

Barchester Healthcare Homes Limited

Cherry Trees

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cherry Trees is registered to provide nursing, accommodation and personal care for up to 81 people, including people living with dementia. At the time of our inspection visit there were 67 people living at the home. Care is provided across two floors. Nursing care was provided on the ground floor in a unit called, 'Young at Heart'. On the first floor, there was a separate unit for nine people with residential/dementia care needs called Cherry Blossom. This was not in use at the time of our visit; however, plans were being made for a potential opening in September 2021. The remainder of the first floor was called Memory Lane for people living with dementia. Communal lounge and dining areas were located on both floors. People's bedrooms were ensuite and there were further communal bathroom facilities located on each floor.

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

Since our last inspection, people, relatives and staff told us improvements at the home had been made. People and relatives said the overall experiences of living at Cherry Trees, was better. Staff said improvements had been made, especially in the management of the service.

People and relatives were complimentary about the service they or their relative received. Relatives told us, management, communication and feeling more involved in their family members care had improved and the quality of care.

People were safe because staff were recruited safely. People said they were safe because staff made regular checks on them or if they had a change in health, support was provided. Staff and the provider knew how to keep people safe and protected from abusive practice. Systems to learn lessons when things went wrong helped to drive improvements and the registered manager notified us and the relevant body at the right times.

People said staff were kind, caring, gentle and always willing to do what was needed and expected of them. People were cared for by staff who attended training relevant to their roles. Assessments were completed before care was provided. This helped to ensure staff had the relevant skills and knowledge to meet a person's needs. Some staff said recent admissions and a lack of information upon admission, though not their fault, did cause additional pressures on the staff team before they got to know the person.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19. Regular cleaning took place; however, we found some communal dining rooms would benefit from further cleaning and checks to ensure standards were maintained.

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.

People's plans of care were detailed helping staff to provide safe care. Staff's knowledge of how to support people was consistent with people's care records and what people told us. Staff said there was limited or no reliance on agency staff, which meant the staff team worked well together because they knew people and their preferred routines.

Risks related to people's care were recorded and reviewed. There were instructions for staff to follow to manage those identified risks. However, some risk assessments, such as those relating to specialist equipment, required more detail to be fully personalised. The registered manager assured us this would be addressed, conversations with staff showed they knew how to manage risk. In some examples, intervention by a GP or occupational therapist had been sought to help keep people safe.

Regular audits and quality checks were completed with oversight through internal compliance checks. People and staff were complimentary of the management team. Relatives we spoke with confirmed the quality of care was much better than when we last inspected in 2019. Relatives said the management team was approachable and responsive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 October 2019) and there was a breach of regulation 12 safe care and treatment and regulation 17 good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part to follow up on action we told the provider to take at the last inspection. The inspection was also prompted in part by reviewing statutory notifications we had recently received from the provider where we had information related to two separate incidents of choking. A decision was made for us to inspect and examine those risks.

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.

Follow up

We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Cherry Trees

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 Care Act 2014.

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 carried by two inspectors, one specialist advisor who was a nurse, 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 Trees is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means the registered manager 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

We gave very short notice of the inspection because of the risks associated with COVID-19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service and provider, and local Healthwatch who are an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. We used any information the provider had sent us from their annual Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with nine people who received a service and eight visiting relatives. We spoke with five care staff, a deputy manager, a nurse, a hostess, a housekeeping manager and one housekeeper. We also spoke with the registered manager and regional director.

We reviewed a range of records. This included examples of four people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk, medicines management, infection control, complaints, compliments and systems to ensure good clinical oversight.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

At our last inspection, the provider had failed to robustly assess and mitigate risks relating to the health, safety and welfare of people. We also found people did not receive their medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe Care and Treatment). At this inspection the provider had improved and was no longer in breach.

- At the last inspection we found risks associated with unsafe storage of thickener. These risks were removed, thickener was now stored safely in locked cabinets.
- At the last inspection we found risks associated with people's care had not been addressed and staff's knowledge was inconsistent. At this inspection, we found risks were assessed and reviewed regularly in consultation with other health professionals when necessary.
- People felt safe when being supported. One person who needed help transferring told us, "I know I'm safe. I use a hoist and the staff guide me through it and they always check with me that I'm alright."
- Staff better 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.
- The registered manager told us regular health and safety meetings and checks ensured any environmental risks were minimised. The registered manager confirmed all fire safety and water quality checks were completed as required.

Using medicines safely

- At the last inspection, improvements were needed to better record and evidence when medicines were given covertly (usually disguised in food or fluids). This time, we found guidance and protocols in place with the exception of one person. This helped ensure these medicines were administered consistently and safely. Nursing staff were working with the GP on getting the medicine protocol in place.
- Medicines were stored and administered safely.
- Topical creams were applied by staff, as prescribed. Body maps showed where creams needed to be applied. Some pain relief medicines applied via patch, were applied to part of the body in accordance with their prescription and applied to various parts of the body, as per manufacturers guidance.
- Regular checks on medicines records ensured any errors were minimised. We found one medicines record for as and when medicines, did not have a protocol to safely guide staff when to administer. Some missing signatures and a lack of recording added to the confusion. The nurse told us they repeatedly followed this up with the GP to ensure the medicines was given as needed.

Staffing and recruitment

- At the last inspection feedback from staff, people and their relatives indicated that staffing levels and

agency use impacted negatively on the quality of care received.

- At this inspection, feedback was more positive although some people still felt at times, more staff were required.
- People and staff said the registered manager was responsive and proactive when an increase in staffing was needed. Agency staff use had significantly decreased and the current staff team told us this improved consistency in care. One staff member said, "I worked here before under the previous manager - it is completely different. (New registered manager name) is brilliant. We don't use agency now, so people can build relationships with people."
- Staffing dependency tools were used to calculate staffing levels and the registered manager acted on feedback from staff when pinch points were identified. For example, the registered manager provided supernumerary nursing staff to focus on updating and reviewing risk assessments and care plans. People and staff commented that there were sometimes additional staff pressures on memory lane, in the afternoons and nights. This was fed back to the registered manager who agreed to investigate this to assure themselves, staffing levels continued to meet people's needs.
- Recruitment checks were completed to make sure staff were safe to work with people and of suitable character. Safe recruitment checks included obtaining written references from previous employers and checks with the Disclosure Barring Service (DBS).

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some communal areas although regularly cleaned, were not cleaned to the required standards. Some items of furniture were unclean, and fridges were unclean, with one containing out of date milk.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe. One relative told us, "Absolutely, no doubt about it. I tell you; they wouldn't be here if they were not, I would make sure of that."
- People said they had better continuity of care staff which made them feel safe because they got to know those who supported them.
- Staff had received training in how to keep people safe and they told us how they would report safeguarding concerns. When safeguarding concerns were identified these were reported to us and the local authority in line with legal requirements.

Learning lessons when things go wrong

- At the last inspection we found improvements were needed in response to specific incidents involving people or aspects of their care which required better monitoring and analysis to minimise the risks of them happening again.
- We found improvements have been made. Accidents and incidents involving people were recorded and

reported by staff and monitored by the management team to learn from these.

- Patterns, themes and trends were reviewed at clinical and provider governance meetings to ensure improvements were taken when needed.

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 the last inspection this key question was rated as required improvements. At this inspection this key question has now improved 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

- People's needs were assessed, monitored and reviewed regularly following changes or increased risks to their health.
- Assessments and care planning were carried out in partnership with nearest relatives or those legally authorised to make decisions in people's best interests.

Staff support: induction, training, skills and experience

- Daily departmental meetings were used to monitor and provide updates on staff training and which members of staff had training to complete.
- Improvements to the consistency of the staff team and a reduction in agency staff meant people were supported by staff who understood their needs and risks associated with their care.
- Staff were given supervision spoke positively about the registered manager. Staff were supported to develop their skills and progress within the home. One staff member told us, "Since (registered manager) has started, I was a care worker and they have supported me to develop. Now I'm doing my NVQ. It's such a change".

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

- People were supported to eat and drink. People's comments were positive. We observed a mealtime experience on both floors of the home. There was a relaxed and social atmosphere with positive interactions between staff and people. However, some people still felt mealtimes were rushed and the quality could vary at times. Our observations showed people making positive comments about the food, one person said, "Compliments to the chef."
- Staff offered people choices and second helpings. For people living with dementia, visual choices were provided to help them understand what was on offer. Specialist cutlery and equipment was offered enabling people to eat as independently as possible.
- One person was identified as being at risk due to a high BMI and needed a healthy, lower calorie diet. Records for this person showed that this recommendation was being followed and monitored effectively resulting in the person's BMI gradually reducing.
- When people were identified as being nutritionally at-risk, additional monitoring and checks were in place. However, we found improvements were still required to provide better understanding of how much people were eating and drinking and consistency when following dietician or speech and language advice.

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

- There was some signage throughout the home to help people orientate themselves and locate certain rooms.
- A sensory garden provided a relaxing and inviting space for people and their relatives to enjoy.
- Each floor had different themes such as a beach theme and music which provided objects of interest that could spark curiosity or discussion. During our visit, we did not see people or staff interacting with those objects.
- On the dementia unit, plain and different colours were used for decoration to provide contrast and minimise colours blending into one. This helps to create a dementia friendly environment that can minimise stress, agitation and anxiety.

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

- People were referred to external health professionals following changes or when increased risks to their health were identified. One relative said, "They called the paramedics last week due to low blood pressure. They always let me know straight away if I need to come up. If they send for the doctor, they always tell me what they said."
- Staff spoken with were knowledgeable and up to date with current care plans which integrated advice from health professionals.
- Daily departmental meetings and weekly unit lead meetings ensured that relevant information about changes in people's health, planned discharges and new admissions were shared with staff.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Deprivation of Liberty Safeguard applications were submitted for those identified as potentially being deprived. These were monitored centrally to ensure authorisations remained in date and applications re-submitted for those due to expire.
- Mental Capacity Act assessments were carried out for people when necessary. We found some improvements could be made to the quality of recording to ensure they clearly reflected how and why a person had been assessed as lacking capacity.
- Staff were observed to seek consent before providing care and support.

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.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant 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

- At the last inspection people did not feel cared for and inconsistencies in staff's knowledge of people, did not promote positive outcomes. At this inspection, we found people's equality needs were respected. Important information was used to personalise people's individual plans.
- People were complimentary in how they were treated. One person said, "The staff I've met are all lovely, kind and engaging. They remember the little things. They do all seem very busy, but I never feel like I'm being rushed. They are very good at checking in with us, and I'm very comfortable with that approach."
- People were attended to in a timely manner and staff were friendly and understanding when their support was required. One relative told us, "They couldn't be kinder. They are really good to (relative). They seem to love (relative) and I can't say there's any staff I don't like."
- We observed positive interactions, appropriate communication and staff wanted to care for people.

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

- People were involved in how their care was provided and able to influence how they lived their lives. One relative was really pleased, they said, "We love it here. The staff are amazing and (relative) is getting good care. The facilities here are good, (relative) needs 24/7 care and this is the best place."
- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were encouraged to make their own decisions such as where to go, whether inside or in the garden area, what to do, or what they wanted to eat and drink. When people were taken to the dining room, they were asked where they wanted to sit.

Respecting and promoting people's privacy, dignity and independence

- People felt comfortable when staff supported them.
- Care staff promoted people to remain as independent as possible, whether through their choices or in how they did things for themselves.
- Everyone we spoke with thought they were well cared for and treated respectfully by staff who wanted them to enjoy their time at Cherry Trees. One relative praised staff, saying, "I thank this place for what it's done for (relative). They have done very well, especially during lockdown." They told us their relatives overall wellbeing had improved.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection, there were inconsistencies in people's care records and how they were supported, especially for some health conditions.
- At this inspection, improvements were made. For example, care plans were clear and included risk assessments that covered all activities of daily living. In one example, a person experienced back pain and their condition had got worse. Staff had referred the person to their GP and their pain relief changed from as and when to daily.
- Another care plan described a person as at risk of choking. It was clear a speech and language therapist had been consulted and regular monitoring and records described the support they received. Staff were consistent in their knowledge of how to support people.
- Relatives said staff were more proactive in responding. One relative told us, "Staff are on it and they will call me if there's anything they think I can do." They shared an example of how they had supported staff to help resolve a situation. Staff called them back an hour later to say their family member was settled.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives shared comments that this could be improved. The registered manager also acknowledged this was an area for continued improvement.
- It was clear the COVID-19 pandemic and government restrictions on visitors into care homes had impacted on the variety of interests and stimulation for people.
- Supporting people with hobbies, some more solitary than group, still continued and important events continued to be celebrated where possible.
- A sensory garden had been created with the help of a volunteer. People enjoyed going into the garden and work continued to help people access more outdoor space.
- Photographs showed people involved in group activities and during the pandemic some people had got used to finding things to do they enjoyed. One person said, "I've got my knitting. I'm knitting animals and cardigans for my family and friends... I'm happy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were identified and recorded in care plans and followed by staff.
- Most people were able to understand the literature in its written form, but staff said they could adapt any literature if anyone needed access to it.

Improving care quality in response to complaints or concerns

- Where complaints had been made, these had been investigated and responded.
- No one we spoke with had made a formal complaint to the registered manager. People and relatives knew what to do and who to speak with to share their concerns.

End of life care and support

- No one received end of life care during our visit. The registered manager said staff were confident they could support people and families wishes at this time. Anticipatory medicines were arranged with district nurse support to help support the person at the end stages of life.

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, the provider had failed to have an effective system of governance and where checks had identified issues, improvements were not taken. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance). At this inspection the provider had improved and was no longer in breach. At the last inspection this key question was rated as required improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- At the last inspection, systems of audits and checks were ineffective and, in some examples, failed to identify the issues we found, or if they did, there was limited evidence to show how improvements were addressed.
- At this inspection, improvements had been made. Systems of audits and checks gave assurances expected standards were being met. Regular and essential checks were completed and those audits, as well as clinical audits, fed into the provider's quality assurance.
- The regional director checked audits and actions were completed. The regional director showed us their audit completed 16 August 2021. This had identified some of the examples we saw, such as Identifying nutritional care plan records and portion sizes needed more detail to be of use.
- The regional director said the provider's quality assurance tools had recently undergone improvement. They were confident their checks would identify improvement actions and they would be monitored until those improvements had been completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- From people, relative and staff's feedback during our inspection, it was clear improvements had been made to the service. One relative told us, "The managers are very good. We've had our troubles in the past, but these ladies are lovely. It's got better and they are easy to talk to."
- The registered manager said they empowered staff to lead on their own area of work, whilst retaining responsibility to ensure this was completed. One staff member said, "There's a great improvement with the culture, the atmosphere, much better." They also said, "Staff are here because they want to be."
- People and staff said the registered manager was available and approachable. One relative said access to management was much better, "You can ask to see them, and they come straight out."
- The registered manager said they were proud of their staff team, especially how they all worked through the COVID-19 pandemic to keep people safe.

- Staff told us they felt valued. The regional director showed us an internal staff survey. Question - My manager cares about me. Answer - 100% staff agreed.
- The culture in the home was one where staff said they worked well together, as a team.

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

- The registered manager explained all agreed policies and procedures were followed. During the COVID-19 pandemic, this presented challenges, but the registered manager was proud of the staff achievements and commitment to help keep people safe.
- People and staff feedback were sought, and this formed an essential part of sense checking on progress and that the service, standards and expectations were being met.

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 provider's website told the public about our findings from the 2019 inspection and what they have improved at the service.
- The registered manager and regional director were honest and open at this inspection, recognising where things at the previous inspection, were not to the required standard and making those improvements.
- People's views and feedback was sought through planned meetings and care reviews.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends.
- Where reportable incidents were shared us, investigations and actions had taken place to ensure similar incidents did not happen again. The registered manager and regional director said the governance, audits and oversight was much improved.