

Cherry Tree Lodge Private Retirement Home Limited

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Inspection report

40-42 Knowsley Road
Southport
Merseyside
PR9 0HW

Tel: 01704534699
Website: www.cherrytreelodge.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

The inspection took place on 3 October 2016 and was unannounced, which meant the provider did not know we were coming. We last inspected the service in January 2015 when it was found to be meeting the regulations we assessed.

Cherry Tree Lodge is registered to provide accommodation and personal care for up to 31 older people. It is situated on the outskirts of Southport. There are 25 single and 3 shared bed rooms, all rooms have en-suite facilities.

We observed staff interacting with people and found there were enough staff available to meet people's needs in a timely manner. People we spoke with said there were always staff available both night and day. Staff we spoke with told us they worked well as a team.

Medicines were stored safely and procedures were in place to ensure they were administered correctly. We found an error with disposal of controlled drugs but this was rectified immediately by the provider.

We spoke with staff about the training and support they received. All staff we spoke with told us they received appropriate training which gave them the skills and knowledge to carry out their role.

Staff we spoke with were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and told us they had received training in this area.

People received food and nutrition in line with their individual preferences. Snacks and drinks were available throughout the day in addition to meals provided.

We spent time throughout the inspection observing staff interacting with people who used the service. We found staff were patient, kind and caring and understood the different needs of people that were supporting.

Training was provided to staff to ensure they were kept up to date with their knowledge. Staff felt training provided them with the skills to do their job well.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in this area and were knowledgeable about consent to care.

People received a nutritious and balanced diet which met their needs and maintained their preferences. People were offered drinks and snack throughout the day in addition to their meals.

Staff showed kindness and understanding in their interactions with people who used the service. They took

time to ensure people's choices were respected. Staff knew people well and was able to support them in line with their individual preferences.

We looked at care plans belonging to people and found they reflected the care and support being provided.

Activities and social events took place and were enjoyed by people who used the service. People were involved in what they would like to do and the activity co-ordinator would arrange events.

The provider had a complaints procedure and people knew how to raise a concern. Everyone we spoke with were very happy and had no complaints about the service.

There were systems in place to assess if the home was operating correctly. Action plans had been put in place to address any areas that needed improving.

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

The service had a policy in place to safeguard people from abuse. Staff knew how to recognise, record and report abuse.

We observed that people received their medicines in a safe manner.

There was enough staff available to meet people's needs and staff knew people well.

Is the service effective?

Good ●

The service was effective.

Training was provided to staff to ensure they were kept up to date with their knowledge. Staff felt training provided them with the skills to do their job well.

The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received a nutritious and balanced diet which met their needs and maintained their preferences.

People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff showed kindness and understanding in their interactions with people who used the service.

People's choices and preferences were respected and people were treated with dignity.

Staff knew people well and was able to support them in line with their individual preferences.

Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was provided on an individual basis.

Activities and social events were planned in line with people's preferences.

The service had a complaints procedure and people were confident that any concerns raised would be dealt with effectively.

Good ●

Is the service well-led?

The service was well-led

There was a positive working culture where staff felt well supported and valued by management.

Relatives we spoke with told us the management team were approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly. Action plans had been put in place to address any areas that needed improving.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 October 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of the visit there were 27 people receiving a service. Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

The provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make

As part of this inspection we spent some time with people who used the service talking with them and observing support. We looked around the service including bedrooms, bathrooms and communal areas. We looked at documents and records that related to people's care, including four people's support plans. We spoke with six people who used the service and two people's relatives.

During our inspection we spoke with the team leader, two care staff, the care manager, the registered manager and the cook. We also looked at records relating to staff, medicines management and the management of the service.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe living at the home. One person said, "I feel absolutely safe and secure. Nothing is too much for the staff." Another person said, "We have a fire drill every Friday."

Staff we spoke with knew how to recognise and respond to abuse. One care worker said, "We have a safeguarding policy and we have the number to contact the local authority if we need to." Another care worker said, "I would report any abuse straight away to the manager. I am confident they would swiftly look in to the matter."

We observed staff interacting with people and found there was enough staff available to meet people's needs in a timely manner. People we spoke with said there were always staff available both night and day. Staff we spoke with told us they worked well as a team.

We looked at care records belonging to people who used the service and found that risks associated with their care had been identified. We saw risk assessments were in place to help minimise risks to people. For example, we found one person had a risk of choking and required a soft textured diet and constant assistance from a care worker while eating food.

We found that medicines were managed so that people received them in a safe way. We observed a member of staff administering medicines to people. They did this in a safe way by explaining what their medicines were prescribed for, staying with people and supporting them in the process.

We looked at how medicines were stored and found they were locked in appropriate medicine trollies which were stored in a small dining area. We looked at storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked the controlled drug (CD) book against the actual drugs stored in the cabinet. We found one person's end of life medication was still recorded in the controlled drug register but was not in the controlled drug cabinet. This had not been required since May 2016. We brought this to the attention of the registered manager and they immediately looked in to the issue. We received information from the provider following our inspection which showed they had carried out a full investigation and taken appropriate action. They had also introduced a more robust disposal system which all staff had been trained in to ensure the error did not occur again.

We found the provider had a fridge which was used to store medicines which were required to be kept at a cool temperature. We found temperatures were taken of the room and the fridge on a daily basis. However, the fridge was not lockable and was stored in a room people could access. The provider told us they had located a room to be used as the medication room and this was being converted after our visit. We have had confirmation following our visit that work has commenced.

We looked at medicines which were required to be discarded after 28 days, and found no date had been put on the box to indicate when they had been opened, these had not been opened for longer than 28 days and

the care manager told us these would now be dated when opened and their policy updated in line with this.

People who required medicine on an 'as and when' required basis had a care plan in place to support this. However, the provider's policy indicated that this should be stored alongside the Medication Administration Record, but this was stored electronically. Therefore staff administering medicines did not have the information readily available.

Through our observations and speaking with people who used the service and staff, we found there was enough staff available to meet people's needs. One person said, "There is always someone at hand. When I ring the buzzer staff come immediately." Another person said, Staff are very good, always kept busy but if they can help you they will. Staff we spoke with told us they worked as a team and this helped them to prioritise their work well.

Is the service effective?

Our findings

We spoke with people who used the service and they told us staff were well trained to carry out their role. One person said, "We are very well looked after. The staff are really lovely, all of them."

We spoke with staff about the training and support they received. All staff we spoke with told us they received appropriate training which gave them the skills and knowledge to carry out their role. They told us that most training was carried out by watching DVD's, but some training such as moving and handling and first aid were completed as practical sessions. One care worker said, "We receive lots of training and it is always very useful." A team leader said, "I was able to progress from working on care to a team leader. I was given all the necessary training and support."

Staff we spoke with felt supported by their managers and felt they were very approachable. The staff we spoke with told us they received regular supervision sessions. Supervision sessions were individual meetings with their line manager to discuss their work and aspects of training. One care worker said, "I have a supervision session about every 12 weeks with manager. They are mostly useful and take place frequently."

Staff we spoke with were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and told us they had received training in this area. 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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff were also aware of the legal requirements and how this applied in practice. The registered manager had submitted applications and were awaiting assessment. None were authorised at the time of our visit.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision.

During our inspection we observed staff interacting with people and found they offered people choice and gave time for people to decide what they wanted. The staff waited for people to consent to different tasks such as what they would like to do and where they would like to eat their lunch. We saw that people's decisions were respected.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored if they were assessed as at risk of not receiving adequate nutrition. This was monitored and professional advice obtained if required.

We observed lunch being served in the dining area and found that this was a relaxed and pleasant experience for people. Staff ensured people were happy with the meal they had chosen and checked if they wanted something different or any condiments. Some people chose to eat their meal in their room and staff prepared a tray with the meal, a drink, condiments and a serviette. This was covered up whilst in transit to the person's room. A choice of hot and cold drinks were also provided. We spoke with the kitchen staff who were knowledgeable about people's likes and dislikes and dietary requirements.

People we spoke with told us the meals were always well presented and of a high quality. One person said, "Meals are always nice and we get a good choice. I don't eat much meat but there is always a fish option." Another person said, "We get very good food, it's really nice."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. They said they had completed a range of training sessions. These included moving and handling, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff also said the training was good and they were able to do additional training to further understand how to meet the needs of people they supported.

Is the service caring?

Our findings

We spent time throughout the inspection observing staff interacting with people who used the service. We found staff were patient, kind and caring and understood the different needs of people that were supporting. We spoke with people who used the service and they told us that all staff were very nice. One person said, "They [the staff] are always nice and there isn't a bad one amongst them." Another person said, "The staff are lovely, all of them."

We looked at care plans and found they included information about people's likes and dislikes and what was important to them. During our inspection we observed staff respecting people's wishes.

We saw that people's privacy and dignity were maintained well. We observed staff who addressed people in a caring way and in a manner that was appropriate for each individual person. This showed staff were committed to their role and showed respect.

Staff we spoke with explained what they did to ensure people's privacy and dignity were maintained. They told us they knock on bedroom doors prior to entering and close curtains and doors when delivering personal care. Staff were also committed to making sure care was delivered in accordance with people's wishes and told us, "It's all about the person and what they want." Another staff member said, "I speak to people and make sure they are comfortable and I talk through what I am doing."

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed at staff handovers, which were conducted in private.

The care manager told us to enable staff to understand their role in supporting people staff had received specific training in topics such as equality and diversity and dignity in care. We saw staff put into practice what they had learnt.

The service operated a keyworker system. One person said, "We all have a keyworker who looks after us but they all do."

People's bedrooms were individual to their tastes. People had brought in personal possessions to make their room more homely. We saw a number of bedrooms and they were large well-furnished and personalised.

The care manager and the provider were passionate about ensuring people received care that met their needs in a person centred and individualised way. Taking into account peoples wishes and feelings and respecting people's decisions.

Is the service responsive?

Our findings

We spoke with people who used the service and were told they were involved in their care plans. One person said, "We all have a care plan and it is reviewed regular too." People felt that their care plan reflected their needs and how they wanted to receive care and support. Another person said, "They [the staff] involve our families and talk to us about our care."

We looked at care plans belonging to people and found they reflected the care and support being provided. For example, one person required foods to be thickened as part of their dietary requirements. This was recorded within the care plan and we also observed that this happened in practice. The care plans informed staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. Staff we spoke with and the care manager were very knowledgeable on people's needs and had developed a thorough review document to ensure when a review of care needs was carried out all aspects of people's needs were assessed. We saw some peoples reviews competed they were very detailed and evidenced any changes to needs and following the review if changes had been identified the care plan had been updated.

We spoke with the activity co-ordinator who organised and arranged activities within the home. Recent organised events had been a coffee morning and a visit from a mobile charity shop. We spoke with people who used the service and they told us they were kept as busy and occupied as they wanted to be. Many people enjoyed sitting in the conservatory and liked having access to the garden area where a gazebo and outside seating were available. One person said, "I like my daily newspaper, reading and doing word search." Another person said, "We have recently painted seashells, and we enjoyed that." Another person said, "I like [the activity co-ordinator] they are good and they keep us very busy." People told us they had access to the hairdresser who visited every week.

The provider had a complaints procedure and people we spoke with knew how to raise a concern if they needed to. People we spoke with had no complaints or concerns about the service or the care they received. One person said, "We can speak to staff if we had a concern and they would sort it, I'm confident of that." The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. The care manager explained to us how they would respond to any concerns and we saw records of complaints investigated. The care manager was looking at ways to further improve this and told us they were going to develop an improved system to ensure all concerns and complaints were captured together and outcomes recorded to ensure the issues were resolved.

People who used the service and their relatives were encouraged and supported to make their views known about the care provided by the service. There were meetings held giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service, their relatives and health care professionals. We saw a number of completed questionnaires these all gave positive feedback. People felt they had a voice and

they were listened to.

Is the service well-led?

Our findings

We spoke with people who used the service and they spoke highly of the registered manager and all the staff. Staff we spoke with told us they worked well as a team and found the senior staff and the managers very approachable. One staff member said, "The managers' are approachable and very supportive. I have lots of confidence in them."

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager and the care manager were approachable and listened to their opinion and ideas for improvement.

Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them. Staff had told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. We saw evidence of this in staff files.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered and the care manager.

The care manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. We saw a variety of audits and it was clear any actions were identified and addressed. We also saw audits undertaken by external health care professionals. For example, the local Clinical Commissioning Group (CCG) had undertaken an infection control audit and the service had scored 98% compliance.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also meeting each month involving the people who used the service, which ensured people had opportunity to raise any issues or concerns or just to be able to talk together communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.