

# Cherryfield Homes Limited

# Cherryfield House

## 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

Cherryfield House is a residential care home providing personal care to up to 29 people. The service provides support to adults with dementia and physical disabilities. At the time of our inspection there were 27 people using the service.

### People's experience of the service and what we found:

People told us they felt safe with staff and that if they had any concerns they would be listened to by the registered manager. Accidents and incidents were recorded appropriately with any necessary action taken promptly. People were supported by a consistent staff team. The service appeared clean throughout. Ongoing health and safety checks were in place.

Staff had received appropriate training to support them in their role. Staff told us they felt supported by the registered manager. People chose when to have their meal times. There was a varied selection of food available for people. Staff supported people to access healthcare when needed. The service was undergoing a refurbishment programme.

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.

Staff treated people as individuals and with respect. Staff knew people's likes and dislikes well and also supported people with good humour. Staff supported people to maintain and increase their independence, where possible. Staff involved people in making decisions about their care.

People's care plans were personalised and reflective of their needs and preferences. People knew how to make complaints. All concerns were responded to and actioned appropriately. People were supported to engage in activities on their own, as a group and in the community.

Staff and professionals gave positive feedback about the knowledge and performance of the registered manager. The registered manager was continuously looking at ways to improve and develop the service. People and staff were engaged in the running of the service and felt listened to.

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

### Rating at last inspection

The last rating for this service was Good (published 31 January 2018.)

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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?

Good ●

The service was 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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cherryfield 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.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

Cherryfield 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. Cherryfield 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

The first day of the inspection was unannounced. The second day of the inspection was announced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed all the information we had received from the service since their last inspection. We used all this information to plan our inspection.

During the inspection

We reviewed care plans, medication records and staff files. We also reviewed records relating to the running of the service. We spoke to 2 relatives, 5 people using the service and 4 staff including support workers and the registered manager. We also contacted professionals who regularly work with the service for their feedback.

# 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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

People told us they felt safe at the service.

Staff had received training in safeguarding and understood how to raise concerns. The registered manager appropriately raised safeguarding concerns and supported people in response to concerns raised.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

People had appropriate risk assessments in place to support them with identified risks.

The fire risk assessment had identified some actions to be taken, There was an unused lifting platform on the first floor which was being used as a storage area. This was removed during the inspection and the remaining actions on the assessment were completed during the inspection.

Appropriate safety checks were in place to ensure equipment used within the home was safe to do so.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

Staffing rotas showed there were sufficient staff to meet people's needs. Staffing rotas showed there was a consistent staff team at the service. People told us there were enough staff to support them. One person told us, "I couldn't fault them[staff]."

Staff were mostly recruited safely. We found one example where a reference was not obtained from a person's most recent employer in health and social care. The service had obtained a reference from the person's most recent employment. We brought this to the attention of the management during the inspection who stated they would follow this up.

Using medicines safely

People were supported to receive their medicines safely.

Staff had completed competency assessments prior to supporting people with their medication. The service had appropriate protocols in place to support people with medication to be administered 'as and when required'.

The recording of thickener was not sufficient. The medication administration records did not show the amount of thickener which was being given. This was updated following the first day of inspection.

We found one discrepancy with a medication count, however this was due to the new cycle of medication starting. There was no evidence to show that medication was missing or that a person had missed their medication.

### Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. We observed staff wearing appropriate personal protective equipment (PPE) throughout the inspection.

The service appeared clean throughout. The registered manager completed regular infection prevention and control audits at the service. The service had recently updated some furniture which promoted better infection prevention and control.

### Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. Visitors told us they were able to visit the service at any time. Staff encouraged visitors to be involved in activities at the service. Relatives told us they were looking forward to having their Christmas dinner at the service.

### Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. The registered manager had systems in place to monitor, review and analyse any trends regarding incidents which had occurred at the service.

The registered manager was proactive in improving their knowledge and the knowledge of the staff team in relation to incidents at the service.



# 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 Good. At this inspection the rating has remained 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 and care and support was delivered in line with current standards to achieve effective outcomes. Staff completed thorough assessments before supporting new people at the service. One person had recently moved into the service and all appropriate risk assessments had been completed and staff demonstrated a good knowledge of their needs.  
Risk assessments were personalised to people's individual needs and requirements.

Staff support: induction, training, skills and experience

The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff were supported with a thorough induction programme which included shadowing shifts and competency checks being completed. Staff had regular supervisions which included the opportunity for them to provide feedback.

Staff completed regular training in specific topics to support people's needs at the service. Staff training compliance was regularly monitored by the registered manager and regional team to ensure a high level of compliance. Staff demonstrated sound knowledge of people and their conditions.

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

People were supported to eat and drink enough to maintain a balanced diet.

Staff supported people to eat and drink at times of their choice, there were no restrictive meal times in place at the service. There was a balanced offering of food available at the service.

People were also supported to access the kitchen independently and make their own food where possible. Staff also supported people to order food to support their choice and independence.

Staff working with other agencies to provide consistent, effective, timely care

The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

The registered manager and staff at the service had a good working relationship with the local authority and other health professionals.

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

People were supported to live healthier lives, access healthcare services and support.

Staff supported people to access healthcare services. The GP visited the service on a weekly basis. Staff supported people to access dental services in a timely way in response to dental concerns. One person told us, if they needed medical help, "just report it to a member of staff and they would get a doctor, hospital,

whatever needed."

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

People's individual needs were met by the adaption, design and decoration of the premises.

People were able to mobilise independently around the service. The service was in the process of undergoing a programme of improvement works to improve the aesthetics and infection prevention and control measures at the service.

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.

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 Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. The registered manager had an effective system in place to monitor people's capacity and any restrictions which had been imposed. The service supported people and offered guidance for people to access advocates and support with decisions. The registered manager was proactive in supporting people to reduce restrictions which were in place. For example, supporting people to access the community independently. Some people displayed confusion over decisions which had been made. The registered manager supported people to access their care plans to read the decision making process and reasons measures were in place. Staff had received training in MCA and this was also discussed at team meetings.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

People were well supported.

Staff treated people with dignity and respect. We observed staff respecting people as individuals. People at the service told us they enjoyed the humour with the staff.

Staff knew people well. One person told us, "They've [staff] got to know my likes and dislikes."

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

People were supported to express their views and make decisions about their care. One person told us, staff had supported them and as a result they were "able to make decisions and getting to know what is best for me."

Some people at the service had difficulty with recalling the information. Staff supported them by providing them with their care records for them to read and recollect discussions around their care which had taken place.

People were supported to challenge restrictions that were put in place.

Respecting and promoting people's privacy, dignity and independence

People's privacy, dignity and independence were respected and promoted. Staff were respectful of people's privacy. We observed staff knocking on people's doors prior to entering their room and supporting people to have time with their visitors in private.

People were supported to maintain their independence and maintain their skills. Staff encouraged people to take responsibility for meal preparation, for example.

The service supported people on their recovery from significant medical events which had temporarily reduced their abilities to care for themselves. Staff spoke positively how they gradually reduced this support. For example, supporting a person to wash to supporting them by preparing the bathroom for them and monitoring how they were doing on their own.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

People were supported as individuals, in line with their needs and preferences.

People's care plans were detailed and reflective of their individual needs and personality.

People's preferences were included in their care plans. Care notes were personalised to reflect people's choices.

People's care plans also reflected their opinions and choices on the level of support and involvement they wanted from external professionals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

The provider was meeting the Accessible Information Standard.

People's communication needs were understood and supported.

People's communication needs were reflected in their care plans. There was also a wide array of information available throughout the service in different formats to assist people.

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 were supported to maintain relationships, follow their interests and take part in activities that were relevant to them.

People who were able to access the community independently were supported and encouraged to do so.

The service supported people with varying levels of capacity and abilities. This was reflected in the activities within the home. Some people enjoyed taking part in quizzes while others enjoyed going out to local restaurants. Theme nights to reflect the cultures of the diverse staff team at the service had also proved popular.

The service were involved in the local community by receiving visits from the local church and also attending events at the local football club.

Staff supported people to engage in activities they enjoyed. Staff supported people to get materials to continue their hobbies such as drawing and painting. Staff took pride in people's skills and proudly displayed their work within the service.

### Improving care quality in response to complaints or concerns

People's concerns and complaints were listened to, responded to and used to improve the quality of care. There was a copy of the complaints policy in everyone's bedroom for people to access. People we spoke to did not have any concerns about the care that was being provided.

The registered manager recorded all complaints and their resolutions. Most complaints were low level and had been responded to on the day the concern was raised.

### End of life care and support

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Staff had received training and had a good understanding of what good end of life care looked like. Staff gave examples of supporting people with their oral care, managing their pain and supporting people's relatives.

Staff supported people to discuss their end of life care wishes. Some people had chosen to discuss their end of life care wishes with staff. One person explained to us that this had provided them comfort knowing that their arrangements and wishes were in place.

# 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. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people. Staff spoke positively about the morale at the service and working as a team. Staff were focused on supporting people with compassion to leave their lives as independently as possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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 had a clear management structure that monitored the quality of care to drive improvements in service delivery.

The registered manager clearly understood their responsibilities. The service had a framework of regular audits to measure quality and drive improvements at the service.

The provider understood their responsibilities under the duty of candour.

Relatives told us they are kept informed about their relative's care.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

People told us they felt able to approach staff and the registered manager with any concerns.

The service conducted surveys at the service to receive feedback and identify areas of improvement. The surveys had gained positive responses.

Staff told us the registered manager was "very supportive" and approachable. One person told us, "[registered manager] is fantastic, [registered manager] is ever so helpful."

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

The registered manager was passionate about learning and increasing the knowledge of staff. When new guidance was available, the registered manager made this readily available to staff to increase their knowledge.

### Working in partnership with others

The provider worked in partnership with others. Staff and the registered manager had good working relationships with health and social care professionals.

One professional told us, "[registered manager] and her team have a sound knowledge of their residents and their individual needs." Another professional told us, "I have always felt the staff have gone above and beyond what is expected of them in their attempts to safely manage those needs at Cherryfield House." Another professional told us, "People who have struggled with alcohol and drug abuse have thrived whilst being a resident at Cherryfield House."