings had taken place. We were told about visits to the local pub, shopping expeditions and visits to places of interest such as the home for retired horses. A timetable of activities was available to people. On the first day of the inspection a quiz was taking place. People also had the choice to spend time in their own rooms watching television, completing word searches and knitting. One person said "I am quite content here in my room and enjoy my own company. I read a lot and can pass my time."

In order to protect people from social isolation families and friends were welcomed into the home. We observed a number of relatives visited throughout the time of the inspection. The day before the inspection, the home had held their annual strawberry tea garden party. Participants included people who live in the home, their families and the families of people who have lived in the home in the past, and local community. Reportedly over 100 people attended.

We saw people were involved in the planning and development of the home. Resident's meetings gave people the opportunity to exchange information with the provider. For example, the findings from quality audits were shared by the provider with people in the home. This included what action was planned to be taken to improve the service. People had an opportunity to comment and put forward ideas of how the service could be improved. People told us they hadn't complained about the service but knew how to if they wished to.

Records showed two complaints had been received since the previous inspection. Both had been resolved in line with the provider's policy and to the satisfaction of the complainants. Staff knew how to respond to complaints and how to escalate serious complaints to the senior staff for a response. We noted 15 compliments had also been received for the same period.

Good

Is the service well-led?

Our findings

Questionnaires had been sent to people and their relatives for feedback on the quality of the care provided in the home. The questions covered areas such as their admission to the home, the quality of nursing care, friendliness and attentiveness of the staff, and the professionalism of the staff. Overwhelmingly the responses were "excellent" or "good".

The registered manager also sought feedback from staff, relatives and people in the home on their own performance. Comments again were all positive. One person wrote about how the registered manager managed the staff and the running of the home well. How they resolved problems immediately and how approachable they were. Staff told us they thought the registered manager was "very good at their job." They went on to say how they encouraged the staff and listened to their views and those of the people living in the home. They told us the home was run in such a way that people living there could make choices for themselves. They described the last resident's meeting, where people were offered choices about activities, and described how much people had enjoyed the outings they had been on. Staff commented that both the people living in the home and staff were treated well by the registered manager. They concluded by telling us "It is a great place."

Audits had been completed to ensure the quality and safety of the service was maintained. A Monthly quality assurance tool recorded reviews of people's care in line with the Care Quality Commission's "Fresh start approach." This included reviewing people's care and their opinions of their care in line with the five domains: Is the service safe? Effective? Caring? Responsive? and well led? Where people felt improvements could be made, records showed how these had been achieved. This enabled people to be fully involved in developing their own care and to understand the training and policies of the home.

The registered manager knew and understood the needs of the people living in the home. They also recognised what skills knowledge and expertise were needed by staff to ensure people's individual needs were met.

Staff spoke fondly of the people they cared for. There was an open, honest and supportive culture. One staff member said, "We are a like a family, we work as a team. When people see us happy it makes them happy. It is a great place to work and live." Staff described the registered manager as a good manager who was encouraging and supportive of the staff. One staff member told us how a visitor had made enquiries about the possibility of their relative living in the home. They said the relative had told them based on the conversation and the information shared with them by the registered manager, they felt confident the person would be safe living in the home."

Staff told us they would be happy for a loved one of theirs to live in the home. They felt the care being provided was of a high quality and they were proud of the work they did. The provider had a clear set of core values of care which included dignity, rights, respect, equality and empowerment amongst others. Records showed the values had been discussed with staff during staff meetings and supervision. Training was provided to staff in areas such as dignity in care, equality and diversity and person centred care to enable staff to have the skills to apply their knowledge to the care they provided.

The registered manager placed a large emphasis on knowing what was going on in the home. In particular they were interested to know if the staff understood and had the correct knowledge and skills to carry out their role effectively. The spent time with staff, and questioned their knowledge and understanding. Where staff had attended training, the registered manager followed this up with questionnaires. This was to ascertain what they had learnt from their training. Where the staff member was not able to answer the questions, the registered manager would sit with them and go through the material they needed to learn. Alternatively staff would be sent for further training to ensure they had the necessary knowledge and skills to carry out their role.

The registered manager told us they received formal supervision from the provider, however, the provider made regular visits to the home, and they felt they could discuss any concerns or issues with them and receive the necessary support to do their job well.

At the last inspection in May 2014 we had concerns about the ability of some staff to speak and understand English. Since that time the provider had engaged the skills of an English teacher. The teacher has experience of both teaching English and an understanding of the care sector. A group of staff whose first language was not English were undertaking lessons with the aim of improving their

Good

Is the service well-led?

English. Focus was placed on work related English, with regular written reports sent to the registered manager on the staff's progress. The registered manager told us they had noticed good improvement in all the staff attending the lessons. The lessons were paid for by the provider. We found we were able to converse with all staff. One staff member struggled to answer our questions but this was more to do with anxiety rather than their ability to speak or understand English.

Following the wellbeing workshops held this year staff expressed the need to create a Wellbeing Tree where positive practice and team work could be acknowledged and praised. We observed the wellbeing tree in the reception. Written comments were positive and included the observations of people living in the home their relatives and colleagues about the care provided.

A new development was the In House Award Scheme. People in the home had given feedback about the qualities of individual staff members. Evidence of good practice noted by management and their colleagues had been recorded on individual certificates for staff. At Christmas two people from the home handed out the certificates to staff. The provider told us it created a "feel good factor". Initially the provider was sceptical that this would be a success. After observing the reaction of the people in the home and the staff they felt sure it would be repeated each year. It was reportedly spoken about in the home for weeks afterwards.