

ADL Plc

# Cherry Tree House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Cherry Tree House is a residential care home providing personal care for up to 34 people who may be living with a physical disability or dementia. At the time of our inspection there were 20 people using the service. Cherry Tree House accommodates people in 1 building over 2 floors.

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

Quality monitoring systems were in place which helped to check various areas of the home. Any actions identified were carried out to make sure the service was continually improving. However, some improvements in relation to monitoring records were identified.

Areas of the service were in need of refurbishment to support effective cleaning.

Medicine were safely ordered, stored and administered.

Care plans included risk assessments for known risks and staff followed support plans to help keep people safe. Care plans were up to date, risk assessments were in place and regularly reviewed. People were regularly asked their views on the service provided and action had been taken when suggestions were made.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. Staff continued to receive guidance and support from management when required.

People were supported to have access to healthcare services to monitor and maintain their health and wellbeing. People were encouraged to maintain a healthy diet, where people had specific dietary requirements, these were catered for.

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.

We found the registered manager to be open and responsive to feedback. Visiting healthcare professionals told us that the management team and staff worked well with them.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2022). The service remains

rated requires improvement. This service has been rated requires improvement or inadequate for the last 5 consecutive inspections.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 6 and 9 September 2022. Breaches of legal requirements were found. Following the inspection, the provider told us they had made improvements in relation to safe care and treatment and good governance.

We undertook this focused inspection to check on the reported improvements, and to confirm whether they were now meeting the legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation in relation to the environment, systems and processes for assessing people's needs to help inform decisions about safe staffing levels and good governance.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Cherry Tree House

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by 3 inspectors 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.

#### Service and service type

Cherry Tree House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 10 people who used the service and 3 relatives about their experience of the care provided. We received feedback from 2 health and social care professionals. We attempted contact with 14 staff members and spoke with 4 members of staff including the registered manager, deputy manager, senior and a carer.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service, including audits and policies and procedures were also reviewed.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to assess and manage risks. This was a breach of Regulation 12(1) 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 12.

- Some areas of the building were in need of refurbishment. There was an ongoing programme of servicing, repairs, refurbishment and maintenance. However, this did not always reflect the work required and actual work being completed.

We recommend the provider reviews their refurbishment plan to reflect current status of planned and ongoing works.

- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits and security. However, cold water checks were not completed in line with guidance. The registered manager was responsive our feedback during the inspection and began making improvements in this area.
- Risk assessments were in place and reviewed regularly to minimise risks. These provided staff with a clear description of any risks and guidance on the support people needed.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff recorded all incidents. The registered manager monitored and analysed accidents, incidents and safeguarding concerns. This aided learning and reduced the risk of reoccurrence.

Using medicines safely

At our last inspection the provider had not ensured medicines were managed and administered safely. This was a breach of Regulation 12(1) 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 12.

- Staff received medicine management training and checks on their competency to administer people's medicines were completed.
- Where people had medicines prescribed 'as required', there were protocols in place to give staff clear guidance to administer this type of medicine.
- Medication Administration Records (MAR) matched the correct quantities of medicines and medicines were stored safely in line with manufacturer guidance.
- Medicines management was audited regularly with systems in place for investigating any potential medicine errors.

#### Staffing and recruitment

- We received mixed feedback from people and staff in relation to appropriate staffing levels to meet people's needs in a timely way. Seven people commented they sometimes had to wait a long time for support.

We recommend the provider reviews their systems and processes for assessing people's needs to help inform decisions about safe staffing levels.

- Staff were recruited safely. Recruitment files showed all pre-employment checks had been made to ensure only staff who were suitable to work with vulnerable people were employed.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People told us they felt safe living in the home and with the staff who supported them. One person said, "I feel safe with the staff." Another person said, "I am very happy and settled here."
- The registered manager worked with the local safeguarding team to address concerns when they were raised.
- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns. Information was available in the office, which supported them to raise concerns with external agencies

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were somewhat assured the provider was making sure infection outbreaks can be effectively prevented or managed. We observed staff storing clean laundry on top of clinical waste.
- We were assured the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

#### Visiting in care homes

People were supported to receive visits from friends and family in line with guidance in place at the time.



There were no restrictions on visitors to the service. We saw people enjoying visits from friends and family throughout the inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessment of people's care needs included any protected characteristics under the Equality Act 2010 and these were considered in people's support plans. People's individual diverse needs were known and understood by staff. Staff had completed training in equality and diversity.
- Staff followed best practice guidance, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff also received specific training in relation to people's individual assessed needs. For example, dementia and diabetes.
- Staff were positive about the support they received. A staff member said, "I absolutely feel supported, and supervisions are beneficial."

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

- Arrangements were in place to support people to receive a healthy and balanced diet to ensure they received the individual support and encouragement they required to meet their nutritional and hydration needs. However, monitoring records did not always reflect support identified within care files.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People told us they enjoyed the choice of meals. One person said, "The food is good, I don't go hungry."

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- People's care records confirmed referrals to other external agencies were made in a timely manner.
- The service was adapted to meet people's needs. The layout of the service enabled people to move around the service freely. People accessed communal rooms where they could socialise. People's rooms were individually furnished and provided space for personal possessions.

- Some dementia friendly signage had been put up to help people understand what rooms were used for and to navigate around the building.

Supporting people to live healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- Staff worked well with other services and professionals. One healthcare professional said, "[Staff names] have been very proactive working with the local authority" and "Advice is listened to and action taken."

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff acted in people's best interests when they lacked the capacity to make decisions for themselves. If people lacked the capacity to make informed decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting others involved in people's care, such as families and health and social care professionals.
- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and mitigate risks or take adequate steps to improve the quality and safety of the service. This was a breach of Regulation 17(1) 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.

- Records did not always evidence important information about people using the service. For example, food and fluid charts did not always evidence requirements as identified in care files.

We recommend the provider develops a system to ensure records are reflective of the people's needs.

- Auditing processes were in place and were carried out or were overseen by the registered manager. All aspects of the service were subject to audits including, medicines, training, care planning and health and safety.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The provider was aware of regulatory requirements. For example, they had employer's liability insurance cover in place. The registered manager was knowledgeable about their responsibility to notify the Care Quality Commission of significant events
- The registered manager analysed accident and incident reports to identify trends, make changes and improvements to prevent recurrence.
- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement

to act in an open and transparent way when concerns were raised.

- The registered manager had reported notifiable incidents to relevant agencies, including the local authority and CQC, when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.
- Systems were in place to capture people's views and feedback. People told us "I am very happy here; we just need a bit more to do."

Working in partnership with others

- The provider worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- Staff worked with local services to make sure people had access in a timely way. This included community nurses and GP surgeries.