

Cherry Tree Care Limited

Cherrytree Residential Home

Inspection report

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Leicester
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Tel: 01162777960

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15 December 2021

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19 January 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cherrytree Residential Home is a residential care home providing care and accommodation to younger people living with physical disabilities and mental health and older people over the age of 65 years, some of whom were living with dementia. The service can support up to 40 people in one building. At the time of the inspection there were 21 people living at the service.

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

People were supported to stay safe and maintain their health and well-being. Risks were identified and responded to. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. People were supported by enough staff who knew them well and had been safely recruited. Staff administered people's medicines in a safe way. The environment was clean and good infection control procedures were followed.

People and their relatives were involved in planning for their care. People and their relatives knew how to raise their concerns and complaints about the service. The registered manager checked and assessed the quality of the care and support provided to people. They worked to ensure people received high quality care, and achieved the best possible outcomes. The provider worked in partnership with other organisations to develop and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 March 2020).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and cleanliness. A decision was made for us to inspect and examine those risks. We carried out a focused inspection of this service on 15 December 2021. This report covers our findings in relation to the key questions safe and well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained 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 Cherrytree Residential Home on our website at www.cqc.org.uk.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cherrytree Residential Home

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 Care Act 2014.

Inspection team

The inspection was undertaken by two 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

Cherrytree Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This 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 commissioning teams. The provider had not been sent an up to date copy of the Provider Information Return to complete prior to this inspection. This enables the provider to give us key information about their service and what they do well. We gave the provider the opportunity to share this information during the inspection visit.

During the inspection

We spoke with two people who lived at the home and one visitor about their experience of care. We observed care and support provided in communal areas. We spoke with the provider and seven staff members including the registered manager, housekeeper, cook and care staff. Six family members were telephoned for their views.

We reviewed documentation including three people's care plans and daily records, sampled medicine records and reviewed four staff recruitment files. We also reviewed a range of records relating to the day to day management of the service.

After the inspection

We continued to seek validation from the provider regarding staff training, policies and procedures and communications.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. The provider had robust policies and processes for staff to follow, including working with other agencies.
- Staff received regular safeguarding training, with further discussions in monthly staff meetings. This helped to ensure knowledge was embedded into staff working practices.
- Staff demonstrated a good understanding of how to protect people from abuse. They felt confident that concerns they reported were listened to and responded to.
- A visiting professional told us they felt the service was safe and the registered manager was responsive to any minor concerns. We observed a relaxed atmosphere, people spent time with staff and enjoyed their company.

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

- People and relatives told us they felt the service was safe. One person told us, "I feel very safe here. Staff are kind and caring and help me when I need it. They also know I like to be independent and know when to let me be." A relative told us, "I think people are safe. Staff always let me know if [Name] has had any accidents, even a stumble."
- Risk assessments were in place and reviewed regularly. These provided staff with a clear description of any risks and guidance on the support people required to stay safe.
- Overall, the service was well maintained. Regular checks of the environment were completed and where issues were identified, action had been taken. There was an ongoing programme of servicing, repairs and maintenance to minimise risks to people.
- Areas of the environment required upgrading; in particular flooring in people's rooms and first floor corridor. We found flooring in two people's bedrooms was very worn. This made it harder to keep clean and hygienic. The provider had a refurbishment plan to replace remaining flooring and we saw work had begun in vacant bedrooms. We were provided with timescales for completion of this work following our inspection visit.
- Learning from incidents took place and lessons learned were shared in a variety of ways including through audits, staff meetings and handovers.

Staffing and recruitment

- Staff were safely recruited. All staff had pre-employment checks to assess their suitability before they started working with people. Home office procedures were followed and relevant documentation was in place to support the safe employment of overseas workers.
- People and relatives felt there were usually enough staff available to meet people's needs. One person

told us they sometimes had to wait for assistance, but this was not usual. A relative told us they sometimes had to wait at the front door for a while before staff answered it as they were busy supporting people. The relative told us despite this, they had not observed concerns when visiting.

- Staffing levels were determined by the provider's dependency tool and the level of care and support each person required. We saw there were enough staff to support people safely.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using medicines safely

- Medicines were stored and administered safely and people received their medicines as prescribed. Staff had been trained in the safe administration of medicines and were assessed as competent prior to administering medicines.
- Medicines were audited regularly with systems in place for investigating any potential medicines errors.
- Where people were prescribed medicines on an 'as and when required' basis, for example for pain management, protocols provided staff with information about when these medicines should be given.

Preventing and controlling Infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives confirmed they undertook a lateral flow test upon arrival and waited 30 minutes for results before entering, washing hands and wearing personal protective equipment (PPE).
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. Relatives confirmed people were isolated upon admission or on testing positive for COVID-19.
- We were assured that the provider was using (PPE) effectively and safely. We observed staff followed safe procedures in taking PPE off and on and adequate supplies of PPE were available.
- We were assured that the provider was accessing testing for people using the service and staff base don current government COVID-19 guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Following a recent COVID-19 outbreak, visiting had been restricted to window visits and social media/telephone calls only. Relatives confirmed they had been visiting by arrangement within the service.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively of the registered manager and the positive impact they had on the quality of care. One person described how the registered manager had made a lovely afternoon tea with homemade cakes to celebrate the person's birthday during the pandemic. A relative told us, "[Registered manager] is hands on in management. [Name] is often on the front line with the residents. As far as I'm aware things are managed well. [Name] is sympathetic but also business like and knows what they are doing. I've no issue with the manager or the team; they do a good job."
- Staff told us how they felt supported by the registered manager. A staff member said, "I have really good support to do my job. [Registered manager] has helped me so much, I am much more confident and have the guidance and support whenever I need it."
- People were supported to achieve positive outcomes, such as maintaining independence, their health and well being and pursuing hobbies and interests. One person told us, "I still follow my faith. Staff know my background and support me." A second person had been supported to revisit their days as a lollipop attendant through arrangements with a local school as part of their birthday celebrations.

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

- The provider had systems and processes in place to promote person-centred care and to empower staff. These included audits and checks on aspects of the care, support and environment, which were analysed and used to drive improvements.
- The registered manager was committed in delivering their role effectively. They understood their responsibilities under their CQC registration.
- Staff we spoke with were clear about their roles. One staff member told us, "I feel listened to and supported, I love working here."

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

- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. They were open with CQC about plans for continued improvements.
- Relatives were happy that the registered manager informed them of any incidents or accidents in a timely manner and took appropriate action to keep their family member's safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- The provider sought to capture views from people, relatives, professionals and staff through regular consultation. This included informal feedback through day to day discussions and formal feedback through on-line reviews and surveys. Feedback was used to drive improvements, such as improvements to meals and communications.

Working in partnership with others; Continuous learning and improving care

- The staff team worked with a variety of health professionals to ensure people's needs were being met.
- The registered manager monitored the quality of service delivered through audits and checks and feedback. They were keen to develop a service that provided high quality care and achieved best possible outcomes for people.
- The registered manager had been nominated for several quality awards, acknowledging their commitment to the service.