

London And Manchester Healthcare (Romiley) Ltd

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cherry Tree House is a care home providing personal and nursing care to up to 81 people. The service provides support to older people, and people living with physical disabilities or dementia. At the time of our inspection there were 52 people using the service.

Care is provided across three floors and provides general nursing, dementia nursing and specialises in complex dementia care. All bedrooms are ensuite and there are a variety of communal areas on each floor including living and dining areas, adapted bathrooms and gardens.

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

Care and plans were comprehensive, personalised and contemporaneous that detailed people's current care needs and included how to safely manage any identified risks. Medicines were managed safely by trained staff and people received their medicines as prescribed. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The home was very clean and followed appropriate infection control practices. We have made one recommendation about monitoring records and one recommendation about staff recruitment.

There was a mandatory training programme in place and staff received supervision and ongoing support. Feedback about food and drink was mixed and kitchen staff were aware of people's preferences and individual risks around food and drink. People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals.

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. We observed people making real choices throughout their day and they decided how they spent their time; what they wanted to do and when.

People received compassionate care from kind and caring staff. Staff we spoke with talked about people in a kind and compassionate manner and were passionate about providing good care. People were treated with dignity and respect from attentive and responsive staff.

People received person-centred care. Care plans provided guidance on how to support people, in accordance with their preferences, choices and communication needs. Activities were in the process of improvement and enrichment, and we observed people enjoying the new activities. Complaints were actively responded to.

The new senior management team had made significant improvements throughout the home since the last inspection and there was a culture of continuous development for the home. There was clear leadership

and visions and values for the service. Management systems, such as audits and quality assurance, were robust and were now actively used to monitor 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 and update

The last rating for this service was requires improvement (published 5 July 2022).

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.

At our last inspection we recommended that the provider review their recording processes around the administration of prescribed creams. We also recommended the provider review staffing arrangements. At this inspection we found the provider had made improvements

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Cherry Tree House on our website at www.cqc.org.uk.

Recommendations

We have made one recommendation about monitoring records and one recommendation about staff recruitment.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring 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 House

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 carried out by 2 inspectors, 1 specialist nurse advisor and 1 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 House 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 House is a care home with 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 not a registered manager in post. However, the current home manager had submitted their application to CQC.

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 and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 6 people who used the service and 6 relatives about their experience of the care provided. We spoke with 15 members of staff including the senior management team, the home manager, nursing and care staff, the kitchen manager and laundry assistant. We spoke with one visiting health professional. We reviewed a range of records. This included care records for 10 people. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating for this key question has remained 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.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff mostly took appropriate action to mitigate any identified risks.
- Charts to monitor individual risks were in place, although we did find some gaps in recordings. For example, it was not always clear to what safe consistency a person had their drink and food served. We did not see any evidence that these shortfalls in record keeping made by staff had impacted on people's quality of care. We spoke with the senior management team who told us they would implement extra checks to ensure staff were consistently recording people's charts.
- People had detailed, personalised risk assessments and risk management plans which were regularly reviewed and gave staff enough detail to manage people's individual risks. We found most people were receiving care in line with their assessed needs and risks. However, we found one person, who required a modified diet, it was not always clear that they were receiving their diet as advised by a speech and language therapist. We reported this to the senior management team and unit manager, who took immediate action to rectify our concerns. They told us they would introduce a risk review exercise to ensure the risk information in the care system is correct and to identify specific risks to everyone.

We recommend the provider embeds extra checks to ensure people's risks around diet and fluids, and monitoring charts, are safely followed by staff.

- Health and safety checks were regularly carried out at the home on the building, environment and equipment. Emergency evacuation plans were in place which included the level of support each person needed in the event of fire.

Staffing and recruitment

- Staff were mostly recruited in safe way.
- The service had employment checks in place to ensure suitable staff were employed to care for people at the service. These checks included police checks and references from previous employers. We found that checks had mostly been carried out; however, we found not all staff had fully completed work history records. The provider addressed the gaps in employment during the inspection.

We recommend the provider ensures existing recruitment procedures are robustly complied with to ensure only suitable staff are employed.

- We reviewed staffing levels and found suitable numbers of staff were on duty to provide appropriate support. During our site visits we found staff were present and attentive around the units. We observed people did not have to wait long for appropriate care and attention.
- Feedback from people was mostly positive about staff; however, we received mixed responses from people and relatives about how many staff were on duty. One person told us, "I think they could do with more staff because they always very busy. I use the call bell if I need anything and they do come to see me pretty quickly." However, another person told us, "When I use the bell, they can be busy and it takes a bit of time for them to come."

Using medicines safely

At our last inspection we recommended the provider review their processes to record the administration of prescribed creams and lotions to ensure people have the skin care support they require. The provider had made improvements.

- People were supported to receive their medicines and creams safely by trained staff.
- Protocols about covert (hidden) medicines and how people preferred to take their medicines, including guidance for medicines people only had occasionally, was in place. We discussed how this could be developed to be more person centred and detailed with the senior management team. We found this was already in the process of being improved by the service's chief pharmacist and the local GP service.
- Regular audits of medicines administration were completed and staff had their medicines competencies checked annually.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Safeguarding policies and procedures were in place and staff were informed of the home's whistleblowing policy and how to report any concerns. Staff had received training in safeguarding people from abuse and they demonstrated their knowledge around how to protect people.
- People and their relatives told us they felt safe at the home. One relative told us, "I know that when I go home, [Name] is in a safe place and being well looked after."

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Accidents, incidents and complaints were all reviewed, investigated and any learning was shared both within the service, and where appropriate, with other homes in the group.
- The home manager shared an example of a thorough investigation that demonstrated clear outcomes and learning. An internal investigator was part of the senior management team who was involved in and reported on any incidents.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was very clean and well maintained.
- We observed staff used personal protective equipment (PPE) effectively and safely.
- The provider's infection prevention and control policy was up to date. There were processes to make sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

The service was following current guidance in relation to visiting in care homes and there were no restrictions on people being able to receive visits from friends and family.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we found oversight was not robust enough to ensure people at risk of weight loss were supported to eat enough to maintain a balanced diet. This was a breach of regulation 14 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 14.

- People were now supported to eat and drink enough to maintain a balanced diet.
- We found significant improvements in the dining experience for people since the last inspection. Attention had been paid to make the dining environment dementia friendly to encourage people to eat and drink well. New dining audits and checks were in place to ensure people, who chose to eat elsewhere, received the same time, care and attention as those using the dining room.
- Checks and actions had been introduced to identify people who were at risk from not eating and drinking enough. One person told us they had previously had problems with weight loss and the staff had addressed this. They commented, "I get plenty to eat and drink and they monitor my weight now." We spoke with the catering manager who told us how they fortified food to make it nutritious and meals were prepared to suit people's specific needs, such as, gluten free or pureed diets. We observed people being offered snacks and drinks throughout the day.
- We received mixed feedback from people and relatives about how satisfied they were with the meal provision at the home. In particular, people fed back their dissatisfaction with the pureed diet provision. One person told us, "The food is just mediocre, nothing special." However, one relative told us, "[Name] wasn't eating but they [staff] have persevered and tried...she's eaten more than I've ever seen her."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- Whilst living at the home people's current needs were regularly assessed and reviewed to ensure information available to staff was relevant and up to date.
- The service used specific and nationally recognised assessment tools. For example, we saw where the Waterlow score was used to check a person's risk of skin breakdown.

Staff support: induction, training, skills and experience

- The service ensured staff had the skills, knowledge and experience to delivery effective care and support.
- There was a mandatory induction and training programme in place and staff received supervision and ongoing support. Evidence provided in the training matrix showed us most staff had received appropriate training, specific to people living at the home. For example, staff received enhanced dementia and non-restrictive practice training.
- Staff confirmed they received regular training and supervision. One staff member commented about their training, "It is all up to date, it is quite good we have got online training and we have a few workshops."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Any concerns about people's health were recognised by staff and reported for action. Referrals to other healthcare professionals, such as podiatry and tissue viability teams were made when required. People received prompt medical attention and the home now had very good support from the local GP practice, who conducted a weekly ward round.
- The service worked collaboratively with other professionals, such as social work teams and nursing teams to understand and effectively meet people's individual needs. For example, we saw where staff had identified and raised concerns with one person's chewing and had made a prompt referral to the speech and language therapy team.
- We spoke with a visiting health professional who was very complimentary about the care people received at the home. They told us, "Staff are happy to help and follow what actions are put in place. Staff know people well and make appropriate referrals. It is really nice [Home]; everyone is really friendly."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaption, design and decoration of the premises.
- Improvements had been made since the last inspection. Considerable attention had been paid by the provider to ensure decorations and adaptations to the premises were laid out in a way that were accessible, met individual needs and helped to promote people's independence. People's bedrooms were personalised and each person on the ground floor had a photo-cushion of a loved one.
- The provider had implemented a specialist dementia programme on the ground floor unit and told us they intended to extend this programme through the home. People had access to quiet spaces and outside garden areas and staffing levels had increased. New equipment and technology had been introduced and the home was decorated was to a high standard and done in way to maximise people's independence and create a calm atmosphere in communal areas.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the Mental Capacity Act.
- The home manager kept a tracker document to check that where required, people had a DoLS assessment and application in place and this was in date. Where people's DoLS application had been approved, any conditions were noted in the tracker and in people's care plans. Appropriate capacity assessments and consent forms had been completed. Staff understood the need for legal safeguards, such as power of attorney, to be in place if family wanted to make decisions about people's care.
- Staff were knowledgeable around the need to gain consent before providing care and support to people. We mostly observed staff asking consent during our visit and one staff member told us, "I always ask the residents first; if they say no, I will go back five minutes later and ask if they are sure. It is always about the resident and not what I want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At the last inspection we found people were not consistently well treated and supported. This was a breach of regulation 10 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 10.

- We observed considerable improvements and people were now well supported and treated with respect by staff.
- There was an equality and diversity policy in place and staff had received training. People's protected characteristics such as their gender, race and religion were respected and recorded in their care plans. People were supported to maintain their cultural identity or individual beliefs.
- We found people were dressed appropriately for the day and their personal care needs were being met. However, we found a small number of people did not have clean fingernails. We reported this to the home manager who acted immediately to rectify our concern. We observed staff providing attentive and patient care, using calm and reassuring tones of voice. People were supported well at mealtimes. Tables were set as if in a restaurant with wine glasses and flowers on the tables. Staff were very respectful and attentive throughout mealtimes and ensured people received help when needed.
- People and their relatives told us they were well supported by staff. One relative told us, "They way staff support [Name] makes such a difference. It is awful thing having to leave your parent but they [staff] have been amazing; I can't sing their praises enough." Another relative told us, "The staff are smashing and look after my [Name] very well and are welcoming to me when I visit."

Supporting people to express their views and be involved in making decisions about their care

- People were supported and encouraged to express their views and were involved in decisions about their own care and the support they received.
- Care plans documented how people liked to receive their care. We observed people being given free choice of where to spend their day and what they wanted to do. One person told us, "I get up and go to bed when I want, there are no restrictions. I like to go to bed early because I get tired."
- The provider ensured there were enough staff around to enable them to provide care and support in a timely and compassionate way. We observed staff spending time with people on the ground and middle

floors. However, we found the second floor unit to be busier and did not always see staff having the same time to spend with people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff had received regular training in promoting dignity and person-centred support and we observed many kind and caring interactions. One relative told us, "It means so much to find a home like this we feel very fortunate and it makes us feel so much better as a family to know [Name] is being cared for." People and their relatives told us staff were kind and caring; however, some people told us they experienced a language barrier with agency staff.
- People told us they felt respected by staff and had their independence promoted. One person told us, "I usually wash myself down in a morning but sometimes I fancy a shower and I just have to ask them." Another person told us, "When they [staff] give me a bed wash, it's all done properly and I don't feel uncomfortable at all."

Is the service responsive?

Our findings

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

At our last 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

At the last inspection we found people were not always getting care that was person-centred and in line with their assessed needs and preferences. This was a breach of regulation 9 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 9.

- People were supported as individuals, in line with their needs and preferences.
- People's care plans were person-centred and detailed how each person would like to receive their care and this information let staff know people's individual care needs. Any changes were reviewed and updated to ensure care plans reflected current need. Most people had a detailed biography of their life called "This is Me"; however, staff told us this was in the process of being improved.
- People's wellbeing was promoted, and families were encouraged to be involved with people's care and activities. We also saw pets were welcomed into the home.

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.

- The provider was meeting the accessible information standard and people's needs were understood and supported.
- People's care records included their individual communication needs and we observed staff knowing people well and how to effectively communicate with each person.

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.

- The service had recently employed an activity team and there was an activity programme in place. We observed activities within the home from both an outside entertainer and in-house activities. We saw an interactive touch table being used and a cinema afternoon activity with sweets and popcorn. We saw lovely interactions and care staff getting involved in activities on two units.
- We spoke to one activity co-ordinator who told us they were in the process of introducing more activities. Where people stayed in their rooms, 121 activities were offered and we saw the entertainer visited people in their rooms and spent time with individuals. The home had a relaxation and sensory room and told us they intended to introduce a relaxation programme for people.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- There was a complaints policy and procedure in place and the home had made it accessible for people to comment on the service as they had been informed how to make a complaint through information given to them in their service user guide.
- We reviewed the complaints file and saw that complaints were responded to appropriately.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- People and their loved ones were supported by trained, experienced and understanding staff during their final days. When needed, staff worked with GPs and nursing teams to help ensure a person's last days were as dignified and comfortable as possible.

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.

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

At the last inspection we found systems were not effective in ensuring the identification of shortfalls within the home, or in driving improvements to the quality and experience of care being delivered. This was a breach of regulation 17 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.

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The home has history of non-compliance. However, significant improvements had been made since the last inspection. Clear and effective oversight was managed through a suite of regular audits and checks, including daily walkaround meetings to check the safety and quality of care. However, these checks had not always picked up minor shortfalls in record keeping. We received detailed assurances that these shortfalls had been, and would continue to be, addressed.
- The home manager was fully supported by a strong senior management team who worked across the provider's homes and included a dementia specialist, pharmacist and psychologist to provide advice and support to Cherry Tree House. A clear and detailed strategy and action plan was in place to ensure requirements were met and quality and safe care was delivered.
- The home manager understood their regulatory requirements and wider legal obligations. Statutory notifications were submitted as required.

Continuous learning and improving care; 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 provider created a learning culture at the service which improved the care people received.
- Accidents, incidents and complaints were monitored and analysed. Any lessons from incidents were shared with staff and appropriate action taken to minimise any future risk.
- The provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with other organisations.
- The management team worked closely with the local authority and health care teams to share information when incidents occurred. Where safeguarding and other investigations took place, the management team were transparent and worked alongside the local authority. Feedback from the local authority was positive.
- The provider had signed up to work on a dementia research project.

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

- People and staff were involved in the running of the service and people's protected characteristics were considered and fully understood.
- We saw that feedback was sought from people and staff to monitor the quality and effectiveness of care delivery. This was analysed and fed back into the running of the service. However, most people told us they had not had a survey. The home manager told us they were in the process of improving the way people and their families were engaged with and had recently introduced periodic calls to families. One relative told us, "Communication is great; if something happened or they had any concerns. I can come in and feel I can say anything to them [staff]."
- Regular team meetings were held and feedback from staff about the management team support was very positive and they felt communication was good. One staff member told us, "[Home Manager] has done a messaging group for all the staff...it is quite good because we get to know everything, we are all in the loop all the time." Another staff member told us, "The manager is lovely...she is very supportive, any problems you have, she does her best to help."

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

- There was a positive and open culture at the service and had systems to provide person-centred care that achieved good outcomes for people.
- People's care plans were outcome focussed and respected people's equality and diversity.
- The senior management team were passionate about providing meaningful and good care within an inclusive community for people living with dementia. One relative told us how satisfied they and their family were with the enhanced dementia provision at the home. They told us, "It means so much to find a home like this; we feel very fortunate and it makes us feel so much better as a family to know she is being cared for. It is a weight off our mind."