

Cherry Tree Care Limited

Cherrytree Residential Home

Inspection report

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Leicestershire
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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 older people, some of whom are living with dementia, people with a physical disability, people with mental health needs, and younger adults. The service can support up to 40 people. At the time of the inspection there were 23 people using the service.

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

People and relatives made many positive comments about the service and said they would recommend it to others. A relative told us, "Every time I come in there's activities. Staff interact with all the residents." Another relative said, "This is the best care home I've visited. The staff are wonderful."

The service had a friendly, happy atmosphere. Staff and managers worked closely together to ensure people were safe and well-cared for. Staff were attentive and met people's needs promptly. The service's two activity co-ordinators provided a range of group and one-to-one activities based on what people wanted to do. Staff were safely recruited and trained.

All areas of the premises were clean and well-maintained. Some areas had been refurbished and re-decorated. People and relatives said they were pleased with how the premises looked. New cushion flooring had been fitted in most areas.

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 acted promptly if people needed medical support and worked with local GPs and district nurses to ensure people's healthcare needs were met. Accidents and incidents were reported and recorded, and action taken to reduce further risk. Medicines were managed safely, and people had their medicines when they needed them.

The provider and managers had improved the service's governance systems meaning they had a good overview of all aspects of the service. They listened to the views of people, visitors and staff and made improvements where necessary.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 01 November 2022). At the last inspection we found improvements were needed to people's safety, infection control, staff competency, and governance.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

Why we inspected

We undertook this focused inspection to confirm they now met legal 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 inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to good based on the findings of 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.

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?

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 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

Cherrytree Residential 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. 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.

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 who work with 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 8 people using the service and 4 relatives. We spoke with the chief executive officer (CEO) who is also the provider, the registered manager, home manager, activity co-ordinator, a senior care worker, and three care workers.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service. Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm. Legal requirements were met.

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.

Assessing risk, safety monitoring and management

- Since we last inspected people's risk assessments and care plans had been reviewed and updated. Those we sampled showed managers and staff assessed and monitored people's individual risks and health conditions.
- Relatives told us staff acted promptly if people's health or welfare was at risk. A relative said, "If [person] is poorly the staff are onto it straight away." Another relative told us a person's BMI (Body Mass Index) improved at the service due to staff prompting and intervention with their nutritional intake.
- Staff worked closely with health care professionals to ensure people had the support they needed with acute or chronic health conditions. For example, staff referred people to GPs, district nurses and the speech and language therapy team (SALT) as necessary. Positive feedback from GPs and a district nurse in the service's visitors book confirmed this.
- Accidents and incidents were reported and recorded, and action taken to reduce further risk. Staff were updated if people's support needs changed. A relative said their family member fell, "And the staff on the next shift obviously knew what had happened so information was shared."
- Managers carried out a range of health and safety checks and audits to ensure the premises were safe. Maintenance records showed repairs and improvements were carried out as necessary and staff worked to the provider's action plan to keep the premises in a good state of repair and decoration.

Preventing and controlling infection

- The premises were clean and well-maintained. People and relatives made many positive comments about this including, 'the premises are very clean, always' and 'oh definitely [clean], very good'. Parts of the premises were redecorated and refurbished after our last inspection with new cushion flooring fitted.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- Relatives were encouraged to visit their family members whenever they wanted to with private lounges available for those who wished to use these.

At our last inspection the provider failed to protect people from abuse and improper treatment. This was a breach of regulation 13 (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 13.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people were safe at the home. A person told us they would tell staff if they ever felt unsafe. A relative said, "I have peace of mind that [relative] is well-cared for and safe."
- Staff reported accidents and incidents to managers and relatives and sought medical attention where appropriate. A relative said, "[Person] has had a couple of falls. The staff have called me straight away and were open and honest with me about these."
- Records showed people were closely monitored following accidents and incidents to check on their well-being. Staff completed body charts and post-incident observation records to demonstrate this. Risk assessments were updated, and staff informed of changes to people's needs as they occurred.
- Staff were trained in safeguarding and knew who to tell if they were concerned about the well-being of any of the people using the service. Managers liaised with the local authority and other agencies as necessary if any potential safeguarding situations were identified.

Using medicines safely

- People had their medicines when they needed them. A person said, "Yes, I have them [medicines] in the morning and in the evening." Another person told us that staff gave them their 'as required' painkillers when they wanted them.
- Medicines were kept securely in a locked air-conditioned room. Senior staff were trained to give out medicines safely and had regular competency checks to ensure their skills were up to date.
- Staff used an electronic system to record when medicines were given. Managers checked this daily to ensure people had had their medicines as prescribed.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People said call bells were answered promptly, usually within 5 minutes. A person told us how staff constantly checked on them to make sure they were ok. They said, "The staff are brilliant, absolutely brilliant." A relative told us, "There's loads of staff, people don't have to wait for assistance."
- Staff were well-trained, friendly, and attentive. They worked effectively together to meet people's needs. They were patient and kind when providing one-to-one care and support. They told us the service was well-staffed. A staff member said, "We have enough staff on the shift, we have enough time to talk to people and do activities and meet their needs."
- Staff were recruited safely. Pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Since we last inspected the provider had introduced improved systems for managing falls. Detailed records were kept and falls audits carried out so lessons could be learnt where necessary.

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.

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 inadequate. At this inspection the rating 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.

At our last inspection the providers systems and processes failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17(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 17.

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

- Since we last inspected the provider and managers have made significant improvements to the governance of the service. These have included reviewing and updating all management systems to identify and manage risks to the quality of the service.
- Managers and staff kept detailed records of any accidents and incidents including follow-up action taken. Care plans and risk assessments were updated following accidents and incidents or if a person's need changed. Managers analysed accident and incident data and took steps to minimise future risk.
- The provider has introduced a new schedule of daily, weekly, and monthly audits to ensure all areas of the service were running effectively. These were completed by managers and overseen by the provider.
- A home manager, quality and compliance manager, and deputy manager have been appointed to support the registered manager. This meant there were managers at the service 7 days a week to support the staff and talk with people and relatives, answering any queries they might have.
- The registered manager and staff understood their responsibilities to be open and honest with people when things went wrong. A relative said, "The door is always open. [Registered manager] and [home manager] are happy to help us. We can raise concerns with [provider] when they visit. [Deputy] is always on the shift, so any doubts we can go to them too."
- The registered manager submitted notifications to CQC as and when required. Notifications are changes, events and incidents that affect their service or the people who use it.

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

- People made progress at the service. A visitor told us their family member, who had respite care at the service, 'came out in much better condition than when they went in' and was 'coming home with a spring in their step'.
- There was a positive culture at the service. Staff were able to raise any concerns they had with managers and their morale was good. One staff member said, "Yes, we have an amazing team. Teamwork is very good."

I am happy to work here. I would be happy to put my relative here if needed."

- Staff felt supported in their roles. One staff member said, "The management are so friendly. They have an open-door policy."
- People and relatives said the provider and managers were approachable and available. A person said that if they ever needed to make a complaint, they would feel comfortable doing so. A relative told us, "The managers are lovely and helpful and there is good communication here, the phone is always answered when I ring."

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

- The provider sought people's, visitors', and staff members' views through meetings, surveys, and one to one discussions. The results of the service's latest survey showed a high level of satisfaction with the service provided.
- Residents' meetings took place regularly and minutes showed the action management took following feedback from people using the service.
- Staff confirmed they had regular staff meetings and found them useful. One staff member said, "We have monthly staff meetings and can raise any concerns and sort out any issues."

Continuous learning and improving care

- The provider involved people, relatives, and staff in making improvements to the service. A staff member said, "[The managers] are so supportive, if I go to them, they listen to me, if I make a suggestion, they take it on board, and if I ask for something [for the people using the service] they get it." During our inspection a person showed us minor damage to a small wall bordering the premises. We reported this to the provider who had the wall repaired the same day.
- The service held its own 'Cherrytree Pride' event to celebrate the LGBT community. Rainbow-coloured cakes were served, and people made a rainbow scarf for the neonatal unit at a local hospital. This complimented the staff's training in equality and diversity.

Working in partnership with others

- Managers and staff had worked closely with local authority commissioners to make improvements to the service. As a result, the service was meeting the standards required by the local authority.
- Records showed a range of health professionals, including GPs, district nurses, and speech and language therapists, visited people at the service. Feedback left by health professionals in the comments book stated the service was well-organised with helpful staff and a calm atmosphere.