

Cherry Tree Lodge Private Retirement Home Limited

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Inspection report

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Date of inspection visit:
05 March 2019
08 March 2019

Date of publication:
26 March 2019

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 Tree Lodge provides accommodation, personal care and support for up to 31 older people. At the time of the inspection there were 27 people resident.

People's experience of using this service:

There was a positive atmosphere in the home which we found to be homely and well run. People living in the home interacted freely and staff were seen to be caring and supportive.

The assessment and planning of people's care was individualised. We found care records that supported people were completed and reviewed with the person's input. We found some of the detail could be improved to give a fuller picture of the care being given.

We saw there were systems in place to monitor medication so that people received their medicines safely. We found some of the medication records did not fully meet the provider's own standards; this was addressed during the inspection.

We were given positive feedback from the people we spoke with who were living at Cherry Tree Lodge. They told us they enjoyed living at the home and their quality of life was enhanced by the care provided and the general running of the home. People said they were well cared for. People were listened to. People had the support they needed to express their needs and wishes. People could make decisions and choices.

All the people we spoke with told us they felt safe and well supported. One person said, "The carers are lovely, every one of them." A visitor commented, "The carers are excellent, nothing is too much trouble for them."

The home was staffed appropriately and consistently. We found staff communicated and supported people with dignity and respect. Staff could explain each person's care needs and how they communicated these needs. People living at Cherry Tree Lodge told us that staff had the skills and approach needed to ensure people were receiving the right care.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was ongoing. All the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We found the environment safe and well maintained.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and decisions made in the person's best interest. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times were a main feature of life in the home and provided a very good social occasion.

The manager could evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. These were generally effective in managing the home and were based on getting feedback from the people living there. Some of the auditing processes needed to be completed so that there was a better collation and analysis of feedback received which could then plan ongoing development.

Rating at last inspection:

This service had previously been inspected in October 2016 and rated as good. The report was published on 2 November 2016.

Why we inspected:

This was a planned comprehensive inspection. There were no previous concerns about the service.

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?

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.

Cherry Tree Lodge Private Retirement Home Limited

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was undertaken by an adult social care 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 care service.

Service and service type:

Cherry Tree Lodge Private Retirement Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 was an unannounced inspection which took place over two days on 5 and 8 March 2019.

What we did:

Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We

obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

We assessed the Provider Information Return [PIR] which is information we require providers to send us at least once annually 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, we spoke with six people using the service and four family members to ask about their experience of care. We also spoke with the registered manager and seven members of staff. We received feedback from a visiting professional.

We looked at three people's care records and a selection of other records including quality monitoring records, training records, staff records and records of checks carried out on the premises and equipment.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management:

- People receiving support and family members told us they felt the service was safe. People told us they enjoyed living at the home and felt supported by staff. We observed people were relaxed and 'at home' and clearly felt a close rapport with staff. One person told us, "I know I'm safe here they [staff] always check on me and I have my buzzer; I'm very well looked after here." Another person commented, "We're all safe, they keep an eye on us."
- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided information around identified risks for staff to keep people safe from avoidable harm. There were regular checks made around environmental risk such as fire safety.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- At the time of the inspection we observed a medical emergency which was managed and dealt with very effectively by staff on duty.

Using medicines safely:

- Medicines were managed safely by suitably trained staff. People got their medicines at the right time and medicines were reviewed ongoing. We found some medication records were not consistent in meeting the providers policies and procedures. For example, the consistency and detail in support plans for the use of PRN [give when necessary] medication, providers policies around handwritten records and the recording of the administration of creams and thickening agents for drinks by care staff. These were addressed during the inspection.

Preventing and controlling infection:

- Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out which was seen to be clean and hygienic.

Staffing and Recruitment:

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Learning lessons when things go wrong:

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained very good detail and a review of risk had been carried out and the care plan for the person updated to reduce any future risk.
- The registered manager could explain the processes they would follow should they identify any patterns or trends if incidents occurred; there was no formal process for this however, and the registered manager advised us a formal system of review would be implemented.

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.

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence. People's outcomes were consistently good, and feedback we were given confirmed this.

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

- Care and support was planned, delivered and monitored in line with people's individual assessed needs.
- Assessments were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from social care professionals and used to help plan effective care for people.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

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 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.

- Three of the people being supported had been on DoLS authorisations so that any legal or deprivation issues could be effectively monitored.
- Staff understood how some decisions were made in people's best interest if they lacked the capacity to fully understand or consent.
- People told us they were always offered choice and control over the care they received. One person commented, "I'm free to choose what I want to do; staff will always ask what I want."

Staff support: induction, training, skills and experience:

- People and family members told us they felt staff had the skills and knowledge to provide the right support. A relative commented, "The staff know what they are about – very good."

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed an induction and shadowing period and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role. All the care staff had formal qualifications in care such as NVQ or Diploma qualifications to underpin their care practice. Staff felt supported in their role by the registered manager.

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

- Care records documented when people required support with their diet. People and family members told us, and observations confirmed, that staff supported people when needed at meals times. One person we observed was provided with a plate guard and clothes protector to help them eat independently. Meal time was a very sociable occasion and the food was of a very good quality and presentation. One person commented, "The food is excellent, spot on."

- Special diets were catered for. The chef attended residents' meetings to discuss meals and also visited people privately in their rooms to discuss menus and obtain feedback.

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

- People received additional support from healthcare professionals this was recorded within their care records. The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.

- A visiting health care professional told us, "When I request information to enable me to complete an assessment they [staff] try to ensure that this information is available in preparation for my visit. Advice given by our team is gratefully received and is followed thorough always."

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.

- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. For example, walk in shower facilities.

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.

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:

- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive. People told us, "They're very good carers, nothing's too much trouble for them, they'll do anything for you ", "Anything you want, if it's in their power, they'll do it" and "They've certainly improved my life since I've been here." Family members were also positive. One stated, "[Person] is very well looked after here, I'm very happy with the care."
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- A visiting professional reported, "Cherry Tree Lodge appear to be a caring setting, who are keen to ensure that their residents are cared for at the highest standard."
- Staff understood and supported people's communication needs and choices. Care records specified how people communicate their wishes; one person who was living with dementia had a plan identified so that staff had regular contact to reduce any risk of isolation.
- Care records included information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.

Respecting and promoting people's privacy, dignity and independence:

- Staff treated people with dignity and respect whilst providing care and support.
- People's individuality and diversity was nurtured and people were treated with equal respect and warmth. Staff involved people in all shared activity and supported them to contribute at their own pace. We observed one social activity which in which the staff member had tailored the event so people could contribute with respect to their own background and interest.
- People's right to privacy and confidentiality was respected. People received personal care in their own bedrooms in private. Care records included reference to support with personal care.

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that monthly reviews of care were undertaken which included people's input and involvement.

- People and family members were encouraged to share their views about the care they received with regular meetings and surveys.
- People's rights were supported and advocated. One person had needed extra support with their medicines; the registered manager and staff worked to ensure this was acted on despite initial barriers.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff always responded positively. Family members confirmed they had been involved in the decisions made about their relative's care when necessary.

Is the service responsive?

Our findings

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

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's individual care needs had been identified. Care plans had been developed and regularly reviewed with the involvement of the person and their family members where appropriate. Some care plans required to have more detail to specify care being carried out. The registered manager advised this would be actioned.

- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards; for example, where people had needs around understanding information this was supplied in various easy read formats with pictorial guidance. One person, living with dementia, had their own book of photos of family members and past events which was used to assist involvement and conversation.

- A staff member employed 14 hours weekly helped support a range of social activities. These activities were based around people's individual interests such as much as possible. The staff member reported, "We're all a team here and I love doing things with the residents. I know them well so I can include all of them. I always ask the residents what they'd like to do rather than me decide."

Improving care quality in response to complaints or concerns:

- People and family members knew how to provide feedback to the registered manager about their experiences of care; the service provided a range of ways to do this through care review meetings and regular surveys.

- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. There were no complaints recorded in the last year.

End of life care and support:

- There were no current or recent examples for the service of people receiving this support. We discussed models whereby a focus on future wishes could be encouraged. The registered manager could discuss an example of a person who received end of life care and understood the principals involved.

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.

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

Continuous learning and improving care:

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. The registered manager continuously worked to make and sustain improvements to the service.
- We discussed with the registered manager the need to formalise audit processes to include formal analysis and feedback. For example, analysis of accidents and incidents and collation of information from feedback surveys. We realised this was done informally but needed to be developed more formally to aid the service development plan.
- We discussed how some key audits could be further improved; for example, the medication audits to include monitoring of aspects of medication administration highlighted. The registered manager advised these would be addressed in future planning.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
- The registered manager had links with external organisations to ensure they remained up to date with new procedures and information to ensure the care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

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

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management. The registered manager had an advanced qualification in management and leadership.
- Risks were identified through the quality assurance systems and mitigated in a timely way.
- The registered manager and staff understood their roles and responsibilities. People and family members were confident in the leadership of the service. One relative told us, "The manager is lovely and will sort out anything for you."

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:

- The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People and family members felt listened to and involved in the care provided.
- The comments received from people, family members and staff were positive and showed good outcomes for people's lives. One staff member's comments were, "I feel well supported – [registered manager] is very open and approachable."
- Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager and provider.

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

- The service involved people and their families through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others:

- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.