

Mr & Mrs N J Chitima

# The Cherries

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 20 June 2016 and was unannounced. At our last inspection in October 2013 the service was meeting the regulations of the Health and Social Care Act 2008.

The Cherries provides accommodation for up to eight people who require personal care. On the day of our inspection there were seven people living at the home. People who lived at the home were elderly and had needs associated with old age and dementia.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe at the home, and staff had received training to ensure they knew how to recognise and report concerns. We found risks to people were managed in a way to keep them safe. There was sufficient staff to support people and meet their needs. People received their medicines safely and as they had been prescribed.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff knew about people's individual capacity to make decisions and supported people to make their own decisions.

Staff had developed positive relationships with people and they knew about their life and daily choices. People were encouraged to be independent and their privacy and dignity was respected. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health. People knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

People described the registered manager and provider as approachable and they said they felt the service was well managed. Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. The management of the home was open and transparent.

## 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.

People told us they felt safe and staff knew how to recognise and report potential abuse. Risks were managed in a way that kept people safe. There was enough staff available to meet people's needs. Medicines were managed in a way to protect people from the risks associated to them.

### Is the service effective?

Good ●

The service was effective.

Staff had received the training they needed to support people effectively. People were asked for their consent in ways they understood. People liked their meals and had been involved in menu planning to ensure that they liked the meals offered. People received support to stay healthy and well.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people respectfully. Staff supported people to maintain their dignity and privacy. People's personal preferences were met and they were supported to maintain their independence and autonomy.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in developing their care plan which was updated when their needs changed. People told us there was enough to do in the home to keep them occupied. People knew how to raise any complaints or concerns and felt listened to.

### Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality

of the service to enable the manager to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the registered manager. Systems were in place to monitor the quality of the services provided.

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# The Cherries

## 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.

This inspection took place on 20 June 2016 and was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with seven people, three staff, three relatives, the registered manager and registered provider. We looked at the care records for three people. We looked at the way people's medicines were managed; three staff recruitment files, staff training records and the registered manager's quality monitoring audits. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people.

## Is the service safe?

### Our findings

People and their relatives told us that care and support was delivered in a safe manner. People confirmed they felt safe and comfortable when they were supported by the staff team. One person told us, "I always feel safe when the staff are supporting me, and I have my frame so I am safe when I am walking". A relative told us, "We have peace of mind now that our relative is being looked after as they had many falls before coming here. The staff help them walk and they are gaining confidence as the staff are here to support them".

Staff knew how to recognise and report potential abuse or any concerns they had about people. One member of staff told us, "I would not hesitate to report any of my concerns to the registered manager and I know she would act straight away. I have done the training and I know about the various forms of abuse. I know I can approach the local authority and even Care Quality Commission if I had to". The registered manager was aware of her legal responsibility to inform us and the local authority about any safeguarding concerns. She confirmed there had not been any concerns raised or identified since our last inspection.

Staff we spoke with knew about people's individual's risks and actions they would take to keep people safe. For example some people were at risk of developing pressure sores due to their fragile skin and we saw that cushions were in place to prevent this. Staff told us how they monitored people's skin and provided pressure relief by supporting people to stand or walk. We saw that staff completed monitoring forms for some people to record the support they provided. A staff member said, "We believe in prevention so we do all we can to ensure people's skin is monitored". Staff also told us about how they monitored people who were at risk of losing weight. A staff member said, "We are a small home so we know the risks. With the person's consent we weigh them regularly and if they have lost weight even if it is a couple of pounds, I am on to it and we all encourage the person to eat more and provide more snacks even at night". In the care plans we looked at, risks had been assessed to support people's care and wellbeing. When risks had been identified, the care plans showed how this risk could be reduced. This demonstrated that staff had the knowledge and information to manage risks to people.

People told us and we saw there was enough staff available to meet people's needs. One person said, "The staff are always around or not far away, if we need support they come to us straight away there is no delay". A relative we spoke with said, "There is enough staff to meet our family member's needs, I have never witnessed anytime when people have had to wait to be supported".

We observed that staff were available in the lounge areas to support people with their needs, and where people required assistance we saw that staff responded immediately. Staff we spoke with told us they thought the staffing levels were sufficient, and they did not feel rushed. One staff member said, "There is enough staff on duty to meet people's needs, we have time to care and we do not rush. If I felt I was rushing I would speak to the registered manager and I know she will look into the staffing provided. People's needs come first here". The registered manager often worked as part of the staff team delivering care to people. She told us, "I do not have a staffing tool as we are a small home. I know the dependency needs of the people here as I support them alongside the staff, so this helps me to continually assess if we have sufficient

staff on duty".

We spoke with staff about the recruitment process, and they confirmed they had provided references and a check by the Disclosure and Barring service (DBS) amongst other information before they had started working at the home. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. We looked at three staff recruitment files. Two out the three files we reviewed demonstrated that staff did not commence employment until all of the necessary checks were completed. We found one staff member had commenced employment before their DBS had been returned. We saw that the staff member had provided a DBS from their previous employer which was used until their new DBS had arrived. However a risk assessment had not been completed to detail the rationale for this. We also found some gaps in the staff member's employment history. The registered manager confirmed that this would be rectified and the information would be obtained from the staff member following our inspection, which we had received.

People told us their medicines were managed in a safe way. One person said, "I get my tablets when I need them". Another person told us, "I am sometimes in a lot of pain so I ask the staff for pain relief and they always give me my medicine." We saw that records had been signed to confirm people had their medicines. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found some people were prescribed 'as required' medicines. Staff we spoke with had the knowledge about what to look for so they knew when this medicine was needed, and supporting information was in place. We observed a staff member administer someone their medicines and we saw that this was done safely and in accordance with the procedures in place. Staff we spoke with and records we looked at confirmed that staff had received medication training. Observations of staff competencies were in place to ensure they practiced in a safe manner.

## Is the service effective?

### Our findings

People told us that they were happy with the care they received. One person told us, "The girls are great; they are so good at looking after us. They help me when I need them to they are wonderful". Another person said, "The staff are very good and they do a fabulous job looking after me". A relative we spoke with told us, "The staff are so dedicated and good at their job. They are skilled and knowledgeable, and they all provide top quality care". Our observations showed us that the support and assistance provided to people was effective in meeting their needs.

We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Throughout the day staff demonstrated that they understood people's needs and the support they needed. For example one person was supported to stand by staff using verbal prompts. We heard the staff member saying, "Take your time and try and use the chair to push up one, two, three that is great well done". This support enabled the person to retain their independence and met their mobility needs.

Staff told us they received the training they needed to care for people effectively, and the records we looked at confirmed this. One staff member said, "We have regular training and refresher training which enables us to keep up to date and to care for people safely". Another staff member told us, "We receive regular training. We recently had training around visual awareness which was really good as we had to wear special glasses so we could not see. We had to rely on our colleagues to walk us around the home, it was really scary but made me realise what it is like when your vision is impaired or when someone loses their sight." We saw from the records that new staff completed an induction which included completing the Care Certificate. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff confirmed they received regular supervision and an annual appraisal and records were in place to demonstrate this. One staff member said, "I feel supported by the registered manager, provider and all of my colleagues. This is a great place to work and we all work together". Another staff member told us, "I am well supported the registered manager is really good and she has encouraged my development. She is always available for advice and she provides lots of encouragement". The registered manager had recorded in the provider information return we received that a senior member of staff was completing leadership training to enable them to take on more responsibilities within the home, as they wanted to further their career.

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. Staff we spoke with had an understanding the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Throughout the inspection we observed and heard staff asking people's consent before providing support. One person said, "The staff always ask me first before they provide any support and they always respect my decision". Where people lacked some capacity to make decisions we saw that relatives were consulted and decisions were made in people's best interests.



People told us they enjoyed the food provided. One person told us, "The food is all home cooked and we do get choices and some delicious homemade cakes. I am very satisfied". We spoke with the registered manager who told us they and another member of staff did the cooking. The registered manager had a good knowledge of people's preferences and dietary needs. We saw that menus were in place and people and their relatives confirmed these had been discussed with them to ensure they liked the meals that had been planned. We saw people were provided with regular drinks and snacks throughout the day.

We saw that where people that had been assessed as at risk of not eating or drinking enough they were monitored and referrals were completed to healthcare professionals when necessary. We saw that people were provided with supplements to increase their calorie intake where this was needed. We were told by a staff member that snacks were provided to people throughout the night if people were up and hungry. A relative told us, "The staff are very good at encouraging people to eat and there are plenty of snacks provided which people can have whenever they want day or night".

People told us they were supported to maintain their health care needs. One person told us, "They do not hesitate to get the doctor out if I feel poorly" A relative we spoke with said, "The staff make sure our family member has their eyes, teeth and feet all checked , and they would get the GP or district nurse in if they had concerns about their health". Another relative told us, "The staff keep us informed of any issues they are very good like that". We saw that records were in place to monitor people's healthcare needs to ensure all the staff had up to date information about any changes or on-going issues.

## Is the service caring?

### Our findings

We observed a positive and caring relationship between people who lived in the home and staff. We saw staff treated people with respect and in a kind and compassionate way. One person told us, "The staff are always very kind and caring towards me, they are all lovely". Another person said, "The staff are great, nothing is too much trouble we can have a laugh and a joke with them and I think this is the best home around here. It is small so we are all like family". Relatives we spoke with were also very complimentary of the care. One relative told us, "The care provided is excellent, the staff are caring, compassionate and spot on with everything, it is like an extended family here. It is the best place for our family member". Another relative told us, "I am very happy with the care provided the staff are lovely and there is friendly and positive atmosphere here".

We saw that staff encouraged people to make choices as part of their daily lives, for example we heard staff asking people about where they would like to sit and what they would like to do. People told us staff supported them to maintain as much independence as possible. One person told us, "The staff help me to get dressed but I choose what I want to wear. They always make sure I have my handbag and the things I need each day". Another person said, "I try and do what I can for myself and the staff encourage me, they never take away my independence, I like that".

We saw that staff were attentive and observant providing support when this was needed. For example, assisting people to get comfy in their chair. We saw that staff engaged positively with people whilst providing them with support throughout the day. People were asked if they had everything they needed and staff checked on their wellbeing. One person told us, "The staff are very attentive and make sure I have everything I need". We saw that people had their handbags with them and a person had their make-up which enabled them to use it throughout the day.

We observed people's privacy and dignity was respected by staff when receiving care and support. For example when asking people if they needed to use the toilet, staff got close to the person and asked them quietly and discreetly, to ensure other people could not overhear. Staff told us about a member of staff who was the dignity champion and how they monitored the way they supported people to ensure care was provided in a dignified way and respected people's human rights. We saw that a dignity tree was displayed which staff and relatives had contributed to. It contained many leaves with statements about what dignity meant for them and how they intended to ensure people's dignity and privacy was prompted in the home. A relative we spoke with said, "The staff provide care in a dignified way it is important to them and to us".

People told us they did not wish to attend or participate in any religious services. This was confirmed by the registered manager who told us that if people wanted to pursue their spiritual needs this would be accommodated and supported.

Relatives we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One relative said, "We am always made to feel welcome here and we are always offered a cup of tea or a drink, it is home from home here".

The registered manager confirmed that people currently living at the home were not using the services provided by an advocate. She told us that she would refer people to an advocate if this was needed. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

## Is the service responsive?

### Our findings

People confirmed they received the support they wanted and needed which met their individual needs. One person said, "My needs are met and I am very happy with the way the staff care for me". Another person said, "I am very satisfied with the care I get". A relative we spoke with told us, "Without a doubt our family member receives the care and attention they need".

We saw that people were involved in the way their care was provided. Each person had a key worker who was responsible for reviewing their care plan each month. A staff member we spoke with told us, "I am responsible for reviewing the care needs of some people and I sit with the person and we go through their care plan to see if anything has changed and if they have anything they would like to discuss about their care." We saw evidence of this in people's care records, and people who were able to had signed their monthly reviews.

Relatives we spoke with also confirmed they were involved in the care their relative received. One relative told us, "We have been involved from the beginning and we have contributed to the assessment and care plan that is in place for our family member. The staff and registered manager always keep us up to date if there are any incidents or if our family member is not feeling well. We are well informed".

We saw that care plans included information about people's previous lives, their likes, dislikes and preferences. Discussions with staff demonstrated that they had a good knowledge about people's needs and preferences. One staff member told us, "We are a small home so we know each person really well and they know us. This is what I like about working here we have time to care and time with people".

People told us there was enough to do and keep them occupied each day if they wanted to. One person said, "The staff come and sit and chat with me which I like or we can do puzzles and other games. I like to sit and read and I am quite content just doing that". We saw that a programme of activities was not in place but staff supported people to engage in activities of their choice. We saw staff asking people if they would like to do a variety of activities in the morning such as jigsaws, and puzzles, but people declined. Most of the people joined in the afternoon activity when a singer came in. People were singing and tapping their hands and feet and they enjoyed listening to songs they all knew. Staff told us that the hairdresser visited every other week and that people enjoyed having their hair done. We saw that the library visited regularly and left a supply of books, music and reminiscence packs. People and their relatives told us they were looking forward to the BBQ that was planned for the weekend. A relative we spoke to said, "The staff try and get our family member and other people involved in activities but they are not really interested, they would prefer to have a sing a long or a chat with the staff, so that is what they do and I happy with that".

People we spoke with did not have any complaints about the service. One person said, "Complain about what, I have nothing to complain about I am very happy and if I wasn't I would speak to the registered manager". Another person said, "I have no complaints because the care is so good. If I did raise anything I know it would be dealt with there and then". Relatives we spoke with knew there was complaints procedure in place which they told us was displayed in people's rooms. One relative said, "I know the process, but we

have never had any cause to complain about anything. If I ever did I know the registered manager and provider would address it straight away". The registered manager confirmed that no complaints had been received since our last inspection. We saw there was a procedure in place and a complaints book to record any issues that was received. The registered manager told us that they used to have and record minor concerns and niggles but they stopped using this because they stopped receiving any. She told us, "If we have any niggles we deal with it straight away, but I think I will reintroduce this just to reflect the issues we sometimes get". The registered manager told us about one issue that had recently been raised, where a person said they were not happy because the staff were 10 minutes late assisting them to go to bed. The staff apologised and explained the reason for this and the person was happy with the explanation.

## Is the service well-led?

### Our findings

People and relatives spoke positively about the staff and the home and we saw there was a positive atmosphere. One person said, "I am very happy here it is like being part of a big family. No-one wants to go into a care home but this is the next best thing as it is small and homely". A relative said, "We looked at many homes, but this by far the best home around".

All of the people we spoke with told us they thought the service was well managed. One person told us, "The manager is always here and works part of the team, she is really nice, helpful and nothing is too much trouble, she always makes sure we have everything we need". A relative we spoke with said, "The home is very well run, the manager and provider are always here making sure everyone is okay. They are very approachable, friendly and everything they do is in the best interests of the people that live here".

It was evident that good relationships had been developed between the registered manager and people who used the service. For example we saw people smiling, laughing and joking with the registered manager. It was clear from the discussions we had that the well-being and welfare of people was of paramount importance to the registered manager. We saw the registered manager spent time talking to people and that people knew who she was. Discussions with her demonstrated that she knew people well and knew about their specific needs.

All of the staff we spoke with all confirmed they felt supported by the registered manager and provider. One staff member told us, "The manager is approachable and always has time for us. I feel listened to and involved as the manager is open to new ideas. We have good teamwork here everyone including the management team work together for the good of the people who use our service". Another staff member told us, "The manager is brilliant; she is visible and works part of the team. She encourages us to develop our skills and careers. She is really supportive and understanding with everything. I love working here".

We saw that there were clear lines of accountability in the way the service were managed. The registered manager was supported by a deputy and senior carers who had key areas they were responsible for. For example the deputy was the infection control lead, and one senior was the dignity champion. Tasks were clearly delegated to ensure that the services were monitored effectively and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at The Cherries.

We heard from people and their relatives that regular meetings were held which were facilitated by the staff. People told us they are able to raise and discuss any issues they may have or suggest ideas for the future. For example they discussed having a BBQ and a bigger clock in the lounge area as some people could not see it well. A relative we spoke with told us, "We have meetings where we discuss anything and everything, it is an inclusive home".

In addition to these meetings we saw that people's views were sought and surveys had been sent out as part of the quality assurance systems to gain feedback from people, their relatives and professionals. We saw

that positive feedback had been received following the recent survey. For example one professional wrote "Excellent care of people with difficult and complex medical problems". We saw that a newsletter was completed and sent out to people sharing news about the home and the staff team and informing people of any future events.

Staff we spoke with told us they would be happy to raise any concerns and they were aware of the whistle blowing procedure. Whistle blowing is the process for raising concerns about poor practices. One staff member said, "I would be happy to raise any concerns I had and I know I would be listened to". This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

We saw that the registered manager had systems in place to monitor accidents, and incidents, which were analysed to identify any patterns or trends. We saw that when a pattern was identified the registered manager had taken action to minimise the risks of a re-occurrence. For example looking at what equipment could be put in place to reduce the risk of a person falling. We saw the registered manager had audits and quality monitoring systems in place to monitor the safety, effectiveness and quality of the service provided. Some of these audits were completed informally and records were not always in place to demonstrate what checks had been undertaken. For example checking the medicines. The registered manager had a system in place but the records were not detailed. The registered manager agreed to formalise the process and to complete more detailed records to reflect the audits they were undertaken. The registered manager was aware of her legal responsibilities to notify us of events that they were required to by law.

We asked the provider to complete a Provider Information Return (PIR). 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. The form was completed and returned to us within the timescale we agreed.