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Cherry Tree Lodge

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

Overall summary

This unannounced comprehensive inspection took place on 14 and 15 April 2015.

Cherry Tree Lodge provides accommodation, care and support for up to 20 older people. At the time of the inspection there were 15 people living at the home. A registered manager was in position. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were well-cared for by a long-standing staff team who knew people's needs. There were also good relationships between staff and people with people's privacy and dignity maintained.

There was high satisfaction levels regarding the food provided with positive comments made and records showing people were maintaining a healthy weight.

People were satisfied with the level and range of activities arranged at the home.

There were systems in place to comprehensively assess people's needs, to develop plans of care and also to

Summary of findings

record that care had been provided in line with people's personal needs. Risk assessments had been completed for identified risks or hazards. Plans and assessments were up to date and reflected the care and support people required.We saw evidence and people told us that the staff responded and took action to changing needs.

Medicines were stored, administered and recorded in line with best practice with staff trained and their competence assessed.

The home generally complied with the Mental Capacity Act 2005, although we recommended there was better documented evidence of where actions taken in a person's best interest was taken. The home was also compliant with the requirement of the Deprivation of Liberty Safeguards, ensuring that if a person without capacity was deprived of their liberty in any way, this was done in accordance with the law.

Sufficient numbers of staff were both employed and on duty each shift to meet people's needs. There were also robust recruitment procedures that were followed to make sure suitable and competent staff were employed at the home.

Staff were knowledgeable and trained in safeguarding adults with the home having appropriate procedures in place. Staff were supported by management through supervision and annual appraisal.

The building was in good repair and decorative order. Steps had been taken to ensure the premises were safe. The registered manager agreed to ensure that any uncovered radiators in bedrooms or bathrooms would be covered by next winter to eliminate risks of burns from hot radiators.

Accidents and incidents were recorded and monitored to make sure there were no trends where action could be taken to reduce the risk.

There was a system in place to make sure that complaints were listened to and responded to appropriately.

There was an open and positive approach to managing the home with staff reporting that they enjoyed working at the home.

There were systems in place to monitor the quality of service provided to people. These included audits of records, complaints and accident and incident.

Summary of findings

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

People were protected from risks to their safety.

Sufficient staff were employed and on duty each shift to meet people's needs.

Medicines were managed and administered safely.

Checks were undertaken before staff started employment to ensure they were safe and suitable to work there.

Premises and equipment were maintained in good order to help ensure people's safety.

Is the service effective?

Good

Staff received good support from the registered manager and providers.

People were positive about the food provided and there were systems to make sure people maintained weight and kept hydrated.

People's consent was always sought where they had mental capacity. Where people did not, the home complied with legislation but we recommended that better documented evidence was in place where 'best interest' decisions were made on behalf of people.

People had access to the services of healthcare professionals as required.

Is the service caring?

Good

People were well-cared for and there were positive relationships between staff and people.

Staff treated people with warmth and compassion.

Staff knew people well and supported them respecting their privacy and dignity.

Is the service responsive?

Good

People's needs were assessed and care was planned and delivered to meet their needs.

The staff were responsive to meeting people's changing needs.

There was a complaints process in place although no complaints had been made about the service since we last inspected the home in September 2013.

Is the service well-led?

Good

There was an open culture adopted by management.

Staff and people felt management were supportive and listened to people so that the service could develop and continue to meet people's needs.

The home was well-managed with accurate and up to date records in place.

Cherry Tree Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 14 and 15 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

At the time of this inspection there were 15 people living at the home. We spoke with 8 of these people and met with all of the other people. We also spoke with three sets of relatives who were visiting the home over the two days. We met with all the providers, one of whom is the registered manager, and four members of care staff. We observed how people were supported and looked at three people's care and support records.

We also looked at records relating to the management of the service including; staffing rotas and recruitment records, incident and accident records, training records, meeting minutes and medication administration records.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we brought forward this inspection.

Good

Is the service safe?

Our findings

Everyone we spoke with felt safe and supported living at Cherry Tree Lodge. One person told us, "On the whole it is very good here and I feel safe here. I am free to do whatever I want". Another person told us, "My family knows I am safe here". Relatives were also very positive about the home. One relative told us, "I would recommend the home to anyone. My relative is always clean and well-cared for and the staff are exemplary".

Staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services. Staff had completed training in protecting adults from abuse and were aware of the provider's policy for safeguarding people who lived in the home. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

The provider had a system to ensure risks were minimised in delivering people's care. Part of this system was to carry out risk assessments for identified risk areas affecting older people. These included risk assessments concerning, malnutrition, falls, and skin care. The risk assessments then underpinned care plans that had also been developed.

Throughout the inspection we focused on the care and support of three people and we looked in depth at the records maintained on their behalf. Risk assessments were in place and had been reviewed each month, or when people's circumstances changed, to make sure that information for staff was up to date. The risks of poor outcomes when caring for people was therefore reduced.

The registered manager showed us around the premises. We noted that there were uncovered radiators in the home and we discussed this with the registered manager. Risk assessments on the likelihood of people receiving burns from hot radiators had been completed and some steps taken to reduce this likelihood; such as placing furniture in front of radiators. However, the registered manager agreed that before next winter the radiators in both bathrooms and bedrooms would be covered to eliminate the risk of any person receiving burns. This will be followed up at the next inspection. We did not identify any further hazards and saw that steps had been taken to reduce harm from other hazards. For example, window restrictors were fitted on windows above ground level and wardrobes had been risk assessed to make sure that they could not be toppled on to a person. Portable electrical equipment had been tested to make sure equipment was safe to use.

There was evidence of continual refurbishment and improvement of the physical environment, such as new carpets throughout the communal areas and the instalment of a new stair lift and call bell system.

At the time of inspection no one had bedrails in place; a measure used to prevent a person from falling from bed and injuring themselves. The registered manager was aware of the associated risks of entrapment and restraint where bed rails are used. They were also aware of the need for a bed rail risk assessment to minimise these risks if bed rails were used.

People's needs had been assessed before they were offered a place at the home. This procedure was in place to make sure that people's individual needs could be met safely at Cherry Tree Lodge.

The registered manager showed us the system they had put in place to monitor accidents and incidents in the home. Records were maintained of any accidents or incidents. These were then periodically reviewed to look for any trends where action could be taken to reduce the incidence of accidents and incidents recurring. We noted that overall, there was a low incidence of accidents and incidents.

There were sufficient numbers of staff on each shift to keep people safe. The registered manager told us that in general there were three care staff on duty between 8am and 2pm and that thereafter there were either two or three carers on duty until 8pm, depending on needs of people accommodated. During the night time period there were two carers who carried out awake duties. In addition, the registered manager and one of the providers were in attendance on most days of the week. Being a small home, the registered manager did not feel there would be benefit in using dependency profiles to determine staffing levels. He said feedback from staff, people and relatives and direct observation ensured that suitable staffing levels were maintained at the home.

We asked people, their relatives and staff about their views about staffing levels. No one had any concerns. One person told us, "My call bell is always answered quickly if I need assistance and staff are always available if I need them."

Good

Is the service safe?

Staff told us that they had enough time to meet people's needs and their workloads were manageable. The registered manager showed us staff rotas for a four week period, which showed the levels of staff deployed were as described.

The provider had robust staff recruitment procedures in place to make sure suitable and competent staff were employed. We checked the records of two members of staff recruited since our last inspection in September 2013 to make sure the procedures were being followed. All the required legal checks had been carried out and all required records were on file. These included a Criminal Record Bureau check and a check against the register of people barred from working in care. Two written references had been taken up as well as a full employment history obtained with reasons for leaving care employment and gaps in employment history explained.

Staff were aware of how to respond and report any concerns if they suspected any incidence of abuse. They told us that they had received training in this field, which was confirmed by us looking at the staff training records. The home had policies and procedures in place for staff to reference concerning safeguarding and how to report issues of concern. The staff were also aware of the home's whistleblowing policy and how to whistle blow.

We looked at how medicines were managed in the home. The home had adequate storage facilities for storing all medicines received into the home. We found that one medicine had not been stored appropriately. The registered manager rectified this immediately. Medicines that required refrigeration were kept in the main fridge but kept in a separate lockable container to ensure there was no cross contamination with food. The controlled drugs storage cabinet did not meet new legislation with respect to how it was attached to the wall. The provider took steps the day after the inspection and confirmed to us that the cabinet had been bolted to the wall in line with the legislation.

One person was able to manage some of their prescribed medicines on their own and we found a risk assessment had been carried out to make sure the person was safe to do this.

We looked at the medication administration records and found that people had been administered their medicines as prescribed by their GP. The registered manager told us that he administered medicines most days. Records showed that other staff had been trained in safe medication administration in the event of their needing to administer medicines and that they had also had their competence assessed. We saw good practice of a photograph of the person concerned at the front of their medication records, to enable new or agency staff to identify the person correctly when giving medicines. There was also information recorded about any allergy suffered by the person.

At the time of inspection no one was prescribed creams by their GP. Should a person be prescribed creams, the registered manager agreed to put cream charts, together with a body map of where to apply cream, within people's rooms so that the staff could complete these records when carrying out personal care with people. Where a variable dose of a medicine had been prescribed, the number and dose of medicine was recorded to make sure that people only received a safe dose as prescribed by their GP.

Good

Is the service effective?

Our findings

People were very positive about the staff and their effectiveness as a team. One person told us, "They are all so kind and considerate". Another said, "The staff are excellent. Always so kind, polite and helpful". A relative said that they had genuine peace of mind that when they left the home that their relative was being well-cared for.

The provider had a system in place to make sure staff received training that was appropriate to their role. This was confirmed by the staff we spoke with and by records that detailed particular courses staff had attended and when they were due for update training.

Training courses staff had attended included; food and hygiene, the Mental Capacity Act 2005, dementia awareness, moving and handling and health and safety training. The provider did not use the Skills for Care Common Induction standards but had developed their induction programme upon these standards. One member of staff, who had been newly appointed, told us their induction training had been effective and useful. The registered manager told us that staff would carry out 'shadow' shifts with other staff members as part of their induction training.

Staff told us that they felt very supported by the registered manager and the registered providers. They told us they received regular one to one supervision sessions as well as an annual appraisal to look at their career development. Staff told us that although there were no formal staff meetings, they still felt they had opportunity to air their views and be involved in the running of the home. They told us that informal meetings were often convened with staff to discuss how best to meet people's needs. They said that because the registered manager and providers were always present in the home there was always a manager or someone to turn to for advice and support should this be required. One member of staff told us that the registered manager had been very supportive in balancing their home commitments as a carer with work responsibilities.

Staff were knowledgeable about the needs of individuals we asked them about and were able to demonstrate they were up to date with the care and support people required.

The registered manager was aware of their responsibilities concerning the Deprivation of Liberty Safeguards (DoLS), which aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. Applications to the local authority had been made appropriately and one former resident had had their application granted. We saw the records for this application, which demonstrated the provider had a system in place to ensure DoLS were correctly applied for and completed.

Staff generally had reasonable knowledge and understanding of the Mental Capacity Act 2005 (MCA) as they had received training in this area. The majority of people living at the home had full capacity to make their own decisions and they told us their consent was always obtained as to how they were both cared for and supported in the home. They told us that they could get up and go to bed at times that suited them and there was choice offered in the way they wanted to be given their care and support. However, the information recorded was limited and did not detail those areas where people could make their own decisions.

We recommend that more detailed mental capacity assessments are undertaken for people who lack capacity and that where 'best interest' decision are made on behalf of people there is better evidence of the people consulted about the 'best interest' decision and their views.

Everyone we spoke with was positive about the standard of food provided at the home. One person told us, "The cooking is excellent; there is always plenty of fresh, beautifully cooked food". Another person told us, "The food is very good really; I am always very happy with what they give me". They went on to tell us that they had breakfast in their room and had other meals in the dining room. They also told us that if they felt hungry in between meals, something would be prepared for them. Another person told us that the meals were cooked from good quality produce.

We observed the lunchtime period on one of the days of the inspection. The menu for the day was displayed in the dining room and people had already chosen what they wanted to eat. The meal was a positive experience for people with a lot of interaction between people and staff. People were asked what how much they wanted to eat and

Good

Is the service effective?

if they wanted seconds. People received appropriate support. For instance, one had their food pureed to assist their swallowing difficulty and another person was provided with a diabetic diet.

At the time of our inspection there was no one having fluid intake monitored. The manager told us that should staff be concerned about a person's fluid intake, fluid monitoring charts would be completed to make sure the person had enough to drink. We discussed the need for a target intake to be recorded and a system to ensure that staff added up each day how much a person had drunk as part of rigorous monitoring. We noted that people had drinks available to them and that the staff went around offering people drinks throughout the day.

There was a system in place to monitor people's health with records showing that people were registered with health professionals such as opticians, chiropodists and doctors. People told us that if they were unwell, staff would arranged for a doctor to visit. We also saw examples of where people were referred to specialist health services appropriately when needed.

The provider had an ongoing schedule of improvements and building works in place for the premises and the home was well maintained and in good decorative order throughout.

Good

Is the service caring?

Our findings

Everyone we spoke with were positive about the standards of care provided in the home and the caring attitude of the staff. These were some of the comments people made about the staff. “They are lovely”, “The staff are exemplary…..very kind and considerate” and, “The staff are excellent, very kind and considerate”. One relative told us, “My mother is always clean and well- looked after and I know she loves the staff”.

Throughout the inspection we observed interactions between the staff and people. It was clear that people felt genuinely relaxed with the staff and that they got on well together. People joked with the staff who clearly knew people well. We saw staff assisting people appropriately at lunchtime and generally supporting people throughout the day. All interactions were friendly and any support was provided sensitively.

The home had a long serving staff team, which people said they liked as they got to know staff well. They told us that some overseas workers were employed at the home and that their language abilities were good so that there were no problems in being able to communicate.

One person told us about how they enjoyed freedom to lead their lives as they wished. They said, “In no way is it like an institution, it is a home from home”. They went on to say that they could get up and go to bed when they liked and that staff were always available if they needed any guidance and support. They said that they had privacy in their rooms and that staff would not enter unless they knocked on the door and were invited in.

The staff we spoke with were knowledgeable about people’s care needs and also their life history so that they could relate to their interests and aspirations. Care files provided some information about people’s life histories to assist staff in understanding people’s needs.

People told us that their relatives could visit at any time and that they were always made welcome at the home.

Good

Is the service responsive?

Our findings

People told us that they had been involved, together with their relatives if this was appropriate, in how their care needs were managed. Before a person moved to the home, a full assessment of their needs had been carried out to make sure that the home could be responsive to these needs. The pre-admission assessments were comprehensive looking at the person's care, social and religious needs.

Once a person moved into the home assessment tools were used to further assess a person's needs. Some of the assessment tools included the Malnutrition Universal Screening tool (MUST), risk of skin ulceration assessments, a falls risk assessment and mental capacity assessments. From these assessments, care plans had been developed to inform staff on how to support each individual.

The care plans we looked at, although concise, reflected the needs of people. There was sufficient information for a new member of staff to provide care and support to the person from the information given in the care plan. The plans were up to date and had been reviewed each month or when needs changed.

Staff maintained a daily record to evidence that action and tasks were carried out as described in people's care plan. We spoke to staff about people's specific daily requirements and staff spoke knowledgeably about how people liked their care to be given. They gave good examples of how they ensured people received individualised care, for example what routines people liked to follow when getting ready for bed, or whether they preferred to eat in the lounge with others or preferred to spend time in their own bedrooms. Care plans accurately reflected people's choices and confirmed what the staff told us.

Staff took action and responding to people's changing needs. For example, one person had a pressure ulcer on their heel when they were admitted to the home, which had now healed through district nurses working with the staff at the home. Another person had been referred for support from the community mental health team. On the day of our visit district nurses came in to the home to dress one person's legs following a referral to the person's GP.

There was a system to make sure that important information accompanied a person should they be transferred between services, for example if they had to go into hospital

At the time of our inspection no one was being cared for in bed and no one required the use of bed rails. The registered manager was aware of the need to use a bed rail risk assessment if bed rails were being considered to keep someone safe from falling from their bed.

People were weighed each month as part of ongoing health monitoring and weight monitored using the MUST tool. No one had lost weight over the last few months that would have required intervention with a referral to health professionals. Talking with the registered manager we found that they were aware of how to make referrals in the event of a person losing weight. We saw examples of where people had been admitted to the home underweight and had gained weight following admission to the home.

People were happy with the way that staff supported them and no one reported any concerns to us. One relative told us, "If ever my mother is unwell, they always call a doctor to see her and then inform me."

The registered manager told us that at the time of this inspection there were no concerns about anyone becoming dehydrated. The registered manager told us that if there were concerns, food and fluid monitoring charts would be put in place.

At the time of this inspection no one had been assessed as requiring position changes in bed for the relief of pressure to maintain skin integrity. Again, the registered manager was aware of when such intervention would be required and forms were available for staff to use if these were required.

Although the home did not employ an activities co-ordinator, people told us that there was always something to do. They told us that people came from outside the home to provide some activities such as singers and a person who carried out an exercise group. The staff told us that there were periods of the day when they had time to chat and interact with people, either playing games, going for walks or just chatting with people. People told us that they did not feel pressured to join activities and could spend time on their own if that was their choice. On the day of inspection people were engaged in jigsaw

Good

Is the service responsive?

puzzles, reading the paper, talking with each other and the staff and watching television. Some people said that they enjoyed short walks away from the home, whilst others went out with relatives.

People had no complaints about the home but told us that they knew how to complain. They also were confident that should they have a complaint, it would be taken seriously and investigated. There was a 'complaints box' in the reception area where people could place complaints anonymously. Information about how to complain and the procedure for responding to complaints was well publicised. The registered manager kept a complaints log but none had been made within the year. They told us that complaints would be investigated with a view to improving satisfaction levels of people accommodated.

Good

Is the service well-led?

Our findings

There was a calm and friendly atmosphere in the home throughout the inspection. Staff cared for people with genuine affection and concern. People were comfortable and relaxed with staff and there was a lot of positive interaction between people and staff throughout the two days of inspection. One person told us, “Staff are nice and we can have a good banter with them.”

The home had a long standing staff team who told us they worked very well together as a team. They told us that they supported each other but could always approach the registered manager for support and advice. Staff said they would be happy to discuss any issues or concerns with the manager and would be confident they would be listened to and any action required would be carried out.

People and relatives told us they thought the service was well-led. They said there was a good working relationship between the staff and the management. Relatives told us they were always kept informed of any changes in their relative’s health care needs and felt appropriately involved. One relative told us, “Everyone pulls together.”

Staff told us they enjoyed working at the home as there was a positive culture with everyone committed to providing the best care for each individual.

Formal staff meetings were not held, however; staff also said that they felt included in decisions and the running of the home. They said that being a small family run home, informal meetings were held during breaks when issues could be discussed in a relaxed way. They said there was good communication and they were kept informed of people’s changing needs through good handovers between shifts.

People’s views were sought through the use of questionnaires, the last quality assurance survey being completed in 2014. We saw the returned questionnaires, which were all positive. The registered manager told us that these were analysed, however; as all the returned surveys were positive there were no learning issues for improvement of this occasion. They told us that another survey would be carried out later in the year.

The provider had taken action to identify, assess and manage the risks to people, monitoring all accidents and incidents. This ensured they could check for emerging trends and put in place additional equipment or training for staff when appropriate.

The registered manager had systems in place to maintain the quality and safety of the service provided. Records showed that the fire system was maintained safely, boilers and equipment in the home serviced and maintained.

The registered manager had sent notifications as required for incidents occurring at the home; however, they had not sent notifications regarding deaths as they did not know that these notifications should be made. Following the inspection these notifications were sent to us as the records were maintained in the home.

Records we sampled during the inspection were up to date and accurate. They were also stored appropriately to maintain people’s confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.