

London And Manchester Healthcare (Romiley) Ltd Cherry Tree House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection.

There was no registered manager in place.

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.

Cherry Tree House is one of three purpose built nursing homes owned by London And Manchester Healthcare

(Romiley) Ltd. Cherry Tree House provides nursing care for up to 81 people. Accommodation is provided on all three floors which includes a separate floor for people who have dementia. All bedrooms are single occupancy with en-suite toilet and shower facility. The home is a new building located in Romiley Stockport and off road parking is provided. There were 75 people living in Cherry Tree House at the time of our visit.

Summary of findings

Relatives spoke positively about staff and we saw good relationships between individual staff and people who used the service. People spoken with told us they were happy with the care being provided and with the staff working at the home.

Staff spoken with understood the needs of the people who lived at the home and we saw that care was provided with kindness and dignity. We saw that people who used the service looked clean, well dressed, relaxed and comfortable in the home.

Staff employed at the home had been trained to help make sure they had the skills and knowledge to provide care and support in line with best practice. Staff had also undertaken training to help make sure that the care provided to people was safe and effective to meet people's needs.

We looked at a sample of staff records which showed they had all received a thorough induction when they started work at the service to help them understand their roles and responsibilities, as well as the values and philosophy of the home.

However from our observations and the care records we looked at, we found that people's care was not always delivered consistently by staff

Some care records, intended to make sure people had enough to eat and drink to maintain good health and wellbeing were not up to date.

Care records had been reviewed regularly. However we saw care records that had not been signed by people using the service or their relatives to show they had been consulted in the planning of the person's care.

Individual risk assessments had been completed for people, however not all of them clearly stated how risks should be managed.

The home was clean and there were no offensive odours. A system of maintaining appropriate standards of cleanliness and hygiene was being followed regularly.

Medicines were stored, administered and returned safely and records were kept for medicines received and disposed of, this included controlled drugs (CD's). However some prescribed skin creams had not been written up on a medication administration record (MAR).

There were daily planned group activities in place for people who used the service.

The operations manager was proactively trying to recruit to vacant staffing positions to make sure consistent levels of appropriate staff were maintained at all times.

We saw that the correct safeguarding procedures were in place. Staff had a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where appropriate a DoLS authorisation was in place for people who lacked capacity to make a decision.

The provider encouraged feedback from people using the service and their families. Feedback was given in the form of complaints, comments, compliments and an annual service user satisfaction survey.

Relatives spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required. Feedback received was used to make improvements to the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not safe.

People's risk assessments did not properly identify how risks would be managed and reviewed to reduce the risk of health deterioration in their health status.

Some people's skin creams were not being applied as directed and some creams had not been written up on people's MAR. Therefore people were not protected against the risk associated with not having their creams applied as directed.

There was an effective recruitment and selection procedure in place and appropriate pre-employment checks helped to protect people from the risk of unsuitable staff being employed.

Requires improvement



Is the service effective?

The service was not effective.

People were served well presented nutritious meals and staff assisted some people with their meal to maintain their nutrition where appropriate.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place.

There was a structured staff supervision plan in place and future supervision dates had been planned to make sure staff were regularly supported in their work.

Good



Is the service caring?

The service was caring.

Staff showed warmth and friendship to people using the service and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

We saw staff chatting with people and it was apparent people were familiar and relaxed with the staff as we observed people smiling, laughing and chatting freely in staff company.

The provider used the 'Six Steps' programme for people nearing end of life and staff were aware of the resources available to people when they might require such care.

Good



Is the service responsive?

The service was not responsive.

Requires improvement



Summary of findings

Not all of the care plans seen showed that people had received a needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs.

Some health care instructions written in the care plans were not legible and clear enough for staff to understand and did not contain enough information about risks for staff to protect people from unsafe practices and treatment.

A complaints procedure was in place and was available to people who used the service and their relatives. People spoken with knew their comments or complaints would be taken seriously and acted on by the home.

Is the service well-led?

The service was not well-led

Care plan audits were not carried out regularly to help make sure that written information about people's health and wellbeing was accurate and effective.

People spoken with were complimentary about the way the home was being run.

There was a system in place for gathering and recording information about the quality of the service provided.

Requires improvement



Cherry Tree House

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 was planned to check 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. The service met the regulations we inspected against at our last inspection on 2 December 2013.

This inspection took place on 30 March 2015 and was unannounced. We made an announced visit to the home on 31 March to continue the inspection.

The inspection was carried out by two inspectors, one expert by experience (Ex by Ex) and one specialist advisor (SPA). Experts by Experience are people who spend time talking to people who use the service and observing the environment. They have first-hand experience of receiving care so they know which questions to ask to get as much information from the visit as possible. A SPA provides specialist advice and input into the CQC's regulatory inspection and investigation activity in order to ensure that CQC's judgements are informed by up to date and credible clinical and professional knowledge and experience.

Before we visited the home we checked information that we held about the service and the service provider. The provider completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We

reviewed the information in the PIR which included incident notifications they had sent us. We contacted the local authority, Clinical Commissioning Group (CCG) and other relevant authorities for their views about the care provided in the home. No concerns had been raised since we completed our last inspection. However we were advised that continuing issues in relation to low staffing levels had been recognised and were being monitored by the appropriate authorities.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. During the inspection we saw how the staff interacted with people using the service. We also observed care and support being provided in communal areas.

We spoke with nine people who used the service, six relatives, one domestic assistant, the office administrator, ten health care assistants (HCA's), six registered nurses (RN's), the operations manager and the nominated individual. We walked around the home and looked in all of the bedrooms on the ground floor and a sample of bedrooms throughout the rest of the home. We looked in all of the communal areas, the kitchen, shared toilets and bathrooms. We reviewed a range of records about people's care which included the care plans for 14 people, the medicine records for four people, the training and supervision records for four staff employed at the home, and records relating to how the home was run.

Is the service safe?

Our findings

From the nine people we spoke with no one told us they felt unsafe or had any complaints or concerns about the care provided. Three people spoken with said, “yes I do feel safe here”, “I feel safe, yes I do”, “Yes I feel safe; they don’t knock me about if that’s what you mean, and I’ve never seen anything like that here”.

Three relatives spoken with said, “she [relative] is very safe here, not like other homes”, “he’s as safe as possibly could be; they [staff] are very good with him”, “he’s had less falls since he’s been here. He fell on Saturday and they called me within minutes of him having the fall” and “I think she [relative] is safe in the home; they lift her with a hoist to move her”.

Some of the people living at Cherry Tree House were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. From our observations made using the SOFI we saw staff using equipment, such as a hoist and assisting people to use their mobility aids, safely. We also observed staff carrying out their care duties in a respectful manner. We saw people who preferred to spend time in their room received regular staff checks to make sure they were safe. People spoken with confirmed that staff checked on them regularly and they felt safe.

Two people spoken with felt that there were not always enough staff on duty. One person said, “it’s alright here, but they’re very short staffed, particularly in the morning and at night” and “At night staff are in a hurry; they put me to bed earlier than I prefer because it saves on staff time”.

All of the relatives spoken with made positive comments about staffing levels at the home

The operations manager told us that they were currently trying to recruit RN’s and an activity coordinator and said, “we currently have vacancies for 2 RN’s which is for 42 hours a week and we cover these by using agency staff. We are also trying to recruit a home manager. We are trying hard to recruit the right people; they have to be right for the home. We won’t just recruit anybody. We try to get the same agency nurses but that isn’t always possible”.

We looked at the staffing rota and the workforce management record, which was used to determine the required number of staff to meet people’s needs. We saw that the staffing levels were sufficient to meet the needs and maintain the wellbeing of the people who used the service during our inspection and for the month of April.

There was an effective recruitment and selection procedure in place. We looked at four staff recruitment files and found that all of the staff had been recruited in line with the regulations and had appropriate pre-employment checks which included completing an application form, having a disclosure and barring service (DBS) check and providing references. Pre-employment checks help to protect people from the risk of unsuitable staff being employed.

Staff spoken with told us that they had an employment induction before they were able to work at the home unsupervised with people.

We looked at records that showed the provider had effective procedures that helped to ensure any concerns about a person’s safety were appropriately reported. There was a safeguarding procedure in place which was in line with the local authority ‘safeguarding adults at risk multi agency policy’. All of the staff spoken with were able to explain how they would recognise and report abuse. Staff demonstrated an accurate understanding of the need to be vigilant about the possibility of poor practice by their colleagues and discussed their understanding of the homes whistleblowing policy. Staff told us they contacted other professionals, such as GPs, at the point of moving into the home, to share any concerns about risks. We looked at records which demonstrated staff had followed the correct procedure and reported concerns to the lead nurse who then reported these concerns to the appropriate professionals.

We looked at a sample of generic risk assessments in place for areas such as using equipment hoists and wheelchairs safely in the home. Discussions with staff about risks showed they understood and were knowledgeable about the details in people’s care plans and how to keep people safe. However, we looked at the care records for 14 people and saw that not all individual risks to people’s safety had been reviewed regularly. And some risk assessments did not properly identify how risks would be managed and reviewed. This was in breach of regulation 9 of the Health

Is the service safe?

and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care

During the inspection we spoke with a visiting GP who said, “we have reduced a number of hospital admissions by holding regular meetings with the home. However I have concerns about the care; at times it’s erratic and there have been times when people could have been admitted to hospital unnecessarily”. A lot of the calls made to us are when bank or agency staff are on duty”. The operations manager acknowledged the GP comments. They told us that agency staff were now used less frequently due to recent staff recruitment and that these issues had been addressed and dealt with successfully.

Records of accidents and incidents were clear up to date. Appropriate authorities, including the CQC, had been notified of events as required.

The home had a medicine’s policy and procedure that was usually followed in practice and monitored and reviewed. Medicines were stored safely and records were kept for medicines received and disposed of; this included controlled drugs (CD’s). We observed part of a morning medicines round and saw that a RN was responsible for administering medicines. We saw that on this round medicines were administered safely and people were supported by staff to take their medicines in a sensitive, unhurried way and at the right time.

We looked at the medicine records in detail for four people and found the records completed were up to date.

However, during the inspection we saw that three people had more than one prescribed skin cream open at the same time. Also some creams prescribed to be applied to people’s skin had not been written up on a medication administration record (MAR). This meant that people were not fully protected against the risk associated with their skin creams not being applied as directed. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

During a tour of the home we looked at armchairs, wheelchairs, walking frames, bedside protectors and pressure relieving equipment and saw that these were clean, well maintained and safe.

We found communal bathrooms had been cleaned to a good standard throughout the day. Anti-bacterial soap and gel were readily available around the home and in communal bathrooms. We saw staff wearing uniforms, aprons and gloves to prevent the risk of cross infection whilst carrying out their care duties.

Staff kept entrances and exits to the home clear and secure to so that they could monitor who came in and left the building. This did not restrict people’s movements and records showed people could leave the home with appropriate supervision and safeguards in place if they wanted to.

Is the service effective?

Our findings

People spoken with told us they felt the staff were skilled and knew what to do to meet people's needs. One relative said, "I couldn't put the staff down as anything less than A1"

Four of the staff spoken with told us they had received mandatory and refresher training in subjects such as fire safety, food hygiene, moving and handling, dementia awareness and safeguarding. This helped to make sure their knowledge, skill and understanding was up to date and effective. This was confirmed by information on the staff training and development plan which we saw. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. The operations manager provided documentary evidence that they and the staff team had all undertaken recent safeguarding training. Staff told us that training was always available for staff to develop their skills and knowledge in specialist areas.

From the four staff spoken with, all of them confirmed they had received a comprehensive staff induction at the start of their employment at Cherry Tree House and said, "I did two weeks training before the home opened, I learned moving and handling, fire awareness, food hygiene, infection control, policies and procedures, I watched a safeguarding DVD and had to do a written test on it afterwards", "I did three days shadowing. Generally if we ask for training, it's always available" and "we're always encouraged to do more training; we're signposted to learning tools on the internet", "if you need more time shadowing then you just ask; we're not expected to deliver care unsupervised if we're not ready".

During the inspection we spoke with a visiting GP about the skills and knowledge of the staff team. The GP said, "the Stockport CCG put on influenza vaccine administration training, but nobody from the home attended. We [GP surgery] had to loan staff to administer the flu vaccine; the RN's at the home should be able to do this themselves". The operations manager told us that due to staffing levels they were unable to send staff on the vaccine training, however should the training become available again they would make sure that appropriate staff attended.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place. These safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. Before a person receives any type of examination, treatment or therapy they must give their permission (consent). The operations manager and staff team demonstrated they had a clear understanding about this legislation. At the time of our inspection 25 people were subject to DoLS.

There was a structured staff supervision plan in place. From the four staff records we looked at we saw these sessions were taking place regularly. We saw that future supervision dates had been planned to make sure staff were regularly supported in their work. Staff spoken with made positive comments about the system of supervision and appraisal and said, "we have supervision every three months", "training is ongoing; some of us are doing or have completed level two and three in health and social care" and "I've done a course on venepuncture and I'm now doing a course in team leadership"

The provider used 'Apetito' food service which provides different ready to reheat frozen meals, including vegetarian, gluten-free, pureed, soft and diabetic meals. People made positive comments about the meals served such as, "the food is absolutely fantastic", "the food is excellent", "the food here is excellent; there is always plenty to eat" and "you have a choice of two dishes and the food is lovely". Two relatives spoken with said, "she [relative] says that the food is pretty good" and "the food is good, there is a good choice. I'd be happy to eat it myself".

During the inspection we saw that meals were brought up to each floor unit in a hot trolley from which they were served. We observed the lunchtime service on the second floor and the dementia unit. There was a choice of two main courses and two puddings. Everyone had a juice, smoothie or hot drink with their meal. We saw that one person had a pureed meal which was presented well and we saw that the person ate it all. We saw that the staff assisted some people with their meal to maintain their nutrition. We saw that staff sat next to people and talked with them during their meal. The lead nurse on the second floor dementia unit also helped with assisting people to eat

Is the service effective?

their meals. The menu was written on a chalk board in the dining room. Staff serving the meal had a list of what people were having for lunch which helped to make sure people received the correct meal of their choice.

We looked in the home's kitchen and saw that it contained the appropriate equipment to cook the Apetito chilled meals. We also saw that the kitchen included appropriate equipment to prepare and cook home-made meals provided by a cook and two kitchen assistants. People's special dietary requirements had been noted and copies of special diets were seen in the kitchen. The kitchen was clean and hygienic. The food served looked appetising, was flavoursome, balanced and nutritious.

Cherry Tree House is purpose built and care had been taken to make sure the environment was comfortable,

modern and spacious. Wide corridors with handrails helped to make sure people were supported to promote their independence around the home. The premises had been well maintained and were accessible for people using a wheelchair or mobility aids. The home was clean, warm and well lit which helped to make sure people's wellbeing was promoted. All floors were accessible via a passenger lift or stairs.

Shared bathroom and toilets were spacious enough to manoeuvre wheelchairs and hoists. Raised toilet seats, handrails and non-slip flooring were in place to make sure these areas would be effective in maintaining people's independence.

Is the service caring?

Our findings

People spoken with told us they were happy with the care and support provided at the home. When asked if they felt cared for five people said, “they [HCA’s] always say hello every day”, “The staff are very caring. It’s almost on a one to one basis”, “I like it here, [they] look after me; I couldn’t do it on my own”, “I think it’s excellent here. The care is excellent”, “the quality of the care assistants and nursing are good”, “the carers look after me but I don’t like it here because it’s not home” and “there is one member of staff who is not in today. She’s lovely. She talks to him. She usually gives him a shave”.

Throughout the inspection, we saw staff caringly respecting people’s privacy and dignity when they were supporting people around the home. We saw staff involving people by asking them where they preferred to sit in the communal areas and assisting them to their chosen seat. We saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people’s wellbeing was promoted.

Most of the people who lived at Cherry Tree House were seen using the communal rooms as their own living room. We saw staff chatting with people and it was apparent people were familiar and relaxed with the staff as we observed people smiling, laughing and chatting freely in staff company.

A tour of the building showed that the provider was conscious of people’s right to privacy. They said, “all bedroom doors can be locked and people can have a door key if they require one. We wanted to make sure that

people who come to Cherry Tree House feel respected because they deserve to live in lovely surroundings. Every effort has been made to get the accommodation and philosophy of care right, so that their dignity and independence is maintained, and their needs are met with privacy and confidentiality at all times”.

Staff spoken with told us they had been trained in how to respect people’s privacy and dignity, and understood how to put this into practice by making sure that curtains and doors were shut when helping people. They also said, “we get time to give people one to one. We’re with them most of the day and people become your family”, “I treat them [people] how I want my loved ones to be treated”.

The provider used the ‘Six Steps’ programme for people nearing end of life. The operations manager discussed with us the processes and resources available to people when they might require such care. They said, “families would always have the opportunity to be close to their relative during this time and special arrangements would be put in place for families to stay close to their relative after they had died”. They told us there would be regular assessments and reviews by appropriate professionals to help make sure people could live and die in the place and the manner of their choosing.

People were assessed to determine appropriate advocacy representation when necessary to make decisions about their health and wellbeing. Advocacy services are designed to support people who are vulnerable or need help to make informed decisions and secure the rights and services to which they are entitled.

Is the service responsive?

Our findings

People spoken with told us they knew how to make a complaint and felt their complaints would be taken seriously. A relative spoken with said, “I can’t complain but my sister has complained but they [staff] have dealt with it. “He’s lost his teeth while he’s been in here. He missed his dentist appointment because they didn’t tell us”, “I’ve no complaints about the place at all” and “If I had a complaint I would go to the manager; although I’ve not seen the manager here.”

There was a complaints procedure in place which was available to people who used the service and their relatives. People spoken with knew their comments or complaints would be taken seriously and acted on appropriately by the home. From the records we looked at no recent complaints had been made about the service. Any complaints made to the home since our last inspection had been addressed and responded to within the service’s complaints procedure timescale.

We looked at the care records that belonged to fourteen people and saw that each care plan had sections to address areas such as, physical wellbeing, moving and handling, sleeping, psychological and emotional needs, nutrition.

Not all of the care plans seen showed that the person had received an individual needs assessment before they moved into Cherry Tree House to help make sure that care would be delivered in response to the their individual needs.

Some care plans had been hand written and nursing care instructions were illegible because of this. We asked the nominated individual and operations manager to look at the written instructions in the plan and they both confirmed they were unable to fully understand what had been written. Therefore people might be at risk of receiving unsafe care because written instructions in people’s care records were not clear enough for staff to understand. This meant that the care provided might not be responsive or delivered consistently to meet people’s needs.

On one care plan we saw that a professional’s contact list only contained the name of the person’s GP. The contact list required the contact details of people involved in the persons care but had not been completed. There was no photograph of the person at the front of the care file.

Therefore new staff or agency workers may not know the person’s identity and who they should provide care to. We saw that the person’s nutritional assessment had not been signed or dated. And the person’s dietary needs plan had not been passed on to the catering department. A Waterlow assessment (this helps to protect the person from the development of pressure ulcers) carried out on 19 March identified that the person was at “very high risk” of developing pressure ulcers; however, the persons care plan did not detail the care that should be provided to prevent pressure sores from developing.

The care plan also stated that the person needed assistance from two staff to mobilise. However further care plan notes stated that the person could walk with assistance from one staff. We spoke with the person who confirmed that they required two staff to mobilise.

The person had been admitted to the home with **chronic obstructive pulmonary disease (COPD)** and required a nebuliser (a machine to deliver asthma medication to be inhaled through a face mask) to assist their breathing. The person also required medicine for pain to be administered through an adhesive skin patch, but none of this information had been written in the person’s care plan.

One person was identified as a high risk of pressure ulcers. The person used an air mattress however a repositioning chart had not been completed since 28th March. There was no regular skin inspection recorded leading up to the discovery of a grade two-three ankle pressure ulcer which meant that the early signs of skin damage had not been identified beforehand. Whilst RN’s and HCA’s were aware of how the person was positioned, there was nothing in place to relieve the pressure and prevent the pressure ulcer from progressing.

We saw that another high Waterlow score had been identified for a person who used an air mattress. However according to the information on the repositioning chart that we looked at there was no frequency of repositioning and no actual repositioning had been carried out overnight for two nights in March.

The care plan for a person who was on oxygen had not been reviewed or updated since 21 February 2015. A letter in the person’s records stated that the respiratory nurse would visit on 25 March 2015 but had not done so. However, staff had not chased this up until after the inspector had identified this.

Is the service responsive?

Two nurses when asked did not know how frequently nasal cannulae should be washed or changed. They told us that they would check the policy with the respiratory COPD nurse and add this information to the person's care plan.

We saw that another person had been admitted to the home with peripheral vascular disease (PVD) of the lower limbs and wounds to their lower leg. When asked, the RN was not able to tell us if the person had vascular disease. The person's leg was bandaged from mid-calf and enclosed the fourth and fifth toes. It is good practice to extend from the base of the toes to below the knee to enable checking of the person's toes. The tissue viability nurse (TVN) wrote a plan of care on 12 December 2014 instructing redressing every three to four days. The podiatrist reviewed the person on 26 March 2015 and instructed redressing every two days. These instructions had not been updated in the person's care plan.

The person was on a fluid and food intake chart but there was no chart in place to record the person's fluid and food intake on the day of our inspection. There was no evidence that regular examination of the person's skin on their heels had been recorded as high risk. We noted that the person's monthly risk assessments was two weeks late. We saw that wound photographs of the person's heels had been taken on 12 December 2014 and were noted as being in the person's care records. However, we were unable to locate them and the deputy manager said, "they might still be in the camera".

The operations manager told us that all care plans would be reviewed immediately to make sure appropriate health care information was included in each care plan.

We found there were breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.

We asked staff about the frequency people were able to be seen by a dentist. Staff spoken with told us that people who used the service could access a local dentist or their own dentist to receive treatment whenever necessary. For urgent dental treatment people used the local NHS out of hour's dental service.

When we walked around the building we saw that rummage and reminiscence boxes had been placed on the walls in the dementia unit. These boxes had been put together to prompt thoughts, memories and conversation that would naturally arise through touching and seeing familiar objects.

An activity coordinator was in place to support people in appropriate activities to meet people's memory needs. The operations manager told us that they had recently appointed another activity coordinator who would begin working at the home in May following satisfactory pre-employment checks.

Notice boards located on each floor of the home advertised various activities which included, a cinema club, an outside entertainer's visit to the home, Easter crafts and baking, using Skype and age appropriate exercise.

Is the service well-led?

Our findings

A registered manager was not in place. There has been no registered manager at Cherry Tree House Since March 2014. It is a condition of the provider's registration that a registered manager is in place. Therefore this is a breach of the provider's condition of registration. We are following this up outside of the inspection process.

A registered nurse currently holds the full time post of home manager. The operations manager is responsible for overseeing the running of the service three days a week. Cherry Tree House currently employs 62 people in various positions. This includes 32 HCA's, seven senior HCA's and nine RN's. The home manager, operations manager, deputy manager and a unit manager all hold a RN qualification.

A relative spoken with was complimentary about the way the home was being run and said, "My father was in the home before my mum". Another relative told us that her husband was being well looked after and that if they had any problems with the home "he would not be living there". People who used the service also made positive comments such as, "it's great here. I'm very, very happy here", "everybody seems to be alright; there's nothing they could do to make it better", "he wouldn't still be here if it wasn't a good home", "I really can't fault them with anything; I haven't seen anything that would concern me", "I am truly delighted with the home and have had both my mum and dad in the home."

The visiting GP said "Cherry Tree House has the potential to be a great place; I can't praise the staff enough, they work very hard and engage well with the GP service".

All of the staff spoken with confirmed their understanding about their responsibility to share any concerns about the care provided to people who used the service. The values and philosophy of the home were clearly explained to staff through their induction programme and training.

Staff told us that the management team and the provider always acted immediately on any concerns they reported. They told us that the management team were approachable and supportive and communication between the operations manager and staff team was "good".

The provider sought feedback from the staff through staff meetings. We looked at a copy of the notes taken at the last staff meeting held on 26 March 2015. Issues discussed related to people's care and welfare, staff duties and staffing levels. Eight staff attended the meeting.

The provider also sought feedback from the relatives of people who used the service. We looked at a copy of the notes taken at the last relative's meeting held on 7 November 2015. We saw that discussions focused on similar themes as at the staff meeting.

There was a system in place for gathering, recording information about the quality of the care, treatment and support that the service provided. We looked at two quality assurance questionnaires completed on 10 January 2015 and 12 February 2015 by relatives which confirmed their satisfaction of the service provided.

We looked at records that showed the operations manager monitored and investigated incidents and had taken the appropriate action to reduce the risk of them happening again. This information was also used to identify breaches, or any risk of breaches with the regulations and what would be done to meet the regulations.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person centred care.</p> <p>We found that the registered person had not protected people against the risk of inappropriate or unsafe care because;</p> <p>People using the service did not receive an assessment from when they began to use the service. Some care risk assessments did not state how risks would be managed and had not been fully completed and professional health care information was not included care plans. Hand written instructions in people's care plans were unclear and photographic evidence relating to a person's wound was not included their care plan.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>How the regulation was not being met:</p>

Action we have told the provider to take

We found that the registered person had not protected people against the risk of inappropriate or unsafe care because repositioning charts were not in place for people to relieve pressure and prevent a pressure ulcer from progressing also tissue viability instructions and accurate moving and handling information had not been updated in a person's care plan.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

How the regulation was not being met:

We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because records in relation to the health and welfare of people using the service were not reviewed regularly.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

We found that the registered person had not protected people against the risks associated with the unsafe handling of medicines because people's skin creams were not being applied as directed and some creams had not been written up on people's MAR.