P Hall and J Parker

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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on the 18 and 19 April 2016. The home was previously inspected in August and September 2014 when it was found to be complying with the requirements of the law.

Cherry Tree House is a residential care home providing care for up to 20 older people. Until April 2016 the home had a registered manager in place. At the time of the inspection a new manager had been appointed and had applied to be registered with the Care Quality Commission. The previous registered manager had changed roles in the home, and was therefore still employed but in a different capacity.

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.

The new manager had been in post for five weeks at the time of the inspection. They were in the process of receiving a handover and induction from the previous manager and being supported by the provider.

We looked at care plans and risk assessments and found them to be up to date and reviewed regularly. We found records for a person receiving respite care were not as comprehensive as those for people who lived permanently in the home. This was rectified by the manager.

Checks carried out prior to the employment of staff were not always robust. We found newly employed staff were shadowing more experienced staff before their references and Disclosure and Barring Service (DBS) checks had been received. Gaps in employment histories and reasons for leaving previous employment had not been investigated or documented.

We found medicines were being stored and administered in a safe way. Audits were completed to ensure practice was safe.

We observed sufficient numbers of staff to meet people's needs. However, comments and feedback forms mentioned the need for more staff. The manager told us this was in relation to periods of time when staff were busy due to increased demand. They were looking into how they could support staff during these busy periods.

Staff knew how to identify and report concerns of abuse. The manager was clear about the process for reporting concerns and how to protect people.

People and their relatives told us staff were skilled in how to care for people and encourage independence.

Information related to staff training was incomplete. For example the training matrix showed only one staff

member had completed training the provider deemed as mandatory. The training policy was out of date. When speaking to staff we found they did not understand the Mental Capacity Act 2005 (MCA) or Deprivation of Liberty Safeguards (DoLS) and how these applied to their role. This was important in order to protect people's rights. This was an area the manager planned to make immediate improvements in. Staff received regular supervision and felt able to approach the manager and their colleagues for support and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The manager had taken appropriate action to apply for a Deprivation of Liberty Safeguards (DoLS) for one person.
Staff demonstrated limited understanding of the Act and DoLS. We have made a recommendation about MCA and DoLS training for staff and associated records.

People received good support with eating and drinking by staff who knew their needs well.
Food was well presented, nutritional and tasty. The chef clearly had a good relationship with the people in the home, who told us the chef met their needs and preferences.

Overwhelmingly people and their relatives told us how caring and kind the staff were to them. We observed this during our visit. There was a gentle and fun approach displayed by carers. We got the impression staff knew people well and were able to communicate with them in a way that showed respect to people.

Where possible people or their relatives were involved in the planning of the care they received. Consent was obtained from people and their opinions and preferences were recorded. People spoke positively about the home and the sense that it was "a home from home."

Activities were available to people to ensure they did not experience social isolation.

People and staff spoke positively about the new manager and the managerial staff in the home. We were told they were supportive and managed the service well. From our discussions with the manager we noted they had already identified areas that could be improved and had developed a good rapport with some of the staff.

Checks were in place to ensure the safety of equipment. Audits had been completed to assess the standard of care being provided. Feedback was obtained from people and staff to drive forward improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Checks on new staff were not always fully completed before staff commenced employment in the home. This placed people at risk from staff who may have been unfit to work in the home

Care plans and risk assessments were in place for people who lived in the home, however one person's care plans and risk assessments were not up to date or complete. This was rectified following our inspection.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff had completed the training the provider stated was mandatory. The training policy for staff was not up to date and we found deficits in staff knowledge about the Mental Capacity Act 2005 and the Deprivation of liberty Safeguards (DoLS).

People were supported with their food and drinks to ensure they maintained good health.

Is the service caring?

Good

The service was caring.

People spoke positively about the caring nature of the staff and this was verified by our observations.

People were shown respect and their dignity was supported by staff who knew them well

Is the service responsive?

Good

The service was responsive.

There was a range of activities to keep people stimulated.

People and their relatives were listened to and involved in the running of the home.

Is the service well-led?

Good

The service was well led.

The manager was supported by the provider and we were told positive things about their management of the home by the people living there.

Quality assurance audits were regularly undertaken and the findings acted
upon to improve the quality of the service to people.

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.

This inspection took place on 18 and 19 April 2016 and was unannounced. It was carried out by an adult social care inspector.

Prior to the inspection the provider completed and returned to us 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. We reviewed previous inspection reports and other information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We spoke with 4 people who lived in the home, 2 relatives, 1 visitor and 4 staff including the manager, care staff and housekeeper. We spoke with one health professional and received information following the inspection from another. We reviewed four people's care plans and associated documentation related to medicines. We examined four staff recruitment files and records related to the running of the service including audits and safety checks.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us "I feel perfectly safe." Another explained they felt safe because the care staff were "very nice and very kind." A visitor said they believed the service was safe because people were so well looked after.

We looked at the records related to the recruitment of staff. We found necessary checks had not been completed prior to staff's employment. For example, we found two staff were recently employed by the provider. They were shadowing more experienced staff. Although references and Disclosure and Barring Service (DBS) checks had been applied for they had not yet been received. We also found gaps in the employment histories of candidates had not always been accounted for or documented. Furthermore the reasons candidates gave for leaving their previous employments had not always been given or explored and documented. Up to date photographs of all staff members were not in place for all staff. This placed people at the risk of harm because the provider had failed to ensure they had systems in place to protect people from staff who may have been unfit to work in the home.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we discussed our concerns with the manager they decided to remove the new staff from working directly with people until such time their references and DBS checks were received. They informed us after the inspection they had obtained satisfactory information about employment history gaps and reasons for leaving previous employment from the relevant staff.

We observed that people had pendant alarms around their necks or in their rooms to enable them to call staff for assistance. When they were used they were responded to quickly.

We were told prior to people being admitted to the home their needs were assessed. Documents showed for most people, risks to their health and welfare had been assessed and risk assessments had been completed. However we noted in one person's file the risk assessments and care plans did not reflect the complete range of care being provided. The person was receiving respite care. We discussed this with the manager. Following the inspection we were informed that all risk assessments and care plans for this person were now up to date and in the person's file.

Care plans informed staff how to reduce the risk of injury to themselves and to the people they provided support to. For example, the risk of malnutrition, moving and handling, infection control and skin integrity. These were reviewed frequently and kept up to date.

We reviewed the storage and administration of medicines with the manager at the home. Medicines were stored in a secured room. Up to date medicine administration records, showed staff had signed when medicines had been given to people. The manager told us they had requested the GP to complete protocols for the administration of 'as required' medicines and they were awaiting their return. These protocols

provided guidance as to when it was appropriate to administer an 'as required' medicine and ensured that people received their medicines in a consistent manner. Other information included in the care plans described how the person preferred to take their medicines. We checked the recorded amounts available in stock with the amount of medicines prescribed and taken, these tallied. Medicine audits were undertaken, and current medicine procedures were reviewed by the visiting pharmacist. They made recommendations on how systems and practice could be improved.

During the inspection we observed there were sufficient numbers of staff on duty to ensure people's needs were met in a timely way. People's views about whether there were sufficient numbers of staff available to support them were varied. Most people and staff told us there were sufficient numbers of staff on duty to meet their needs. One visitor told us they thought there were enough staff, they said "When I come here, they (staff) all seem to know what they are doing and are in control." One person told us they did not think there were enough staff. They said they knew when there was a shortage of staff as they observed staff becoming "fraught." We discussed this with the manager. They told us they looked at the needs of people and calculated the numbers of staff needed. They planned to develop an assessment tool so they would be able to gauge if people's needs changed how they would change the staffing numbers accordingly. They told us they had discussed with staff how they felt about the staffing levels. Staff had said there were times that were busier than others, the manager was discussing with the provider if more staff could be used at busy times. During our inspection we observed the manager helping people along with staff members.

People were safeguarded from abuse. One relative told us "I have never seen or heard of staff doing anything of concern." Staff knew how to identify and report concerns related to possible abuse. The home had a safeguarding adult's policy and procedure. The majority of staff had attended training in how to safeguard people from abuse. Staff told us they would respond immediately if they had concerns.

Requires Improvement

Is the service effective?

Our findings

People who used the service said that their needs were met by staff; they said they had the knowledge, skills, experience, and the right attitudes. One relative told us they felt the staff had been well- trained, they said they had watched staff and the way the cared for people. They had been impressed by how staff encouraged people to remain as independent as possible whilst providing the care the people needed.

The provider had a learning and development plan in place which was written for staff. It stated that new staff were required to complete the common induction standards. This has now been replaced by the Care Certificate although this was not reflected in the plan. The training matrix record showed six carers had not completed the common induction standards. Records held by the provider showed some staff had or were in the process of completing work sheets which tested their knowledge in areas of care. These included areas such as moving and handling, first aid, and safeguarding adults. These were completed after staff had watched training DVD's. Their answers were marked and feedback was given to the staff on their performance.

The plan also set out the training courses that had to be completed annually by staff, it stated "It is a condition of your employment that you attend annually all statutory training sessions." These included 1st Aid training, but the matrix showed only two staff had attended this training in the last year. A further course required by the provider to be completed annually was fire training. The matrix showed only 7 staff had completed this training. The training matrix showed only one carer had up to date training completed in all of the statutory training areas required by the provider.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we discussed our findings in relation to staff training with the manager. They told us they were aware of the deficit of training by some staff. They had a professional experience of delivering training and planned to update the training policy and to ensure training for staff was considered to be a priority. Following the inspection they wrote to us to tell us they had developed a training plan and they were planning to utilise the skills of external trainers to train the staff.

We examined other documents related to staff support and supervision. Documents showed staff had received regular supervision and they were able to confirm this. They told us the supervision sessions were useful and helped with their personal development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called

the Deprivation of Liberty
Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One application had been made for a DoLS for a person; however this had not yet been processed at the time of the inspection.

When we spoke with staff we were aware they had little understanding of the Act or the requirement for DoLS. However the sample of staff we spoke with was small. The training matrix showed 14 staff had completed the training in MCA and DoLS. We found no evidence of mental capacity assessments included in people's care plans. We spoke with the manager who informed us this training was planned to become mandatory and would be completed annually. From our observations and from documentation we examined we did not observe anyone being deprived of their liberty or restricted in an unlawful manner. The manager showed a clear understanding of the requirements of the Act and had implemented it appropriately. We recommend further consideration is given to the training of staff in relation to MCA and DoLS along with records related to mental capacity assessments for people.

Where people had been assessed as requiring support with eating and drinking this formed part of the planned care they received. Throughout the day a trolley carrying a variety of drinks was wheeled around the home to supply drinks to people. People told us they were happy with the food provided. Two people had put on weight since moving to the home according to their relatives. This was a positive outcome for the individuals. One person said "I do like the food yes….I eat as well here as I do at home. Another said "on the whole the food is wonderful. I have breakfast in bed and a very good lunch." Another person told us "The chef is good to me, if I don't like what is on the menu he offers me an alternative like an omelette."

We observed lunch on the first day of the inspection and joined people for lunch on the second day. The atmosphere during lunch was serene. People were able to concentrate on eating their food. There was a very relaxed air about the home. Staff were present to support and aid people when necessary but did not distract people. The food was both nutritious and appeared appetising. We observed the majority of the food served was eaten by people. We enjoyed the food and found it tasty, with portion sizes that were not over- facing yet ample. People told us they had enjoyed their lunch. Each day a menu was displayed in the dining room. Where people were at risk of malnutrition this had been documented in their care plan and risk assessments had been completed. Food was prepared in such a way as to encourage these individuals to eat and enjoy their food. For example, staff supported them with their food.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. During the inspection we observed the GP visiting the home which was done on a weekly basis. They told us there was always a staff member made available to escort them on their visit to the home. Another visiting health professional told us how staff were trying to support a person with their mental health. Their records were well detailed and they felt the referral made to their team was appropriate and timely.

Good

Is the service caring?

Our findings

People spoke positively about the home and the staff. People and their relatives told us the staff were kind and caring. One relative told us "The people in the home and the visitors are well looked after." They told us the staff were "always welcoming. They are so lovely." A person living in the home told us" The girls (staff) on the whole have been good to me; we have enjoyed each other's company." People told us they were treated with respect and dignity by staff and their privacy was maintained. One person told us they enjoyed spending time on their own in their room and staff were respectful of this. Staff member were able to tell us how they supported people to be as independent as possible to ensure the person's dignity was upheld. Other examples given were closing curtains and doors when supporting people with personal care. We also observed staff knocking on people's doors before entering.

We observed the home had a calm and relaxed atmosphere. One health professional told us "There is always a nice atmosphere in the home; it feels like a proper home, a home from home." Other people and relatives reiterated this. One relative told us how prior to moving into the home, the room the person was going to live in had been redecorated with new carpets and curtains. Another relative also commented on how the room the person was moving into had been redecorated and along with their own belongings, additional ornaments and pictures had been added to the room to make if feel homely. Both the people and their relatives felt this was not only caring but a considerate thing for the provider to do

Staff knew people and their care needs well. They were caring and considerate in their approach to people and spoke to them in a friendly but respectful way. We were sat with a person in their room which over looked the street. When the Chef left the home at the end of the day they turned and waved at the person, they waved back with a big smile on their face. They told us "The Chef always waves when he is going." They told us how much they valued the recognition and the relationship they had built with the individual staff members. A relative spoke to us about their view of the staff working in the home. They said "You will see a range of staff from young to older. They all seem really caring, which I think comes from the manager. Nothing is ever too much trouble for any of them." They told us of their observation of how the manager communicated with a person. They said they had come to see the person and had sat on the floor so the person could make eye contact with them. The manager was reportedly gentle and supportive when speaking with the person. The family were clearly impressed by their manner.

Staff knew about the people's preferences. People told us they were given choices by staff and the staff respected their views and opinions on how they wished their care to be provided.. For example, one person wished to stay in bed for most of the day, this was respected by staff.

Care plan records demonstrated the choices people were offered and how staff encouraged people to remain independent. For example, one person living in the home wished to independently access the local community. Risk assessments were in place and strategies had been implemented to support the person should they get into difficulties. The person carried the home's contact details with them so they could be contacted if needed.

We asked staff what the best thing about the home was, their responses included "Each person is seen as an individual, everyone gets what they would like." "We are a small little place, but it is so friendly. We are a big part of the resident's life it is home from home." The residents are the best thing about the place for me. They make my day. I can be happy. For them the best thing is knowing they are in a caring place, they have got us. They can confide and trust us. We are like an extended family. "

Good

Is the service responsive?

Our findings

People told us there were a range of activities they could participate in if they chose to. These included activities around Valentine's day and Easter. During our visit we observed people participating in a music and movement class and on another occasion a visiting singer was performing. Records showed people had participated in flower arranging, quiz sessions and bingo. One relative told us "There is always something going on." People told us they enjoyed the activities on offer. People were encouraged to maintain relationships with people they cared about. Relatives and friends commented on how welcoming the staff were towards them and how there were no restrictions on when they wished to visit the home.

Care plans were informative and it was evident they had been reviewed regularly. They were clear and comprehensive. The records of care included sections on people's personal histories, mobility, nutrition, continence, mental health needs amongst others. Further sections for example on people's behaviour were added if needed. We saw in two care plans that a 'Do not attempt cardiopulmonary resuscitation' (DNR) order was in place for each person. Each person had been consulted and their wishes recorded. They had also signed to give consent for the staff to support them with their medicines. Another person's records showed they had given consent for photographs being taken, but withheld consent for the photographs to be used for marketing purposes. This demonstrated that people had been consulted with about their care and their wishes had been recorded.

People and their relatives had also been consulted and involved in the recruitment of the new manager of the home. We were told how four family members and people who lived in the home were part of the interview process. They spoke to the manager and gave feedback on their impressions to the interviewing panel. Informal chats had taken place to find out from people about their views on the running of the home. The manager planned to hold regular residents' meetings.

Staff told us care plans reflected people's changing needs and included information on any special requirements. They said they were kept informed of changes in people's needs at shift handover which took place at shift changes; there was also a message book and a diary to record appointments. This helped staff to ensure they were kept up to date with people's changing needs and the appropriate care they required.

The provider had a complaints procedure, which enabled people to raise complaints or concerns, this was accessible to people. Staff knew how to respond to complaints. People and their relatives told us they had not had to make a complaint, but felt confident that if they did it would be dealt with satisfactorily. This was because they had faith in the staff and communication with both staff and the management was open and transparent.

Good

Is the service well-led?

Our findings

People told us they found the management of the home approachable and friendly. One person told us "The bosses are very nice…The place seems very well run." Staff member's comments included "I can talk to the manager any time they are very supportive." "She (the manager) is still getting used to us; she has done a fantastic job so far." "I think she is great, She came in and aired out a few cracks. I think she will be good for the place."

Staff told us they felt supported by the manager and they felt comfortable going to them with concerns or issues. We observed staff discussing issues with the manager and resolving them in a constructive way. The manager was very visible to both the people who lived in the home and the staff throughout our visit.

The home continually sought feedback from people who lived in the home and staff. We reviewed the feedback received via questionnaires in March 2016. All the responses were mostly positive in all areas. One recurring theme was there were times when it was perceived there were insufficient staff. The manager told us they were looking into how they could increase the staffing levels at certain times of the day when staff were busy meeting people's needs.

A number of audits took place at the home. Care plan audits were in place but the manager was looking to improve these to make them more useful. Documents showed monthly cleaning audits which reviewed the cleaning schedules and the effectiveness of the cleanliness of the home. We found the home to be very clean and comfortable for people, with high hygiene standards. Each person's medicines were audited monthly or sooner if required. This was to ensure the balance of medicines in stock tallied with those that were prescribed and administered. Checks had been made to the safety of equipment and servicing of fire equipment took place as required. This demonstrated the manager frequently checked the overall quality of the service and could drive forward improvements when necessary.

During the five weeks the manager had been in post they had received a handover from the previous manager, who had changed roles within the home. The manager told us how supported they had felt during the application process and following their employment by the previous manager and the provider. A record of a recent management meeting highlighted the support on offer to the manager. The minutes stated there would be 24 hour support for the manager from the provider at all times.

The manager had already started to identify changes and improvements they wished to see happen in the home such as improved training for staff, and reviews of policies and procedures. They appeared very positive in regards to the staff team and their working relationships. They were keen to develop staff and where possible improve the service to people. Building work was being undertaken at the time of our visit. En-suite facilities were being added to people's rooms amongst other structural improvements to the home. This would directly benefit the people living in the home.

The provider's website highlighted the values of the home which included people's right to independence, dignity, choice and to be treated respectfully. "To maintain at all times a homely, warm and caring

environment in our home so that our residents always feel content, well cared for and comfortable and fully involved and considered in their daily living arrangements." The manager and staff concurred with these values. The manager stated they aimed to "provide good quality care and person centred care at all time."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure they had effective recruitment systems in place to protect people from staff who may have been unfit to work in the home. (19) (1) (3) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate training, 18 (1) (2) (a) (b)