

Runwood Homes Limited

# Cherry Tree Lodge

## Inspection report

Gleave Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Cherry Tree Lodge provides accommodation and personal care for up to 72 people, some who are living with dementia and some who are very frail and have physical support needs. The service consists of 4 separate units over 2 floors. There were 53 people living in the home on the day of our inspection visit.

### People's experience of using this service and what we found

Since our last inspection the provider had appointed a new management team who were committed to improving standards of care at Cherry Tree Lodge. Action had been taken to ensure audit systems operated effectively and the provider's policies and procedures were being followed. Where audits and quality assurance checks had identified improvements were needed, these had been incorporated into a home development plan which was monitored by the provider.

Staff had received further training so they could be more effective in responding to risk and had increased confidence to challenge poor practice. Staff told us managers were visible in the home and they felt able to raise concerns and make suggestions knowing they would be listened to. Relatives spoke of improved communication within the service and how changes implemented had resulted in positive outcomes for people.

There were enough staff to keep people safe and deliver support in accordance with people's care plans. Staff understood their role in keeping people safe and safeguarding concerns had been reported to the local safeguarding team for external investigation. Risks to people's health and well-being had been identified and care plans contained guidance for staff on how to mitigate those risks. People received their medicines as prescribed.

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

Staff encouraged people to engage in group activities they enjoyed, and community events were planned to enable people, relatives and friends to enjoy time together. Initiatives were being implemented to enable staff to spend more time with people, but these were not fully embedded within the home.

Managers understood their responsibilities under the duty of candour and relatives confirmed they were informed when things went wrong. Learning was shared with the staff team and there was a proactive approach to supporting staff practice when it fell below expected standards.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We previously carried out a targeted inspection of this service on 15 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding and the good governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, responsive and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last ratings inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Cherry Tree Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cherry Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cherry Tree Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service, an independent advocacy service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

During the inspection we spoke with 10 people who lived at the home and 6 of their relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 members of staff including the registered manager, the deputy manager, a unit manager, care team leaders, care staff, the well-being lead, a member of the housekeeping team and the maintenance person. We spoke with 2 external healthcare professionals for feedback on their engagement with the service. We reviewed 6 people's care records and 6 people's medicines records. We also reviewed records relating to training, recruitment and quality assurance.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last ratings inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were safeguarded from the risks of abuse or harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and their relatives told us Cherry Tree Lodge was a safe place to live. One relative told us, "If [Name] gets a bruise on their arm, they report it and let me know." One person told us, "I do feel safe. I know that the night staff are here, and I think they are very good. I can't fault the staff really; they all are very good."
- At our last inspection we found an inconsistent approach by managers and senior staff to the management of incidents that were safeguarding concerns. Following that inspection, the provider implemented further training to ensure safeguarding policies and procedures were understood and consistently followed.
- Staff told us the training they received ensured they knew how to identify and report safeguarding concerns. One senior staff member told us, "If there is a safeguarding, it is so easy for me because I know where to find the information and how to fill in the forms and what to do."
- Staff had confidence in managers to respond immediately and appropriately to safeguarding issues but felt able to escalate concerns if action was not taken. One staff member told us, "Any safeguarding issues, [registered manager] is on it straightaway." Another member of staff said, "This time, I would call safeguarding myself if I thought nobody was listening to me."
- The registered manager understood their role in safeguarding. Any concerns raised were fully investigated and reported to the local safeguarding team for external investigation.
- The provider had oversight of safeguarding records to ensure action had been taken to minimise potential risks to people and learning had been identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

- Risks to people had been assessed, identified and reviewed. Risk management plans contained information on how staff should support people to mitigate identified risks.

- Some people needed support with their mental or emotional health. Improvements had been made to ensure care plans contained information about triggers or de-escalation techniques to support staff in maintaining people's well-being.
- Records demonstrated care plans were being followed. For example, pressure relieving mattresses were on the correct setting to support people's weight, and people were supported to move position to reduce the risk of pressure damage to their skin.
- Improvements had been made to ensure staff were informed about any changes in people's health or wellbeing so they could support them effectively and mitigate any fluctuating risks.
  - Staff told us learning had been taken and shared following the issues we identified at our last inspection in relation to the recording and reporting of accidents and incidents.
  - All records relating to accidents and incidents were reviewed by a manager to ensure appropriate action had been taken to mitigate risk. Where a need was identified, people were referred to other healthcare professionals for advice and support.
  - A visiting healthcare professional told us referrals for external healthcare support were completed in a timely way.
  - The provider had oversight of accidents and incidents to identify any patterns or trends and ensure their policies and procedures were being followed.
  - There were systems to ensure the environment and equipment was maintained and safe for use. Emergency situations were planned for and there was information to support people's safe evacuation from the premises.

#### Ensuring consent to care and treatment in line with law 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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Where people's capacity to make a specific decision was questioned, assessments of their capacity had been completed.
- Where there were restrictions on people which they did not have capacity to agree to, the provider had submitted DoLS applications to ensure the appropriate legal authorisations were in place.
- At the time of our inspection one person had a condition on their authorised DoLS. Records demonstrated the provider was adhering to that condition.

#### Staffing and recruitment

- On the day of our inspection visit, there were enough staff to keep people safe and deliver support in accordance with people's care plans.
- Relatives told us staffing levels had improved and staff were more available in communal areas. One relative told us when they accidentally triggered the alarm in their family member's room, "Staff have been there in minutes. It is peace of mind for us that if they had a fall, staff would be there quickly." Another

relative commented, "The staffing levels are better than they have been since [Name] has been here. Now staff are always with the residents."

- People told us staff were responsive when they requested support and assistance. However, some people felt staff were very busy. One person told us, "They could do with a few more (staff). Sometimes they are in the middle of helping you and they dash off to help somewhere else."
- The registered manager told us they regularly reviewed people's needs to ensure staffing levels supported the delivery of safe and responsive care.
- Staff were recruited safely. Pre employment systems included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People had their prescribed medicines available to them and they were only given by staff trained in safe medicines management.
- Accurate medicines records were maintained. We carried out checks of boxed medicines held on the medicine trollies. The amount in the boxes reconciled with the total amount recorded on the Medication Administration Records (MAR).
- Some people had their medicines administered through a patch applied directly to their skin. Staff recorded the site of application on a body map, but these were not always in line with the manufacturer's instructions. The deputy manager assured us this would be addressed immediately as the correct rotation minimises the risk of skin sensitivities.
- Some people were prescribed 'as required' pain relief. The provider used a recognised assessment tool to assess pain in people who, because of their dementia, were unable to express the levels of pain they were experiencing.

#### Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy. However, we identified food in communal fridges had not had the date of opening recorded on it as required. The registered manager had already identified this issue and was addressing it with staff.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- There were no restrictions on visiting and people were supported to receive visitors when they wished in line with current guidance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last ratings inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained information about people's preferences, for example food likes and dislikes and how they wanted to be supported.
- Relatives were involved in reviews of people's care to ensure it continued to be responsive to their changing needs. One relative told us, "I went in for a review and we had a half hour chat in the office and went through the care plan and whether I wanted to add anything."
- Relatives told us staff were becoming more responsive to people's emotional wellbeing through their interactions with them. One relative commented, "There is more personal involvement from the staff to the residents, just a little bit more care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about people's preferred method of communication and how staff should engage with people to ensure they provided responsive care.
- Staff supported people to understand information in a way that met their individual needs. One staff member described learning some key words in a different language to enable them to communicate well with one person.
- Some information posters in the home contained pictures, to aid people's understanding. For example, menus had been prepared to include pictures and large print, so it was clear to people what food was on offer at each mealtime.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to engage in group activities they enjoyed. We saw people taking part in planned group activities during our inspection visit. People appeared to enjoy a 'sing-along' activity; they sang and tapped their feet to the music and 3 people were encouraged to get up and dance to the music themselves. In the afternoon some people enjoyed a baking session.
- A weekly activities planner was displayed in each person's bedroom, to help ensure people knew about planned activities at the home and could take part if they wished to.
- Relatives told us the provision of activities had recently improved and was having a positive impact on

people. Comments included: "[Well-being lead] has introduced more activities and it has uplifted the whole place. She gets them going outside into the garden and she goes and chats to them all and finds out what they like" and, "The entertainment is amazing and [Name] has even started knitting again. It has brought her out of herself."

- Community events were planned to encourage people, their families and friends to enjoy time together. Staff raised money to help fund such events and increase people's enjoyment. Some upcoming events included a summer fete, a coronation party, and a summer BBQ.
- The provider operated a 'Tools Down' approach in the home. Every day at 2.00pm staff were asked to make time in the working day to spend time with people and engage in conversation or an activity to improve people's wellbeing. Although this was an agreed approach, the registered manager acknowledged this was not yet fully embedded within staff practice.
- Staff told us people had access to a minibus, and events were being planned for people to go out and about in their local community. A coffee morning had recently been arranged at another local care home.

#### End of life care and support

- People had care plans in place to record their preferences and wishes at this time.
- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. The complaints policy was in a large print format and was on display at the home.
- Relatives told us the registered manager's responsiveness to informal concerns meant they had not needed to lodge any complaints. One relative told us, "If you have a problem, you just go and knock on their door, and they sort it out. I have no complaints at the moment." Another relative commented, "I feel I can speak to this manager. We can converse and I feel my comments are taken on board and they have been dealt with."
- The provider had not received any formal complaints in the six months prior to our inspection visit.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider had failed to maintain sufficient and accurate oversight of the service and to identify risk management was ineffective and regulations were not being met. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider had appointed a new registered manager and a new deputy manager. The new management team were enthusiastic to drive improvement and ensure people received safe and effective care from a supported staff team.
- Senior staff had received further training so they could be more effective in responding to risk and ensuring new and emerging risks were accurately reflected in people's care plans.
- Staff had a clearer understanding of their role in risk management and their responsibility to challenge poor practice by other staff members or managers.
- Regular observations of staff practice had been introduced to promote improvement and ensure staff were working in accordance with the provider's policies and procedures.
- Action had been taken to ensure the provider's audit systems operated effectively, and areas for improvement within the service were identified and addressed. This meant failures to meet regulatory requirements identified at our last inspection had been addressed.
- Where audits and quality assurance checks had identified improvements were needed, these had been incorporated into a home development plan (HDP). The provider had oversight of the HDP to ensure actions identified were achieved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the new managers were visible and provided clear direction in the home through daily walkarounds and regular meetings. One staff member told us, "They walk around the floor every day, checking on the residents and that everything is as it should be." Another staff member said, "Since we have had [Name] as manager, everything has changed because he invests time in us."
- Staff felt able to raise concerns and share suggestions, confident they would be listened to. Comments

included: "We express our thoughts freely and we know we can work together to make it good when it is wrong" and, "[Registered manager] listens to you and takes things you say on board."

- Staff explained how better teamwork and communication had improved outcomes for people. One staff member commented, "Now we work like a team. Since [registered manager] came with his plan of action and ideas, this place now has colour and life. Before it was grey."
- Most people knew who the registered manager was and gave positive feedback. One person told us, "The manager is very good. I find he always listens and that puts your mind at rest."
- Relatives told us how the changes implemented had positively impacted on people's wellbeing. Comments included: "In the last year it has definitely improved. The staff seem better trained and much more helpful and it is cleaner and more organised" and, "It is a 100% better now than what it used to be. There are more activities, the atmosphere has changed, and the manager is brilliant."
- People and relatives were given opportunities to provide feedback on the quality of the service through meetings and questionnaires. A 'You said, we did' board demonstrated how suggestions had been implemented within the service.

#### Continuous learning and improving care

- The registered manager was developing staff understanding of the daily challenges of having a dementia diagnosis. A bedroom had been changed into a 'dementia tour' where staff donned equipment which removed their sensory perception and attempted to carry out everyday tasks. Staff were asked to reflect on their 'tour' and how it would improve their engagement with people in the home.
- Records demonstrated there was a proactive approach to supporting staff practice when it fell below expected standards. One staff member commented, "The new management are much more focused on developing the staff team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers understood their responsibilities under the duty of candour. Records showed investigations happened when things went wrong, and relatives confirmed they were kept informed.
- The provider is required to submit to CQC, notifications about significant events that occur in the home. These had been submitted as required.

#### Working in partnership with others

- The provider was open to receiving support and advice from external professionals. The provider had signed up for specialist training in infection control to improve staff practice in that area.