

A D L plc

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place over two days on 5 November and 6 November 2014 and was unannounced. At our last inspection in August 2013 the service was meeting the regulations inspected.

Cherry Tree House is situated in the Ashby area of Scunthorpe close to local shops and amenities. The home is registered to provide accommodation and personal care for up to 34 older people, some of whom may be living with dementia.

There was a registered manager in post at the service. 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.

Summary of findings

Staff received training about the protection of vulnerable adults from harm or abuse and were familiar with roles and responsibilities for reporting safeguarding or whistleblowing concerns.

Recruitment checks were carried out on new staff before they were allowed to start work to ensure they were safe to work with people who used the service and did not pose an identified risk to their wellbeing and safety.

A variety of training was regularly provided to ensure staff were able to safely carry out their roles. Regular supervision and appraisals of staff skills were carried out to ensure their performance was monitored and they were able to develop their careers.

Information was available about the assessed needs of people who used the service to ensure staff supported and respected their wishes and feelings about these. Details about known risks to people were recorded and monitored, together with guidance for staff on how these were managed and people were supported to make sensible decisions and kept safe from harm.

Staff demonstrated a good understanding of the promotion of people's personal dignity and privacy, whilst involving them in making active choices about their lives.

People who had difficulty with making informed decisions were supported by staff who had received training about the promotion of people's human rights to ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were in their best interests.

Systems were in place to ensure people's medication was handled safely.

People were able to make choices from a variety of wholesome and nutritious meals. Assessments about people's nutritional needs and associated risks were monitored with the involved specialist health care professionals when required.

A complaints procedure was in place to enable people to raise concerns. People's complaints were followed up and addressed and wherever possible resolved.

Regular management checks were carried out to assess the quality of the service and identify where any changes were needed.

There were limited opportunities available at the time of our inspection visits, for people to engage in meaningful activities, although the registered manager was in the process of recruiting a replacement member of staff to take responsibility for this and ensure people's wellbeing was fully promoted. **We recommend the service considers the National Institute for Health and Care Excellence (NICE) Quality Standard for supporting people to live well with dementia QS30.**

Systems were in place to monitor the environment and to put right any potential hazards. The registered manager was waiting for authorisation from the registered provider for work to be completed which had been requested by the fire department in these respects.

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 safe.

Staff had received training on the protection of vulnerable adults. Staff were aware of their responsibility to safeguard people from potential harm and report any abuse they may witness or become aware of.

The registered provider followed safe recruitment procedures which ensured staff who worked with people were checked and did not pose a potential risk to them.

People's care plans contained information and risk assessments about them to help staff to support them safely.

People's medication was handled safely.

The registered manager had obtained quotes for work requested by the fire department to be carried out and was waiting for authorisation from the registered provider for this to be completed.

Good



Is the service effective?

The service was effective.

Staff had received training which helped them to support the people who used the service and this was updated on a regular basis.

People who used the service were provided with a diet that was wholesome and nutritious and their dietary needs were monitored.

People were supported to make informed choices and decisions about their lives.

Good



Is the service caring?

The service was caring.

Staff had positive relationships with people who used the service and understood their needs.

Staff respected people's right to make choices and demonstrated compassion and consideration for people's needs.

Staff engaged with people sensitively to ensure their privacy and personal dignity was respected.

Detailed information about people's needs was available to help staff support and promote their health and wellbeing.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

There were limited opportunities available for people to engage in meaningful social activities or follow their interests and hobbies which meant their general wellbeing could be better promoted.

People's care plans contained information about their preferences and staff respected these.

Health care professionals were involved in people's care and treatment and staff made appropriate referrals for these when required.

Is the service well-led?

The service was well led.

People who used the service and their relatives were consulted and able to be involved in decisions about how the service was run.

People who used the service were able to make complaints and have these addressed and resolved, wherever possible.

Regular management checks were carried out to assess the quality of the service people received and identify where any changes were needed.

Good



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 checked whether the registered 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 inspection took place on 5 November and 6 November 2014 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience who had experience of supporting older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they

plan to make. The local authority safeguarding and quality teams and the local NHS were also contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. We also looked at the information we hold about the registered provider.

At the time of our inspection visit there were twenty eight people living at the home. During our inspection visits we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke directly with four people who used the service, four of their relatives, three members of care staff, two senior care staff, a cook, members of the domestic ancillary staff team and the registered manager.

We looked at five care files belonging to people who used the service, staff records and a selection of documentation relating to the management and running of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person told us they had previously lived alone and found, “Great comfort” in knowing there were people around if they needed support. A relative described how their member of family had often previously fallen at home during the night and been subsequently found on the floor. They told us they felt their member of family was safer now and were reassured they would get immediate attention if this was required.

We observed staff interacted with people in a professional and courteous manner and demonstrated a friendly and open approach. We found training about the protection of vulnerable adults was provided to staff which was regularly updated, to ensure staff were familiar with their roles and responsibilities for reporting safeguarding or whistleblowing concerns. We saw that safeguarding policies were available to guide staff when reporting potential concerns that were aligned with the local authority’s guidance and procedures on this.

Staff who we spoke with were able to describe different forms of abuse and told us they were confident the manager would take appropriate action in this respect, should it be needed. There was evidence the registered manager had implemented disciplinary action in the past year and taken action to suspend staff following an allegation of potential abuse. This ensured people who used the service were protected from harm. The local authority informed us prior to our inspection visit there were no safeguarding concerns currently being investigated and that the service co-operated with them to resolve issues when this was required.

The registered manager told us recruitment checks were carried out on new staff before they commenced work, to ensure they did not pose an identified risk of harm to people who used the service. A member of staff who had recently been employed told us they had undertaken a period of shadowing more experienced staff in the home, before they were allowed to work alone, to ensure they were familiar with what was expected of them and were able to safely carry out their duties. The file of a newly employed member of staff contained evidence their recruitment process had involved completing a job application and highlighting previous experience and any gaps in employment, two references being taken up and

evidence of positive identity being sought. We also saw evidence that a check with the Disclosure and Barring Service (DBS) had been carried out to ensure they were safe to work with vulnerable people.

There was evidence of systems in place to ensure the human rights people who used the service were promoted and their freedom was not restricted. We observed staff engaging and involving people about day to day decisions and choices about their support to ensure their wishes and feelings were respected.

We saw that care records belonging to people who used the service contained assessments about known risks to them, together with guidance for staff on how these should be managed to ensure people were supported to make sensible decisions and kept safe from harm. We saw evidence that staffing levels in the home were assessed according to the individual needs and dependencies of the people who used the service; to ensure there were sufficient numbers of staff available and were deployed to areas and at times of greatest need. People who used the service told us they felt there were generally enough staff available and we observed call bells were answered promptly to ensure people’s needs were met in a timely fashion.

People who used the service confirmed they received their medication at regular times and when it was required. We observed a medication round was carried out by a senior member of staff in a planned, methodical and sensitive manner to ensure people’s prescribed health needs were met in a safe way. We saw the member of staff responsible for administering medication checked people’s medicines with their records before these were given. They provided explanations to people about what their medication was for and asked them whether they were in any pain. We saw evidence staff responsible for administering medication completed training on this aspect of their roles, which was renewed on a regular basis.

We saw a medication competency check had recently been introduced, to ensure staff had the correct level of skills and knowledge and to administer medicines safely to people who used the service. We saw evidence that audits of the medication systems were regularly carried out to ensure any mistakes were minimised and potential problems quickly addressed. We found an external audit of the medication systems had recently been completed by a member of staff from the registered provider’s compliance

Is the service safe?

team, which was overall satisfactory in nature. We saw an action plan had been developed to address issues highlighted from this and that progress had been made in this regard. We made a random check of the medication systems and saw that accurate records were kept for medication given to people and that these corresponded with the stocks of medication that were maintained in the home.

There was evidence of recent investment in the building by the registered provider and a plan was in place to ensure it was safely maintained and refurbished when required. We saw this currently included two bedrooms being decorated every month and that dining rooms, lounges and corridors had been recently equipped with non-slip floor covering to enable ease of cleaning. We observed a spillage of liquid on the floor was promptly cleaned up and a hazard board was placed in the area whilst it dried. Internal areas of the building were observed to be bright and well lit, with wheelchairs and equipment stored away when not in use, to minimise risks to people from potential falls. We saw evidence records were maintained of incidents and

accidents together with analysis of these, to enable trends to be highlighted and plans developed to address issues identified. We found a range of checks were regularly carried out on the building and equipment to ensure it was kept safe for people to use, including utilities such as water, electricity and gas. We found a contingency plan was in place for the home for use in emergency situations and that fire training was provided to staff and that regular fire drills took place.

We found a recent visit from the fire department had led to an action plan being served for work on the building to be carried out, including installation of additional emergency lighting to ensure people who used the service were kept safe from harm. Whilst we saw evidence of good progress in addressing and implementing the requirements of the fire department action plan, we saw this had not yet been fully completed at the time of our inspection visit. We saw evidence however the registered manager had obtained quotes for the outstanding work to be carried out and that authorisation for this was currently awaited from the provider for approval of finances in these respects.

Is the service effective?

Our findings

People who used the service and their relatives spoke very highly of the care and attention provided by staff. One person told us, “Staff are very nice and always treat me with respect...they are always pleasant.” Commenting on support given to a member of their family, a visiting relative stated, “Staff look after xxxx very well and really care...I’m very happy.”

Care staff we spoke with were positive about the training they received. We saw this involved staff undertaking a range of courses considered essential by the registered provider, which were linked to Skills for Care, which is a nationally recognised training organisation for workforce development in adult social care. This ensured staff were equipped with the skills needed to safely carry out their roles and worked to recognised standards. One member of care staff told us about training they had completed, which included a range of courses on moving and handling, first aid, infection control, safeguarding vulnerable adults, food safety, the Mental Capacity Act 2005 (MCA) and issues relating to the specialist needs of people who used the service. The member of care staff said they had recently undertaken a course on dementia which had helped them understand more fully the needs of individual people who used the service. They told us they felt they were well trained and said, “Even though I’ve been here a long time, I’m still learning and all of it helps with the job.”

A newly recruited member of care staff told us they had completed an induction to the home to ensure they were aware of their roles and responsibilities. We saw evidence in their file that a senior member of staff had discussed this member of staff’s induction in supervision meetings with them before signing it off; to confirm they were satisfied they were competent to work in the home. The member of staff told us their induction had included a period of shadowing more experienced staff, to enable them to become familiar with people’s individual needs and help understand their needs. Members of care staff we spoke with confirmed they had regular meetings with senior staff to enable their performance to be monitored and their skills to be appraised in order to help them develop their careers and we saw evidence of this in their personal files.

Care files belonging to people who used the service contained evidence of their participation and involvement in discussions about their support. We saw that people or

their relatives had signed care documentation to indicate their consent to support that was delivered and ensure they were in agreement with how this was provided. People’s care files contained a range of completed assessments about them to ensure their health and wellbeing was promoted in a safe way and their wishes and feelings for this were promoted. We found that some of the people who used the service had cognitive impairments associated with old age or dementia related issues. We saw that a range of reminiscence tools and equipment were available to help stimulate people’s memories and assist them to feel in control of their lives.

We were told that training on the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities to uphold people’s human rights. Staff who we spoke with demonstrated a good understanding of the principles of how MCA was used in practice, together use of Deprivation of Liberty Safeguards (DoLS) when this was needed. A member of care staff told us, “We have to keep people safe, but in the least restrictive way... we are here to serve people and give them choices, it is their home.” There was no one using the service at the time of our visits for whom a DoLS application had been authorised, however we saw evidence an application for one person had previously been made by the registered manager which had been subsequently turned down by the local authority.

On the day of our visit, a district nurse was visiting the service following a change in a person’s medical condition. We were told the person had subsequently refused to have a prescribed form of treatment. We saw that a multi-disciplinary meeting, involving the person, their relatives, a range of health care professionals and senior staff from the home was consequently in the process of being arranged, in order to determine their capacity to make an informed decision about this and ensure their best interests were fully promoted.

We saw evidence people who used the service were supported with making anticipatory decisions about the end of their lives and that some had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) which was clearly documented in their care files, together with memorandums for staff from the registered provider which were displayed on notice boards in the home.

Care files belonging to people who used the service contained information about their individual health and

Is the service effective?

welfare needs, together with evidence of ongoing monitoring and involvement with a range of health professionals, such as GPs, district and specialist nurses to ensure people's wellbeing was promoted. Two visiting relatives told us they were satisfied with how the service supported the health needs of their members of family. One said staff were, "Good about calling the doctor" and that if there were, "Any changes in their condition, medication or concerns following a doctor's visit ...they (staff) keep me informed by phone." The other relative told us, "If they call the doctor for my mum they will ring either my sister or me immediately."

Information contained in people's care files contained assessments about risks associated with their nutritional status, together with actions staff should take to ensure their hydration and dietary needs were safely managed. We saw evidence people's weight was monitored where this was required and that specialist advice about this was sought from community dietitians. Details about people's personal preferences for food were recorded in their care records which we found kitchen staff were familiar with, together with details about their individual dietary needs. The kitchen staff told us about how they enriched foods with use of supplements such as full fat milk or cream, when risk of weight loss had been identified for people.

All of the people we spoke with were positive about the quality of the food that was provided. People told us they were able to have alternative choices if they did not want to eat what was served. People told us about favourite foods such as kippers which had been included on the menu following specific requests. A visiting relative told us how staff had responded by providing their mother with their favourite tomato soup, following them refusing to go to the dining room because they did not want what was to be served and that fried egg sandwiches were especially made for their breakfast, following a specific request about this.

We saw menus included a variety of wholesome meals, which were provided on a four weekly alternating basis. We observed staff providing sensitive assistance and gentle encouragement to people requiring support with eating their meals, to ensure their personal dignity was respected. Whilst we saw meals were provided to people in an unhurried manner, we observed little social interaction took place between them whilst they ate and that information about the day's menu was somewhat difficult to read, because the noticeboard in the dining room where this was displayed was rather cluttered with other information. We spoke to the registered manager about this who indicated they would endeavour to make improvements about these matters.

Is the service caring?

Our findings

People who used the service were positive about service they received and were happy with care and support provided by staff. One person told us “Staff treat me very well, they are marvellous.” A visiting relative commented, “All the staff seem very caring. I have noticed how well they manage my mother and other confused residents. The staff often cuddle my mother or hold her hand, because they know how much she enjoys it. They try to make her laugh.”

There was evidence staff had a positive regard for what mattered and was important to people who used the service, in order to ensure their interests and general wellbeing was promoted. We observed staff interacted with people in a compassionate manner and engaged them sensitively to enable their participation in decisions about their particular choices for support and how this was provided. Staff told us about their ‘key worker’ responsibilities for working with individual people who used the service and how this involved them working closely with them in order to promote their particular wishes and feelings. Relatives told us they were encouraged to visit and be involved in meetings and decisions concerning the life of the home.

We found staff demonstrated a good working knowledge and understanding of people’s individual needs. One told us how they endeavoured to involve people in making active choices about their lives, such as what items of clothing they wished to wear and what time they wanted to get up or go to bed. The member of staff told us they supported people to be as independent as possible and encouraged them to be involved in undertaking their own personal care tasks such as washing and bathing where this was possible. Care staff told us they would find details about people’s individual likes and preferences from information contained in their personal care records and from talking with them in about their particular needs and aspirations.

A member of care staff told us how they ensured people’s personal dignity and confidentiality was respected. They told us they upheld people’s privacy at all times and ensured they were appropriately covered, especially where this involved delivery of personal care and that sensitive information about people was securely maintained in the office. We saw that information was available on use advocacy services to enable people to have access to independent advice and support. Staff told us about recent training on end of life care they had received, to ensure people’s wishes and feeling on this were respected.

Is the service responsive?

Our findings

There were a number of items of memorabilia on display in the home with use of photographs and household items from the past, to help people with age related impairments or dementia with memory recall. Whilst we observed staff engaged positively with people who used the service and endeavoured to follow a person centred approach to promoting people's general wellbeing, we found limited opportunities were available at the time of our inspection visits, for people to engage in meaningful activities. A notice board displayed a number of activities that were scheduled to take place, however we observed few of those specified were actually provided, with the majority of people choosing to spend time in their rooms or sat in chairs and little social interaction actively taking place. From observation and through talking with people who used the service and their relatives there was little support available for people to follow their interests and hobbies. One person told us the current lack of activities was, "A sore point" for them and that they would like to do more but at present this was difficult. We were told there was currently no regular activity worker employed, following their recent promotion to a more senior staff role. The registered manager told us they were aware of this shortfall and we saw evidence they were in the process of recruiting for a replacement for this post to enable the service to be improved.

We recommend the service considers the National Institute for Health and Care Excellence (NICE) Quality Standard for supporting people to live well with dementia QS30.

We found a variety of care plans were available for people that had been developed from assessments about them to enable staff to support their individual strengths and needs safely. We saw that people's care records included details

about their backgrounds and personal life histories to help staff engage with them about their individual preferences and needs. We saw information in people's care records was monitored and updated on a regular basis to ensure information about them was kept accurate and up to date. We found two people's care plans needed further development following a recent decision about a change in their status for them to be accommodated in the home on a permanent basis. We spoke to the registered manager about this recording shortfall and gained their assurance this matter would be dealt with as a priority.

Staff told us they received a variety of training on how to effectively carry out their roles and minimise risks to people who used the service. We observed staff demonstrated sensitivity and patience when supporting people who used the service and gave them time to respond to what was asked and was understood by them.

We found the registered provider had a complaints policy and procedure that was displayed in the service. People and their relatives told us they knew how to raise a complaint, but were overall satisfied with the service they received and were confident any concerns would be listened to and addressed when this was required. A relative told us, "Every time we visit, we chat with the manager or senior, even if we have no concerns" whilst another said they would approach the manager as their door was, "Always open and she is very approachable." We saw evidence the registered manager took action to investigate and resolve complaints when this was possible, following these up with people, to ensure they were kept informed of the outcome. One relative told us about a complaint that had had been raised following installation of new panelling that restricted the view outside and that action had been subsequently taken by the provider to replace these with glass.

Is the service well-led?

Our findings

Information about the service was available in a statement of purpose and service users' guide which provided people with details about what to expect from the home, and how it was run. Relatives told us about meetings they or their members of their family attended, to enable their involvement and participation in decisions about the service. We saw evidence of surveys concerning the quality of the service that were issued to people, their relatives and staff to enable the contribution of their views and suggestions for future developments.

We found a registered manager was in post for the service who was a social care professional with appropriate experience and an open and approachable management style. Staff were very positive about the registered manager, who they told us was fair and listened to their views whilst supporting them to carry out their roles. There was evidence the registered manager took their role seriously and understood the need for quality assurance systems, involving staff and other stakeholders to enable the service to develop and learn from past experience.

We found evidence of regular meetings to enable the registered manager to provide clear communication, direction and leadership to staff. Staff files contained evidence of regular supervision meetings to discuss performance related issues and ensure staff were clear about their professional roles, responsibilities and expected behaviours. There was evidence the service had

had clear vision that put values, such as kindness, compassion, dignity and respect into practice. We saw evidence that staff supervision was used as a constructively to motivate and inspire staff and observed a comment included in one staff file that stated, "Reach for the moon, even if you miss, you will land in the stars."

We found a variety of systems were used by the registered provider to enable the quality of the service people received to be assessed and ensure the home and the staff were well led. We saw evidence of regular visits from senior staff from the registered provider's quality compliance team, together with a variety of audits and reports that were prepared of key performance indicators such as incidents and accidents, staff training and complaints that regularly took place. This enabled trends and patterns to be analysed and enable improvements to be implemented and ensure people's health and wellbeing was monitored safely. There was evidence the registered manager was clear about their responsibilities and had appropriately notified the Care Quality Commission of issues that affected the health and welfare of people who used the service.

One of the people who used the service told us about what they saw as the organisation's values. They told us, "HQ at Leeds are very keen on cleanliness. They've changed carpets to cushion floor which is easier to clean. They clean my room carpet every month and the decoration is perfect. They take great pride and anything shabby is changed straight away."