

Mrs Ann Devers

# Cherry Tree House Residential Care Home

## Inspection report

119 Monkleigh Road  
Morden  
Surrey  
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Tel: 02085430331

Date of inspection visit:  
26 April 2017

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31 May 2017

## 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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 remains "Good".

### Is the service effective?

Good ●

The service remains "Good".

### Is the service caring?

Good ●

The service remains "Good".

### Is the service responsive?

Good ●

The service remains "Good".

### Is the service well-led?

Good ●

The service remains "Good".

# Cherry Tree House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 26 April 2017 and was unannounced.

This inspection was carried out by a single inspector. We reviewed the information we had about the provider prior to our visit and we looked at notifications that the service is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with the two people living at Cherry Tree House at the time of this inspection. We also spoke with one relative, a social care professional, the registered manager and the proprietor. We observed the provision of care and support to the two people living in the home. We looked at their care records, staff records and we reviewed records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Cherry Tree House. One person said, "I am very well looked after here and I am happy." The other person said, "I love it here, it's like a holiday for me living here. I am well looked after and safe." We saw there was a calm, friendly atmosphere and it was clear that people felt they were safe.

People were protected from abuse because staff were well aware of their safeguarding roles and responsibilities. They were able to describe to us the signs of abuse and what they would do to prevent and report any concerns that arose with the people they supported. We looked at records that showed what training they received. We saw certificated evidence for safeguarding adult's training. The registered manager told us if there were any concerns or safeguarding incidents they would report them to the local authority safeguarding teams and also notify CQC.

People told us they received support from staff with their finances so they were able to make choices about what they spent but also to help them to make their budgets last for the week. We saw there were appropriate procedures in place to ensure people's finances were properly accounted for and safe. The provider conducted financial audits of people's money and this helped to ensure people's finances were kept safe from possible abuse.

People told us that risks assessments were carried out together with them and risk management plans were in place so that people were protected and supported appropriately according to their needs. We saw documented evidence of this on people's care and support plans. The care plans we looked at contained individualised risk assessments which identified the hazards people might face and staff demonstrated in our discussions with them that they were aware of risk management plans in place and how to keep people safe.

Each person had a personal emergency evacuation plan [PEEP] in place, which explained the help individuals would need to safely leave the building. A fire drill was held monthly and records kept with details of the dates and the times taken for evacuation. Any incidents while evacuating were noted and actions taken if needed.

The service had other risk assessments and risk management plans in place for the building and the environment to ensure identified risks were minimised. . We saw documented evidence of an up to date fire risk assessment, an environmental risk assessment and a monthly health and safety checklist to monitor the identified risks. We saw that the checklist had been maintained regularly.

People told us there were enough suitably qualified and experienced staff to keep them safe and to meet their needs. One person said, "This is like a family home and the registered manager and the owner are always here." Another person said, "There are enough staff here to help us with what we need help with but also to do other things that we like to do, like playing card games and going out to the shops." We looked at the rota and saw there was sufficient staff cover to meet the needs of the two people living in the home. The

registered manager told us the owner lived on the premises and the call bell system ensured that people would receive any care or support they might need at night. The registered manager told us they lived nearby and were also on call should the need arise. They said if the needs of people increased, additional staff support would be provided as required.

Recruitment practices were safe and there were no new members of staff employed since our last inspection. We looked at staff files and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines continued to be administered safely. People were supported by staff to take their medicines when they needed them and medicines administration records (MARs) were maintained appropriately. The MAR's we looked at were up to date and accurate and medicines were stored securely. Staff received training in medicines administration to ensure they were safely giving people their medicines. A monthly audit of the MAR's was conducted. The checks we made confirmed that people were receiving their medicines as prescribed by their GPs and staff were qualified to administer medicines

We saw the home was clean and free of malodours. People told us they loved their rooms and were able to furnish them as they wished. They said they were encouraged by staff to help keep their own rooms and communal areas of the home clean. One person told us they helped with the washing up after meals and sometimes assisted staff with meal preparations such as peeling potatoes and laying the table.

## Is the service effective?

### Our findings

We saw people received effective care because staff had received appropriate training and supervision and had the knowledge and skills necessary to meet the needs of the people they supported. We looked at staff records and found training information on the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had decided staff needed to do their jobs effectively such as Mental Capacity Act 2005 and dementia awareness. Much of the training was provided by the London Borough of Merton.

Records showed staff continued to receive regular supervision that they told us they found helpful and supportive to their work. The registered manager told us they and the owner provided supervision for each other.

People were able to make decisions about their everyday life and were asked for their consent. It was clear from speaking with a relative that they were actively involved in supporting their family member to make more complex decisions about their care and support needs. Records showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented. The two people living at Cherry Tree House had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. The registered manager said that people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests.

People were supported to have a healthy and balanced diet. A relative said they thought people enjoyed the food that was provided for them. One said, "They choose what they want to eat for every meal. They get a varied diet and they say they enjoy it."

A food record was used to record what people had eaten so they could make sure people's meals were varied. We saw from the records that there was a variety of healthy food on offer. People's care plans included information about their nutritional needs and preferences. The registered manager said they tried to accommodate people's wishes as well as trying to ensure people had a varied and nutritious diet.

People were supported to maintain good health and had appropriate access to healthcare services. Care files confirmed people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans. We could see that all contacts people had with health care professionals such as dentists, chiropodists and care managers was always recorded in their health care plan.

## Is the service caring?

### Our findings

A relative we spoke with told us staff were very caring in the way they looked after their family member living at Cherry Tree House. They said, "The manager knows our relative as if they were family and they are so well looked after." The social care professional we spoke with told us they thought the home was excellent and people's needs were well met. They said they thought the registered manager was very caring in their approach.

People continued to be treated with kindness and compassion. We saw that staff had a good knowledge and understanding of the people they were supporting. Throughout the inspection we observed people received one to one attention from caring and patient staff who were able and prepared to spend time supporting people as and when they needed it. The registered manager said they really enjoyed their work with people.

People continued to be able to express their views and make decisions about their care and support. Their wishes and preferences were recorded in their care plans. We saw that staff listened to what people said they wanted and respected their wishes. We were told by a relative this helped people to feel that they mattered and were understood by staff. The owner and the registered manager were on duty at the time of our inspection and we saw that they interacted with people in a kind, respectful and professional manner.

We saw people had the privacy they needed and they were treated with dignity and respect at all times. Staff knocked on people's bedroom doors before they went in. We observed that staff asked people what they wanted to eat and what they wanted to watch on television. People told us staff gave them the opportunity to decide how they wanted to be supported.

A relative we spoke with told us they were given appropriate information regarding the care and support their family member received, they said they thought this illustrated the caring side of the service. They told us they had copies of their relative's care plan and they were always invited to care plan reviews so they could represent their relatives appropriately and ensure care and support being given was appropriate.

The social care professional and the relative said they were always made welcome when they visited the home. Records evidenced that people were supported and encouraged to keep in contact with their relatives and friends. The social care professional told us how special events, such as birthdays, were celebrated, and families and friends were invited. From our discussions with staff we could see they were welcoming and supportive to relatives who wanted to make a visit.



## Is the service responsive?

### Our findings

A relative said the provider was responsive to any matter they raised with them about the service. They said their family member received appropriate support that met their needs.

A social care professional told us people's needs were assessed together with them and the relatives before people moved into the home and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included detailed information on their health conditions and backgrounds which enabled staff at the service to support them appropriately.

We looked at care plans and saw people had appropriate assessments to check whether their needs were changing. This included monitoring of their health conditions. We saw that care plans were person-centred, identifying people's likes, dislikes and abilities, as well as guidelines for providing care to them in an individual way. Each person had an individualised activity programme, with people doing a range of regular activities according to their preferences.

People told us they were encouraged to make choices about their lives and about the support they received. We saw staff were patient and clear when speaking with people, for example, by giving people time or repeating their answers to ensure they understood what was conveyed to them.

People were supported to pursue social interests and activities that were important to them. One person said they loved going to the library and staff assisted them to do this locally. Another person told us they liked to spend time in the garden to look at the plants and to have their lunch outside when the weather was sunny and warm and staff supported them to do that.

We saw the provider had arrangements in place to respond appropriately to people's concerns and complaints. There was a copy of the complaints procedure and people told us they knew who to make a complaint to and said they felt happy to speak up when necessary.

## Is the service well-led?

### Our findings

From our discussions with the registered manager and the owner we saw they encouraged a positive and open culture in the service. We saw they were supportive to people and made themselves available and approachable and had a clear sense of direction for the service. This helped to make the service forward looking and the registered manager was evidently keen to consider ways people could be provided with improved standards of care and support.

The relative and social care professional said they were able to raise issues and make suggestions about the way the service was provided and these were taken seriously and discussed openly.

Daily handover meetings helped to ensure that staff were always aware of upcoming events, meetings and reviews that were due and this helped to ensure continuity in the service.

The provider continued to assess and monitor the quality of the service. They conducted weekly and monthly health and safety checks of the home including the communal areas, people's bedrooms and equipment. Audits were also conducted of people's risk assessments, support plans and MAR's. Both types of audits generated action plans detailing what actions needed to be taken to address any identified improvements and were signed off once completed.

All the records that we inspected in the home were well maintained and we found that the information we required to see was easy to access and chronologically stored. Old information had been archived appropriately but was also accessible if needed. This reflected on a well organised and efficiently run care home.

The provider had sent us written notifications telling us about important events that had occurred in the service when required. They are legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that CQC were able to review the notifications and decide whether any action was needed on their part.