

Oak Care Limited

Cherry Tree Manor

Inspection report

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Tel: 01442217621

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Cherry Tree Manor is registered to provide accommodation and personal care support for up to 58 older adults. At the time of the inspection, 52 people were living in the home and receiving the regulated activity of personal care.

People's experience of using this service:

People told us they felt safe. One person said, "I feel very safe since moving here, it's a really nice place to live."

Incidents that occurred in the home were not always managed to keep people safe. Staff awareness of keeping people safe from harm varied and was not consistent.

Quality assurance audits were not always effective in identifying people's experience of the service. Care records were not reflective of people likes dislikes, preferences and changing care needs.

Staff were not all clear about how to respond in an emergency such as a fire. Risk assessments were in place to manage risks however were not consistently clear or updated as people's needs changed.

Training in key areas had elapsed for some staff, however people told us staff were competent and staff felt well supported.

People's consent had not always been sought in line with the legal requirements

People, their relatives and staff told us that the quality of care received was sufficient and they were happy with the care provided.

People were supported by sufficient numbers of staff. Staff recruitment checks were in place.

People were cared for in a clean and hygienic environment by staff who followed infection control procedures.

People received their medicines and these were safely managed.

People were happy with the food provided and meal times were a sociable event. People's weight and dietary needs were monitored where necessary

People lived in a purpose-built home that met their needs. The environment was maintained and appropriate safety checks were regularly completed.

People's dignity was maintained and peoples independence was promoted and respected.

People were able to take part in a wide range of activities and outings.

People and their family were involved in their own care planning as much as was possible.

People and relatives felt able to raise complaints and an effective complaints procedure was in place.

Staff felt well supported by the registered manager.

Rating at last inspection: Good (report published 16 July 2016)

Why we inspected: This was a planned comprehensive inspection based upon the previous Good rating. At this inspection we found that the service is now rated as Requires Improvement. More information is in the full report.

Follow up: We have referred our findings to the local authority. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always Safe

Details are in our Safe findings below

Requires Improvement ●

Is the service effective?

The service was not consistently Effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below

Good ●

Is the service responsive?

The service was Responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always Well-Led

Details are in our Well-Led findings below

Requires Improvement ●

Cherry Tree Manor

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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 service.

Service and service type:

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

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

Notice of inspection:

This inspection was unannounced. We visited Cherry Tree Manor on 08 May 2019.

What we did:

We reviewed information that we held about the service such as statutory notifications. These are events that happen in the service that the provider is required to tell us about. We also reviewed the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service, and the local authority safeguarding team. We used this information to plan our inspection.

During this inspection we spoke with:

12 people living at Cherry Tree Manor.

Three peoples relatives.

Nine members of staff including the registered manager, provider and finance manager.

We reviewed:

Four people's care records to ensure they were reflective of their care needs including records of incidents and accidents that occurred.

Documents relating to how staff were supported such as training records and minutes of meetings.

Documents relating to the management of the service such as policies, audits, and safeguarding records.

After the inspection:

The provider sent information that we requested. We took this into account when making the judgements in our report.

Is the service safe?

Our findings

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

Require improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. One person said, "We're all very safe here. I feel very safe. I'm very contented thank you."
- Staff awareness of potential signs of abuse varied. One staff member told us, "I would report anything that concerns me. Any marks, bruises, if there are any changes really I would report it to my senior." However, a second staff member said, "All I can remember is it's about health and safety and reporting things but I don't remember what."
- Staff were trained in safeguarding adults but this training. Staff told us they were confident that management would take appropriate action if concerns were raised.
- Daily handovers discussed concerns staff had and reviewed incidents when they occurred.
- Safeguarding incidents were not always reported to the local authority. We found examples of unexplained injuries that had not been reported where required.

Learning lessons when things go wrong

- Staff reviewed incidents daily through handover and discussion. Staff would discuss what happened and how to manage, and whether further health professional support was needed.
- Incidents were not robustly investigated to ensure people were not at risk of harm, and learning from those incidents was not central to staff learning lessons to minimise future recurrence.
- Staff told us team meetings reviewed staff practices. However minutes of meetings reviewed did not demonstrate these discussions had occurred.
- Where incidents were discussed by staff through handover they did not effectively review staff practise and improve safety. For example, a safeguarding was raised in relation to injuries a person sustained. Areas for improvement were noted following the safeguarding meeting. However, staff were unaware of the outcome of this previous incident, and we found a further, similar incident then occurred.
- Systems were not effectively used to respond to incidents or accidents that placed people at risk of harm. Staff did not consistently demonstrate their awareness of keeping people safe, and incidents that required notifying to the local authority had not been made. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people were not consistently assessed as peoples needs changed. For example, one person at risk of falls had a sensor mat used to alert staff when they stood up from bed removed. One senior staff member said they regularly checked on this person through the night and. a second staff member said they sat outside the person's room to minimise the risk. Neither approach could be verified.
- Care plans were not always reviewed when people's needs changed. This had been identified, through

audits, as an action for the registered manager to complete.

- Regular assessments were carried out on fire and water systems. However not all staff were aware of the evacuation plans that were in place in the event of needing to leave the building in an emergency such as a fire. Although staff had received training, for some staff this had elapsed, and not all staff were confident in dealing with an emergency.
- The provider had identified fire training as an area for improvement and had plans to provide this to staff. Through their regular monitoring of the service they had identified people's care records as an area for improvement. Staff were at the time reviewing these care records.

Staffing and recruitment

- People were supported by sufficient staff who knew them well. One person said, "I don't use my buzzer much but when I do, it's answered very quickly." One relative said, "It's a very nice home. There do seem to be lots of staff, but they do move around between floors, so [Person] sees lots of different faces, which I think [they] get confused about sometimes."
- The service was calm and staff were observed to have sufficient time to spend with people. Staff told us there were sufficient staff. One staff member said, "We have enough time to do what we need, holidays and sickness are covered and monitored."
- People's needs varied across the home and the registered manager was able to ensure that the required staffing levels were provided to meet people's care and social needs.
- Staff employed to work with people were recruited following robust, safe procedures. Previous employment references were sought, alongside a criminal record and entitlement to work check.

Using medicines safely

- People were supported to take their medicines by staff who had been trained. Medicine administration records (MAR) were completed when people's medicines were given to them. There were no gaps in the records and stock counts tallied with records. This meant people had received their medicines as prescribed.
- Medicines were stored safely. Daily stock balance checks were carried out, alongside daily checks of room temperatures where they were stored. The registered manager carried out regular competency assessments to ensure staff were safe to administer medicines to people.
- Some people were prescribed medicines, on an as required basis (PRN). PRN protocols were not in place to provide guidance to staff about when to administer those medicines and potential side effects. The provider had identified this and set an action for the registered manager to complete these.

Preventing and controlling infection

- People lived in a clean home and communal areas were well maintained.
- Staff received infection control training and were provided sufficient personal protective equipment such as aprons and gloves.
- The registered manager and provider carried out regular audits of the environment, care practices and safe storage of chemicals.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience:

- People told us staff were competent and were trained sufficiently. One person said, "It's a tough job for the [staff] sometimes. I never thought about their training before, but it must be good as they do it so well."
- Staff induction procedures for new staff included shadowing more experienced staff, and undertaking training in key areas before they worked unsupervised.
- One new staff member with no previous experience of care was working unsupervised. However they had received no training and their competency had not been assessed. The registered manager said, "Staff work as a floor based team and support each other." However, without appropriate training and supervision by qualified staff this placed people at risk of receiving unsafe care.
- Staff however told us they all felt well supported and they received regular supervision. Formal spot checks to check staff competency were not routinely carried out to support the supervision process.
- Training was provided in key areas, such as infection control, moving and handling, medicines and safeguarding. However, training had elapsed for some staff and refresher training in key areas had not been provided. Staff knowledge did not consistently demonstrate training had been effective in some areas.
- The registered manager was organising refresher training following recent audits.
- Training provided to staff did not enable them to develop their skills or knowledge further. The registered manager told us they were planning on developing specialist roles for staff and were organising this with an external training provider.
- Staff said they could contact the registered manager for support at any time. One staff member told us, "We have lots of support, I have never had a situation where the [registered manager] doesn't have time for me. The deputy manager is very helpful."

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

- During the inspection we observed numerous examples of staff spending time with people to understand their requests for support. Staff listened to people and assisted people only when they were happy for them to do so. When people declined, staff acknowledged this and returned at a later time. Staff clearly sought people's verbal consent and waited for them to agree. One person said, "They are very patient, if I don't want to do something [staff] understand and go away until a bit later when I am ready."
- People who were able to make their own decisions had signed documents to say they were happy with their support. However, we identified some examples where people's relatives with no legal authority to do so had signed on their relative's behalf. Consent was an area the provider had identified was an area requiring improvement.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were not consistently applied. Where people's needs changed further restrictions were placed on a person's liberty, such as administering medicines covertly, or use of sensor mats, however the DoLS had not been updated to reflect these changes.
- Assessments of capacity had also not always been completed thoroughly. This meant people's ability to make their own decisions had not always been thoroughly considered.
- Not all staff were able to tell us about the MCA and DoLS; although we saw staff had received training in this area. The registered manager informed us that refresher training was being organised.

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

- People's needs were assessed, and care, treatment and support was delivered in line with these assessments.
- We saw examples of pre- assessments that staff told us managers would meet potential new people who may use the service, and complete a full assessment of their needs to determine whether the service was right for them

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

- Throughout the inspection we observed staff responding to people in a timely way. Staff shared relevant information through handover and constant discussion to keep up to date with people's needs.
- People had the access to healthcare professionals when needed. One person said, "I see a doctor whenever I need one, they are quick to come. The staff here are very good at calling them for me."
- Care records evidenced that healthcare professionals, such as GP's, nurses and chiropodists had been involved in people's care. During the inspection we saw one health professional had been asked to review a person as staff raised their concerns regarding their health. One health professional told us, "[Staff] will always refer appropriately and follow our instructions."
- Care records documented any specialist advice or instructions provided following the involvement of a professional. For example, if people required a soft diet, or management of people's skin integrity.

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

- People's experience of meal times was positive, and lunch was a sociable occasion. Tables were nicely laid in readiness for the meal and condiments and drinks were available.
- People told us they enjoyed their meals. One person said, "It's home cooking, the things I like and am used to, it's good food and lots of it." One relative said, "[Person] loves the food, they have put on a lot of weight since being here, so I reckon they like the food. There is a lot of choice."
- The menu was based on people's preferences and had recently been reviewed and updated based on feedback and meetings across the home. People enjoyed their meals, and those that finished their first serving were offered a second.
- People who were unable to join others in the dining areas were supported to eat in their rooms,. For people who required additional prompting, they were sat in a separate dining room. One staff member sat with three people encouraging and assisting people to eat. Although this staff member was supporting one

person with eating, they were also talking and prompting two others. This meant they were not able to focus on all people, resulting in one person pushing food round their plate for a while without eating.

- Adaptive equipment to support people independence when eating was not in use. For example a plate guard would have supported one person to eat independently who was clearly struggling.
- At lunch staff showed us the menu choices people had made. Some people living with dementia were unable to recall their choice. It is recommended that staff provide people living with dementia a visual choice of the options available at the time the meal is being served.

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

- The service was accessible to the people using it. Bedrooms we saw were personalised to people's tastes.
- Communal areas were bright and spacious and corridors and doorways were wide allowing access with wheelchairs and equipment.
- The garden area was fully accessible, and people were able to get involved with the garden in the summer months.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were seen to be kind and caring towards people and people confirmed this. One person said, "It's lovely here. Staff are excellent, there are no problems whatsoever. It's my family here. Lovely." A second person said, "There's a lot of laughter at this home and the staff get to know the residents well. The residents have a good laugh with them."
- Staff had developed positive, meaningful relationships with people and had a good rapport. People were at ease in the presence of staff, who took time to understand them to ensure they were well treated.
- Staff received training in equality and diversity and people were treated equally and without discrimination.

Respecting and promoting people's privacy, dignity and independence

- People were clean and presentable when we met them.
- People were supported to develop life skills. Staff were clear that they enabled people to be as independent as they could. One staff member said, "We had one person come from hospital. They wouldn't help themselves in any way. We took time to encourage them to be independent, you know, wash areas they could, help dry and that type of thing. Now they are confident, want to do things and have a sense of pride."
- Cherry Tree Manor was a female only home, with personal care provided by female staff.
- Staff were clearly able to describe how they respected and maintained people's dignity and privacy and our observations confirmed this was practised when supporting people.

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

- People were involved as far as possible in planning their support. Staff found creative ways to communicate with people in addition to words, to aid people's understanding. One person's relative said, "[Person] doesn't communicate well, they see the speech therapist and have created a training package to help. It can be difficult to convey feelings, but staff find methods to communicate and now they know the trigger points. They will try anything to make sure they can communicate and [Person] understands."
- Staffing support hours were reviewed which enabled people have choice and control over their day to support their independence. This meant staff could be responsive to meetings people's wishes or support people according to their wishes.
- Specific staff were allocated to work with people and manage their care and support. Through regular reviews staff ensured people's views were central to the care they received. The registered manager told us, "It's difficult sometimes, their families want certain things but that's not always what [the person] wants. We listen and act of their [People's] wishes and take account of family views but we have to remember all these people are adults now so make their own choices."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received individualised care that met their needs, likes and preferences.
- People and their relatives told us they were involved and kept up to date with changes as they occurred. One person said, "My care is how I want it and always has been, I feel I am in control of what happens. It helps because the staff know me very well." One person's relative also commented that, "Whenever I phone up, whoever I speak to is able to tell me how [Person] is and they don't have to go away and ask anybody. They all communicate well and I am really happy with the way [Person] is being looked after."
- People's communication needs and religious backgrounds were known by permanent staff.
- People enjoyed the activities that were organised by the care and activity staff. One person said, "There is not much chance of getting bored, there is always something going on or staff to talk to."
- Activities were social, inclusive events and included things such as arts and crafts, games, movies, social events, trips out to the community and reminiscence for people living with dementia.
- We observed numerous activities taking place across the home. These were well attended. One session observed involved people with singing songs from music sheets. Everybody involved was engaged and enthusiastic and enjoying the session very much.
- People had access to the hairdresser who visited the home on a regular basis along with entertainers and other external services.
- People who chose to stay in their rooms were engaged with on a meaningful basis by staff. Staff were seen to sit and talk with people and not leave them isolated in their rooms. People told us social inclusion was encouraged and one person provided us an example where the registered manager moved them to be closer to their friend. One person said, "I tend to stay in my room, and I do like being here. The staff are very pleasant, and they always tell me what's going on in the main lounge, and ask whether I would like to join in."

Improving care quality in response to complaints or concerns:

- People and relatives told us they felt confident in raising concerns or complaints. One person said, "I have no qualms about speaking out if I am not happy, [Registered manager] takes these things very seriously."
- Complaints that had been received had a written response and were reviewed by the provider.

End of life care and support:

- There was no end of life care being delivered at the time of the inspection. The registered manager told us there had been people who were assessed as palliative, but their health had improved.
- Staff had completed end of life training and people told us that they had been supported to have discussions about end of life care and wishes and preferences.
- The registered manager was clear about how to access support from health professionals to support

people's health needs when needing end of life support.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People's care records were not comprehensive and did not describe specifically how to provide care to people. For example, personal care records did not indicate which equipment or products to use for one person. Care records when completed were not prompted by incidents. For example, when one person sustained a number of unwitnessed falls, this did not prompt staff to complete the assessment each time. Although we found staff knowledge of people was appropriate, and actions taken were timely, which kept people safe, care records were not sufficiently maintained.
- The registered manager and provider did not share with staff outcomes of incidents, safeguarding outcomes or complaints received within the home. This included practices in line with the duty of candour and completing full investigations, outcomes and lessons learnt about incidents. Staff were not aware of learning that arose from safeguarding, complaints or review of incidents.
- People and their relatives told us they thought the service was well organised and managed. One person's relative said, "I find the manager very supportive and easy to talk with. [Person] hasn't been here that long and the manager keeps in close contact with us to tell us how they are getting on. I would recommend this home to anybody. It's lovely."
- Staff told us that they felt supported in their role and that the registered manager and provider were visible and supportive.

Continuous learning and improving care:

- Audits were in place to monitor the quality of the service however these were not always effective and did not consistently identify improvements we identified during the inspection. For example, audits failed to identify the concerns with incident management and reporting. Some of these concerns raised were immediately rectified on the day of the inspection, however these had not been identified previously by the quality monitoring processes in place.
- The local authority commissioning team carried out a review in July 2017. The set actions in relation to training being overdue at that time, along with issues relating to recording accurately in people's care records. Although the registered manager had indicated in the action plan these areas had been addressed, we found at this inspection those same areas continuing to require further development.
- Staff meetings were held so that staff could feedback to the management team and communicate with each other. Staff we spoke with confirmed they were able to raise concerns and ideas.
- Systems and processes did not consistently identify, manage and seek to improve the quality of care people received. Although auditing processes were in place they did not identify or address some of the additional areas for improvement we identified. This was a breach of The Health and Social Care Act 2008

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- There was a registered manager in post who was supported by the provider.
- The registered manager had not kept up to date with current legislation and best practice guidance.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, however our findings showed that these notifications were not consistently sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- Staff told us they were involved in developing the service and had been able to talk about new ways of working in Cherry Tree Manor that the management team were receptive to.
- The registered manager and staff team had developed strong links with the local community. For example, there was established links with local organisations who had completed projects in the garden and provided entertainment in the home.
- People and their relatives could express their views and give feedback on the quality of the service provided through surveys and meetings.
- The registered manager engaged and worked in partnership with others including the local authority commissioners and healthcare professionals. Support had been offered by the local authority with specific areas of training to support staff knowledge.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Safeguarding service users from abuse and improper treatment Regulation 13 (1) (3)</p> <p>Systems and processes were established but not operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good Governance Regulation 17 (1) (2) (a) (c) (c)</p> <p>Systems or processes were established but not operated effectively to ensure the registered person assessed, monitored and improved the quality and safety of the services provided in the carrying on of the regulated activity. The registered person did not consistently assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Peoples care records were not maintained accurately as required.</p>