

Cherry Tree Care Limited

# Cherrytree Residential Home

## 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We inspected the service on 20 December 2018. The inspection was unannounced. Cherrytree Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate 40 people.

On the day of our inspection thirty-two people were using the service.

People were not protected from the risk of infection because systems and processes did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Some areas of the premises and some equipment was not clean and staff did not have the equipment they required for effective hand washing and hand hygiene. Risks in the environment were not identified or managed appropriately.

The environment had not been adapted to meet the needs of people living with dementia and was in need or redecoration and ongoing maintenance. There was a schedule of planned redecoration and replacement of fittings and furniture to be completed by September 2019.

The quality of meals provided was inconsistent and did not always meet the needs and preferences of people who used the service. People had access to the healthcare services they required. People had their needs assessed before moving into the service and staff received the training and support they required. People were asked for their consent before care and support was provided. Staff were following the principles of the Mental Capacity Act (MCA).

People did not always receive personalized care. Care plans did not fully reflect people's physical, emotional, mental health and social needs and were not up to date. People were not always supported to raise concerns. People were able to take part in activities they enjoyed.

Staff did not always have time to spend with people. Some people's furniture or equipment in their rooms was broken, worn or dirty. There were unpleasant odours in some people's rooms.

People told us they liked the staff and had developed positive relationships with them. Staff knew how to protect people's privacy when providing personal care and information about people was stored securely.

The providers systems and processes for monitoring the quality of service provision had failed to identify risk and did not gather or act on the feedback and experience of people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff felt supported by their managers and told us their managers listened to them and took action where action was required.

People had their medicines managed in a safe way and usually received their medicines at the times they were prescribed and needed.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were not protected from the risk of infection.

Risk was not identified or managed appropriately.

People usually received their medicines in a safe way and at the times they needed them.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

The design and decoration of the premises did not meet the needs of people who used the service.

People were asked for their consent to care and support and staff were following the principles of the Mental Capacity Act.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

Staff did not always have time to spend with people.

Some of the furnishings in people's rooms was worn or dirty.

People told us they liked the staff and said they were kind.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

People did not always receive personalised care.

Care plans did not fully reflect people's needs and preferences.

People were not supported to raise concerns or make a complaint.

**Requires Improvement** ●

People were able to take part in activities that they enjoyed.

**Is the service well-led?**

The service was not consistently well led.

The provider's systems and processes to monitor and improve the quality of service provision were not effective.

People had little opportunity to be involved in developing the service.

**Requires Improvement** ●

# Cherrytree Residential Home

## **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 comprehensive inspection took place on 20 December 2018 and was unannounced. The inspection was brought forward as a result of information concern we received.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with eight people who used the service and two relatives for their views about the service they received. We spoke with the provider, the acting manager, deputy manager and activities organiser, two care staff and two visiting healthcare professionals.

We looked at the care records of three people who used the service. The management of medicines, staff training records, as well as a range of records relating to the running of the service. This included audits and checks and the management of fire risks, policies and procedures, complaints and meeting records.

# Is the service safe?

## Our findings

People were not protected from the risk of infection because systems and processes did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. During our visit there was no soap or paper towels available in the staff toilet and hand gel dispensers were empty. Communal bathrooms and people's private en-suite toilets were dirty, there was visible dirt on the communal bath and the bath chair was rusty. When equipment is rusty this makes it difficult to clean or prevent the risk of cross infection. Two people's commodes were rusty and dirty. Toilets were heavily stained and lime scale could be seen in the bowls. There were no clear definition of specific roles and responsibilities for cleaning or agreed cleaning routines.

Staff were not clear about the action they should take in the event of a spillage or an outbreak of infectious illness and did not have access to appropriate products for disinfection. Some people's rooms had an unpleasant odour which suggested that the fixtures and fittings or furniture in the rooms had not been properly cleaned following episodes of incontinence. Two people's bed linen was dirty and stained. Windows in the lounges and people's bedrooms were dirty and smeared.

Not all risks to people's safety were identified or managed. We found uncovered radiators and hot water pipes in corridors and toilets which were extremely hot to touch and posed a burn risk to people who used the service.

There was a large amount of rubbish stored in the outside area between the outside wall of the building and the fence. This was a potential fire risk and or may attract vermin which carry disease.

There were no environmental risk assessments in place for people accessing two internal staircases and one external fire escape on the first floor. The kitchen did not have a lock on the door so was accessible to people at all times. The cupboard for storing cleaning products which could be hazardous to people's health was locked but there was a key hanging on a hook next to the door so was accessible to people.

Some people had conditions that affected their cognition and were at risk of becoming disorientated or falling. Records showed that one person got up in the night and could be disorientated and or distressed, this person's records stated that they would get up throughout the night and 'try and get other people to get up'. One person told us, "Sometimes there is an old lady who comes in here because she thinks it is the toilet, I just tell her she has got the wrong room and to go out."

There were three members of staff on duty during the night and there were no risk management plans regarding these risks. There were no arrangements for mitigating the risk of people accessing the internal staircases, first-floor fire exit and steep metal staircase and store cupboard unsupervised.

One person had a grade two pressure sore on their heel which was being treated by the community nursing team. There were no instructions in this person's care plan or records regarding about how often or when positional changes should be carried out or how further risk should be managed. Another person had been

assessed as 'high risk' of developing pressure sores and had previously had a pressure sore. They had a pressure relieving mattress and cushion but there was no evidence that this equipment was suitable for the level of risk identified. Staff had recorded in daily records that this person had a sore pressure area and cream had been applied on five occasions during December but there were no instructions for staff or records regarding how often or when positional changes should be carried out. Another person had been assessed as having a high risk of developing pressure sores. This person told us they had soreness in a pressure area. They did not have any specialist pressure relieving equipment supplied, had not had the risk assessment updated since 30 September 2018 and did not have any management plan in place regarding this risk.

The provider failed to ensure that care and treatment was provided in a safe way by assessing known risks to people from the environment, potential cross infection and also risk of skin breakdown. These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, Safe care and treatment.

People told us they felt safe living at the service. Staff had received training about protecting people from abuse. They knew how to recognise the signs of abuse and what action to take if they suspected it. They knew how to report concerns including reporting to other organizations such as the local authority and the CQC.

People told us there were usually enough staff on duty to meet their needs. The provider told us they used a recognised staffing tool to calculate the numbers of staff required to meet people's needs. There had been a high turnover of staff in recent months. There was a total of 17 permanent staff employed and two agency staff were used on a long-term basis so that they knew people's needs and were familiar to people who used the service. One person told us, "There are enough staff on and off, but the problem here is they get staff to stop doing their own jobs and help out where they are short. Yesterday the cleaner was helping to serve lunch."

A member of the care staff told us they felt there was enough staff on duty to meet people's needs and this had improved. They told us, "The new team is working well together and its made such a difference." The provider described the recruitment process they followed and this included carrying out checks to ensure staff were of suitable character and skill to work at the service. The recruitment procedures described were safe.

People had their medicines managed in a safe way and usually had their medicines at the times they were prescribed and needed. One person told us that staff had been very late bringing their paracetamol and this was an ongoing issue. Electronic records were used and these were accurate and up to date. Medicines were stored in a safe way and in line with the manufacturers requirements. People were able to manage their own medicines if they wanted to and were able to do this in a safe way. Staff had received training about the safe management of people's medicines. We were told that staff had their competency to manage medicines checked.

## Is the service effective?

### Our findings

The design and decoration of the premises did not meet the needs of people who used the service. Some people were living with dementia and there had not been any adaptations made to the environment in consideration of this. The carpets in communal areas were patterned and this is known to cause problems to people with perceptual problems. Walls, doors and grab rails were of similar colour and did not provide any differential to assist people to orientate themselves. Research shows that people with dementia use "landmarks" to navigate their way around, both inside and outside. The more attractive and interesting the landmark the easier it is to use it as a landmark.

There were not enough communal bathrooms/shower rooms for people. One of the ground floor bathrooms had been stripped out internally and was being used as a storeroom. Staff told us that people could have a bath or shower as often as they wished but two people told us they had experienced difficulty arranging a bath or shower when they wanted one.

One person told us, "There are only two wheelchair accessible toilets down here and one of them has no toilet roll holder. The other one is not reachable. I asked if they could be moved and they have been, but they are still not easy to reach. I also complained about a broken commode in my room. At first, they came with a screwdriver but that didn't work, so they got me another one. The arm supports were too high though and it was very difficult for me to lift myself up using them. They got me another one, but that was too narrow so they brought the original one back. It means I have to ring the bell every time I want to use it though and really, I don't need to have help and I don't like calling them, but if only I could have lower arm rests."

The provider told us there was a schedule of planned redecoration and replacement of fittings and furniture to be completed by September 2019.

People had not been consulted or involved in these plans about changes to the environment. The provider told us about a design company they were using to plan the redecoration and showed us a sample of the fabrics and colour planned to be used. These planned changes did not take into account the needs of people living with dementia as described above.

The provider failed to ensure that the premises were suitable for the purpose for which they are being used for. These matters were a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15 Premises and equipment.

People had access to healthcare services such as doctors and community nurses. We spoke with a visiting doctor on the day of our inspection. They told us there was a lack of continuity of staff and staff did not always have up to date information about people's needs. This meant they were not always able to make a proper assessment. On the day of our visit, two people were admitted to hospital via ambulance after seeing the doctor. The community nurse told us they had received negative feedback from people about the care and support they received at the service.

We received a mixed response when we asked people about the meals they received. People told us there had been a high turnover of cooks and the quality of meals provided varied depending on who was working in the kitchen. One person said about the lunchtime meal served during our inspection, "Shame it's not this good every day, I wonder what it will be like tomorrow." Another person said, "The food is a bit hit and miss sometimes." Two people told us they did not have access to any fruit or snacks. One person said, "I don't think we can have snacks, unless you count tea and biscuits? I certainly don't remember seeing any fresh fruit." One person said, "Lunch isn't always very nice, but it was lovely today! Sometimes we get omelettes that are more like pancakes! It would be nice to get some fresh fruit occasionally." Another person told us that staff were good at ensuring their particular dietary need was met. The lunch time meal served during our inspection looked appetising and well-presented and a choice of meal was offered.

People had their nutritional risk assessed and some people had been prescribed supplements by their doctor and had been referred to a dietician. There were no records for food or fluid intake to check that people at risk of malnutrition or dehydration had eaten and drunk enough each day. Some people had their lunchtime meal served in the lounge area rather than at the dining room table. We saw one person struggling to eat their meal with a fork and another person had their meal in front of them but did not attempt to eat it. After pointing this out to staff the first person was provided with a spoon and was able to eat their meal and the second person was assisted to have a few mouthfuls of their meal. There was no adaptive plates or crockery used to assist people to maintain their independence with eating, but we were told people did not want to use these.

Staff had received induction and ongoing training. The majority of training was provided on-line and staff had access to nationally recognised qualifications in care.

People were asked for their consent before care and support was provided and staff described the different ways they gave people choices. We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that staff were following the principles of the MCA. Some people's authorisations had expired and we were told they had been re applied for and were being processed by the local authority team.

## Is the service caring?

### Our findings

Some people felt that staff did not always have time to spend with them. One person told us, "The staff are not always on the ball and toileting takes a while (for others) sometimes, but they are kind to everyone." One person told us, "They occasionally stick their head round the door, but they don't have time to chat." Another person told us, "Most of the staff are nice enough, but they don't get time to speak to you much. They sometimes leave me to get back into my armchair once I am standing with my frame (after getting out of the wheelchair). In fact, my neighbour told me I was very brave to do that on my own the other day." At lunchtime we saw that some people had a long wait (50 minutes) seated at the dining room table for their lunch to be served to them. One person said, "I've sat here so long I am going to fall asleep."

One person who spent time in their room did not receive their breakfast or any hot drinks until 10.50 am. On entering this person's room at 10.35, we found a dirty tray table, with a dirty dinner plate which were remnants of the previous evenings meal which had not been cleared away. There were two very grubby glasses on the bedside table with bottles of water and bottles of juice. This person told us the cold water tap in their room was running warm and was not very nice to drink. Another person told us they had pointed out to staff that another person had not had breakfast. They told us, "Carers wouldn't listen when I pointed out that (name) hadn't had her breakfast. They hadn't noticed, but then they realised I was right and sorted it. I think they think I'm stupid sometimes."

One person had extremely dry and sore skin on their feet and overgrown toenails. A member of the care staff told us this person had cream prescribed for this but were reluctant to allow staff to apply the cream.

The curtains in four people's rooms were hanging off the tracks and could not be closed properly. One person's curtains were folded up on top of their wardrobe and they told us they had not had any curtains for a long time. The curtains in people's bedrooms were very thin and let light into the room. There were no curtains in the small lounge and during our visit the sun was glaring through the glass making it difficult to sit in this room because of the glare and heat of the sun. One person told us, "There is no curtain in one of the lounges but I just wave to the children. If you want posh, you have to pay for posh."

Some people's mattresses were very thin and worn, and the bases of people's beds were also worn and some were stained. Bed linen and duvets were old and thin and two people's bed linen had been re made despite it being stained and unclean. Two people told us their rooms were cold at night.

The provider failed to ensure that care and treatment was appropriate, meets their needs and reflect their preferences. These matters were a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 Person-centred care.

We saw that staff were kind and caring and developed positive relationships with people. Most people spoke positively about their relationships with staff. One person said, "I have no complaints at all about the care here. They are lovely. All the staff are approachable and properly trained."

One person told us that staff supported them to remain as independent as possible, they told us, "They let me do as much of it as I can for myself but then helps me when I get stuck." One person was able to go out into the community independently. People's relatives and visitors were made welcome at the service. A relative said, "The new staff are helpful and kind." One person said about one of the directors, "I needed some new slippers, so (name) bought me some when she went shopping. They are lovely, aren't they? She treats us like her own relative."

Staff had received training about protecting people's privacy and when providing personal care and told us how they did this. They knew the importance of maintaining confidentiality and information about people was stored securely.

## Is the service responsive?

### Our findings

People had care plans but they had not been involved in developing these and care plans were not fully reflective of people's physical, emotional, mental and social needs. There was very little information about people's social and cultural needs or unique life histories or protected characteristics under the equality act. This information is particularly important where people who are living with dementia become less able to communicate their needs. Staff require this information in order to meet people's individual needs and in the way they preferred. Care plans and risk assessments had not been reviewed since October 2018 so were not reflective of people's current and changing needs. This was despite known risks and deteriorating health which had been reported to the person's doctor.

The provider and staff were not meeting and were not aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. This meant that people did not receive information in accessible formats such as pictorial or easy read formats where this was required.

Staff were able to describe some of the ways in which they did meet people's individual needs and preferences. For example, they knew people's preferences regarding male or female care staff and these preferences were respected. Staff had received training about equality and diversity and felt confident that people's protected characteristics under the equality act would be respected and upheld.

People told us they had been supported to follow their chosen religion and a minister of their faith had visited them at the service. Some people were able to follow their interests and take part in activities they enjoyed. People told us how they had been supported to form a knitting group. They told us, "I told the carers (a while ago) that I wanted something to do because I was bored. When they found out I liked knitting, they got three of us together and we knit blankets for the premature baby unit. Staff took us to the hospital so we could see the babies and the blankets. They wrote about us in the paper and took photographs and everything. It was lovely to see where they (blankets) ended up. Some have even gone to Africa." Another person said, "Staff know I like to relax by doing my puzzles. They help me if I get stuck."

People had formed important friendships with other people who used the service. One person said, "We often come up here for a quiet chat when we have had enough of the lounge. The owner has just bought a huge (72 inch) TV, but where my chair is, it's like having it in your lap. We just wander up here and then go down when it's time for lunch. We are good friends now."

There was an activities organiser. They told us, "I have been finding out about people's likes and dislikes. We have singers coming in, a beautician, tai chi, choirs, brownies and school groups too. I want to get some animals in, but it is really hard to find someone. There is Communion on the 1st Tuesday of the Month and quite a few now come to that."

There was a complaints procedure and this was displayed at the entrance but it was not clear how people were informed about this and it had not been made available in any other format other than standard print. A record was maintained of all complaints investigated of which there were three which had been received by the CQC. There were no records of complaints raised directly with the provider and there were no systems in place to support people to raise concerns.

People's preferences and choices for their end of life care were recorded in their care plan. We were told there was no one in receipt of end of life care at the time of our inspection.

## Is the service well-led?

### Our findings

There was a registered manager but at the time of our visit they had left their employment with this provider but had not yet applied to cancel their registration. 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. There was an acting manager who was in the process of applying to become registered with the CQC. The provider and the provider's area manager were also involved the day to day running of the service.

The provider's area manager had carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. We saw that auditing was not effective and had not identified the risks and concerns identified at our inspection. We saw records of audits being carried out every month for care plans, diet and nutrition, infection control, laundry, kitchen safety, nurse call and water temperatures. All were ticked as meeting the providers expected standards and no shortfalls had been identified. This is despite the risks we identified in infection control, the environment, premises and equipment and the lack of appropriate management of people's personal risk.

Quality monitoring systems were not effective in gathering or acting on the views and experiences of people or using these to shape and improve the service and culture. Staff told us that residents meeting were held every month but the most recent record of a meeting was in February 2018. People spoke in a positive way about the providers and about staff but had not been consulted about changes made or proposed changes. One person said, "I know there have been a lot of changes here, but they (new owners) didn't tell us detail. Most of the staff are ok." Another person said, "I don't know who the new owners are, but then I don't think I need to know them do I? I can always speak to one of the carers."

The provider failed to ensure that their systems and processes were effective in monitoring the quality and safety of the services being provided. These matters were a breach of Health and the Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance.

The provider, acting manager and area manager were accessible to staff and visible at the service on a day to day basis. Three members of staff told us they were supported both professionally and personally by their managers. A member of the care staff told us, "There is usually a director here or the area manager, they are always here to help." Staff meetings were held and staff felt they were listened to. For example, staff had asked for a separate staff toilet and this had been provided. Another member of the care staff said, "The provider is turning the service around." A relative said, "They really need to get a regular cook and part time handyman/ gardener here before too long. There are other regular professionals who come, staff levels are better, including a regular member of staff in the lounge which is good."

The provider told us they were in the process of reviewing all their policies and procedures. They told us the new policies would meet current requirements and best practice guidance.

Staff worked in partnership with other agencies and made appropriate referrals to healthcare professionals and the local authority. However, the doctor and community nurse did not feel that staff were always well organised and did not always effectively communicate or act on changes made to people's care and support. The local authority had visited the service shortly before our visit and was working with the provider to make improvements to the environment and record keeping.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The care and treatment of people did not meet their needs or reflect their preferences. Staff did not always have time to spend with people. Some people's furniture or equipment in their rooms was broken, worn or dirty. There were unpleasant odours in some people's rooms.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The environment had not been adapted to meet the needs of people living with dementia and was in need of redecoration and ongoing maintenance.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality monitoring had failed to identify risk and did not gather or act on the feedback and experience of people who used the service. Staff records were not available for inspection.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from the risk of infection because systems and processes did not comply with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. Some areas of the premises and some equipment was not clean staff did not have the equipment the required for effective hand washing and hand hygiene. Risks in the environment were not identified or managed appropriately.</p>

**The enforcement action we took:**

Warning Notice