

Cherry Trees I.W. Limited

Cherry Tree Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherry Trees Care Home is a residential care home providing accommodation and personal care for up to 25 people in one adapted building. At the time of this inspection there were 23 people living at the home.

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

Although people told us they felt safe, we identified some areas of improvement were required. We could not be assured people received their medicines as prescribed or that risks to people were managed and mitigated effectively. Care records including care plans and risk assessments did not provide clear and consistent information in relation to people's needs and abilities. This placed people at risk of receiving inappropriate and ineffective care and treatment which could result in harm.

The provider's quality assurance systems had not always been used effectively to identify areas for improvement.

Appropriate recruitment procedures were in place and there were enough staff to support people's needs. Staff had received training and support to enable them to carry out their role safely. There were appropriate policies and systems in place to protect people from the risk of abuse.

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.

Environmental risks had been considered and acted on where required. There were up to date policies and processes for the management of infection, prevention and control and the provider, management and staff adhered to the latest government guidance.

People were happy living at Cherry Tree Care Home and people and relatives were complimentary about all aspects of the service, describing the management team and staff as kind, caring and responsive. Staff knew the people they supported well and had a good understanding of their needs.

CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements.

The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.

Throughout the inspection the management team showed a commitment to wanting to provide people with person centred, safe and effective care. They were open, transparent and responsive throughout the inspection.

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 22 May 2019).

Why we inspected

This inspection was prompted by recent safeguarding concerns and the length of time since the service was inspected.

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 inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherry Tree Care 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 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

This inspection was completed by one inspector.

Service and service type

Cherry Tree Care Home 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 Care Home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 January 2023 and ended on 6 February 2023. We visited the service on 31 January and 3 February 2023.

What we did before the inspection

Before the inspection we reviewed the information, we had about the service, including previous reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We contacted the local authority to gain their views about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided and six relatives. We spoke with eight staff including, a director of the service, the registered manager, the deputy manager and care staff. We observed care being provided. We reviewed a range of records, including six people's care records in detail, and eight people's medicines records. Two staff files were reviewed in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training, staff rota's, policies and procedures were also reviewed. We received feedback from six health and social care professionals.

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 inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We could not be assured people received their medicines as prescribed. We reviewed the Medicine Administration Records (MARs) for 8 people in detail. We identified for a 14-day period for one person and an 18-day period for another person the MAR had not been signed on two occasions each. This indicated medicines had not been administered to these people as required.
- Medicines were not always accurately accounted for. We checked 7 different types of medicines for a range of people. We identified for 2 of these medicines the total amounts did not reflect the recorded total on the Medicine Administration Records (MARs). Therefore, we could not be assured systems to monitor the use of medicines were effective.
- The provider had failed to ensure appropriate guidance was following in relation to handwritten entries on MARs. The National Institute of Clinical Excellence (NICE) guidance in relation to 'Managing medicines in care home' states, 'Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances, the new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.' During our review of MARs, we identified, 3 handwritten MARs, 2 of these had not been double signed to confirm accuracy. This meant people were at risk of receiving medicine incorrectly.
- We could not be assured people's prescribed topical medicines, such as creams, lotions or ointments were consistently applied as required or managed safely. For example, where topical creams were stored in people's bedrooms, these were not always labelled with the person's name, date of opening or expiry, this meant staff would not know when to discard these when they were no longer safe to be used or that the cream was administered to the correct people. Additionally, topical administration records (TMAR) were not always in place for people who appeared to have topical creams prescribed. Therefore, there were not records which demonstrated creams had been administered as required.

The failure to ensure safe medicines management was a breach of Regulation 12 (Safe care and treatment) (Regulated Activities) Regulations 2014.

- The above concerns were discussed with the registered manager and providers representative, who agreed to review medicines management systems to ensure they were given safely, as prescribed.
- There were systems in place to ensure medicines were stored securely and safely.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. Systems were in place to update training and competency assessments as required.

- Medicines that have legal controls, 'Controlled drugs' were appropriately and safely managed and monitored.

Assessing risk, safety monitoring and management

- We could not be assured risks to people were managed and mitigated effectively.
- Care records did not provide clear and consistent information in relation to people's needs and abilities. Including, but not limited to, information in relation to people's pressure area management and constipation.
- Some people living at the home were cared for in bed and were therefore at risk of harm of skin damage. Assessments using a nationally recognised tool, had been completed for these people and others living at the home which identified some people were at high risk of pressure injuries. Care plans in place did not contain enough guidance for staff and risk assessments had not been developed about how to safely support these people and reduce the risk of developing skin conditions. When we discussed the risk of skin damage about one specific person with staff, staff were clear this person required support to change their position every two hours.
- We noted bowel monitoring charts were in place for five people. There was no information in people's care records as to why these charts were required. On review of these records we identified that potentially a person had not had any bowel movements for periods of 7 and 17 days; for another person these records indicated they had not had any bowel movements for periods of 14 days on 2 occasions, and for a third person, 12 days. There was no care plans or risk assessments in place in relation to these people being at risk of constipation. This meant staff were not provided with guidance on how to mitigate and manage this risk.
- Where people were classed as high risk of falls or had recent falls, this had not always resulted in care plans and risk assessments being developed in relation to this specific risk. This meant we could not be assured appropriate actions would or had been taken to mitigate these risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate individual risks were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above concerns were discussed with the registered manager and a director of the service, who agreed to review all care plans and risk assessments and rectify the issues identified.
- Furthermore, all feedback we received from health and social care professionals was extremely positive in relation to the care people received. Professional comments included, "People living at Cherry Tree would be safe and well cared for. Their needs are met in a very good timely manner", "Clinical input is requested appropriately" and "They [staff and management] have gone above and beyond to ensure [persons] needs are met, and they are safe."
- Environmental risks were robustly monitored and managed.
- There were effective fire safety arrangements in place. Fire risk assessments had been completed by a suitably qualified professional and each person had a personal emergency evacuation plan (PEEP) in place. These PEEPs identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Equipment, including, hoists and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.
- Environmental risk assessments, general audit checks and health and safety audits were completed

regularly. Actions had been taken where highlighted, to help ensure the safety of the environment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff. However, these were not always sufficiently detailed to enable effective review for analysis of trends and patterns. This is further reflected on within the well led section of this report.

- The provider's quality monitoring systems included logging incidents such as falls. Although we noted issues had been logged, we could not be assured from these records, action had been taken to prevent reoccurrence. This was discussed with the registered manager who was able to describe what actions had been taken to mitigate future risk to people. Actions taken included, involvement of healthcare professionals and the use of equipment, such as pressure alert mats which meant staff would be able to respond promptly.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with told us they felt that the service was safe. A person said, "I couldn't be safer." Relatives comments included, "[Person] looks so much better now, than they did when they went to Cherry Trees, they are definitely safe" and "[Person] is very safe, staff make sure of that."

- Staff had received training in safeguarding and knew how to identify, prevent and report abuse.

- A staff member said, "If I had to report any issues or concerns to the manager, they would act straight away, I wouldn't have to worry they wouldn't do anything." Another staff member told us, "I know the manager would act on all concerns but if I had to, I would go higher, like to CQC, [Name of provider], or the safeguarding team."

- There were processes in place for investigating any safeguarding incidents. Where safeguarding concerns had been highlighted, they had been investigated robustly, acted on in a timely way and reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and to meet their needs. Throughout the inspection we observed a relaxed atmosphere in the home and staff supported people, in a calm, respectful way. Staff were available to people, had time to chat and were responsive to requests for support.

- People and relatives confirmed staffing levels were sufficient. A person said, "Oh there is enough staff, I just ring my bell and they come straight away." Another person told us, "Staff come quickly, I never have to wait long." A relative told us, "There is enough staff and they are responsive; they notice changes in

[persons] health and take action." Another relative said, "There is always plenty of staff around and they're always available."

- Staff told us they felt there was enough of them to meet people's needs and provide people with the support they required.
- Staffing levels were determined by the number of people using the service and the level of care they required.
- Staffing levels were continually reviewed by the registered manager and deputy manager to ensure staffing levels remained sufficient. This was done through the completion of call bell audits to monitor staff response times, observing care, speaking with staff and people and working alongside staff.
- People were supported by consistent staff. The registered manager told us that a member of the management team, existing staff members or staff members from a neighbouring home also run by the provider would cover short term staff absences if needed.
- Safe and effective recruitment practices were followed. We checked the recruitment records of 2 staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigation of any gaps in employment. This helped to ensure only suitable staff were employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- People could have visits from their friends and relatives when they wanted to. This was only restricted if there was an increased risk from infections.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some quality monitoring systems and processes were in place however; these had not always been effective. For example, care record audits and reviews had failed to identify inaccurate information about people's needs, the lack of specific risk assessments to keep people safe and lack of person-centred information. Additionally, medicine management systems had failed to identify all of the concerns found in this area during the inspection. This is further discussed in the safe section of this report.
- We could not be assured where an incident or accident had occurred, effective systems were in place or followed to prevent reoccurrence or that actions had been taken to mitigate future risks. For example, a falls log viewed demonstrated a person had experienced a number of falls. However, no other records were completed to demonstrate the cause of these falls had been investigated or actions had been taken to mitigate future risk. Additionally, the current system in place was not robust in ensuring themes and trends could be identified. This was discussed with the management team who acknowledged more robust records were required.
- Where we identified improvements were required, such as the need to improve risk assessments, care plans, medicines management and audits of monitoring charts the registered manager, deputy manager and director of the service acknowledged they had failed to adequately monitor the service and committed to making the necessary improvements.

We found no evidence that people had been harmed however, quality monitoring systems were either not in place or robust enough to ensure people received a safe service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although concerns were identified during the inspection; people, relatives, staff and professionals were highly complementary of the running of the service. A relative said, "I can't fault them, the registered manager has gone the extra mile. If it wasn't for [name of registered manager], we wouldn't have all of the support that we are having now. The staff are always thinking ahead and there is a well-established routine, but the service could also be really flexible, they always put people first." A second relative told us, "We love everything about Cherry Trees and it's the best place. [Person] feels loved." A person told us, "Nothing is too much trouble." Another person said, "I am very fortunate to be here, it's like one big family."
- There was a clear management structure in place, consisting of the directors, the registered manager and the deputy manager.
- There were clear lines of responsibility across the staff team. Staff understood their roles and

responsibilities and received training to deliver the level of care and support to meet people's individual needs.

- Policies and procedures were in place to aid the smooth running of the service.
- CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements.

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

- During the inspection we observed a relaxed, calm, welcoming and inclusive atmosphere in the home. People were comfortable speaking to the staff and asking them for support when required. Staff clearly knew people well and we heard many conversations between staff and people which centred on people's interests and things that were important to them.
- There was a positive attitude in the management and staff team with the aim of trying to provide the best care possible for the people living at the service. Staff comments included, "I love working here, I love the residents, it like my second family" and "I love working here, it's a really homely home and we always make sure people come first." A relative told us, "[Person] likes to do little jobs around the home, which staff support him with. This gives him a purpose. I really am so happy that he's there."
- People were fully engaged and involved in their care. People told us, "The staff are so kind and respectful, they always listen to me and give me choices about things; if I wanted a bath or to go downstairs they would always help me, nothing is too much trouble" and "I love it here, every one of the staff is helpful, kind, thoughtful and trust worthy. I can talk to them [staff] about anything and they always listen."
- Feedback was sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys, group meetings and on a one to one basis.
- Relatives told us they were fully involved in people's care, where appropriate and always kept up to date if people's needs changed. Relative comments included, "The staff and management always keep us updated. We have no concerns at all, but if we did we could talk to [name of registered manager] straight away and action would be taken", "It's all wonderful, the staff always keep me up to date with what's going on" and "If I had any concerns or worries I would be absolutely comfortable in speaking to the registered manager, she is wonderful and goes out of her way to offer support."
- Staff felt respected, valued and supported by the management team. A staff member said, "We get one to one supervision every 3 months, but we don't need to wait for it. The manager and deputy are easy to talk to and so supportive, we can go to them anytime." Another staff member told us, "I feel really well supported by the management team."
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.

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 was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment. Evidence was provided which demonstrated duty of candour requirements were followed.
- The registered manager, deputy manager and a director of the service demonstrated an open and transparent culture and were open and responsive to comments and suggestions.

Working in partnership with others

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. People's care records demonstrated partnership

working with external health and social care professionals.

- External health and social care professionals were positive about their interactions with the management team and staff and confident people were safe and their needs were met effectively. A healthcare professional told us, "Both [name of registered and deputy manager] are very approachable, co-operative and responsive to residents clinical needs – we have an excellent working relationship." Another healthcare professional told us, "I find this is a care home that I feel confident if I was seeing a patient there. Patients' needs are met in a very good timely manner. I am able to go and speak to the staff/managers in the office and always felt welcomed when I approach them about anything, and I feel they act on any actions that are needed for the NHS patients/residents well." A social care professional told us, "Nurses/Care staff are always there to support when needed. Nothing ever seems too much to ask of them."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider's systems were not consistently effective in doing all that was practicable to minimise risks to people and ensure the proper management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes were not always operated effectively to assess, monitor and improve the quality and safety of the service provided.