



Inspection Report on

Cherry Tree Care Home

**Cherry Tree Care Home
209 Newport Road
Caldicot
NP26 4AF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 August 2022

11/08/2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Cherry Tree Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Hallmark Care Homes (Caldicot) Limited
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	27 January 2022
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Cherry Tree Care Home provides general nursing and personal care for older people which includes individuals living with dementia. It is part of the Hallmark Care Homes Group. We found a relaxed atmosphere where people looked comfortable and well cared for. People were complimentary of the staff and services provided at the care home. We saw genuine, warm and positive interactions between staff and residents. Individuals told us they were happy living at the service. The organisation has acknowledged there have been some issues with staff sufficiency at the service. Although, we found a number of staff have recently been recruited and are completing their induction. People live in a safe and comfortable environment with audits in place to monitor the health and safety of the premises, facilities and equipment. We identified the lack of a person's care plan as an area of improvement as without this vital information staff are not able to provide consistent care and support in accordance with the person's needs, likes and preferences. People's daily care records could be improved to show individuals receive personal care in accordance with their personal plan.

Well-being

Staff support people in a sensitive, respectful and unhurried manner taking time to inform individuals how they intend to provide assistance. People are given everyday choices such as what time to get up, food options and how to spend their day. Residents are enabled to contribute to decisions that affect their lives which includes taking part in their care planning reviews.

People's voices are actively sought on a day-to-day basis and as part of the service's feedback process. Most staff are familiar to people, they are kind, attentive and individuals are called by their preferred name. One resident told us, *"To be honest, I didn't come here by choice. I had to come here but it has grown on me and I really like it now."* Another said, *"the staff here are all amazing, every single one of them amazing."*

People's physical, mental and emotional well-being are being met. The service works collaboratively with a range of healthcare professionals to support people living at the service. Nurses oversee people's care delivery. We saw evidence of referrals to support people as their needs change. The responsible individual has recognised the value of everyone's end of life preferences being discussed and documented.

People are safe from harm and abuse. Accidents, incidents and near misses are monitored. Risks to people are assessed and safely managed so they are supported to stay safe and their freedoms respected. There are robust staff recruitment practises in place which further safeguard people. Staff are trained to identify and report abuse. We saw evidence agencies including CIW are notified of incidents in accordance with the regulations.

People can enjoy good relationships with their family and friends. A weekly activity timetable is on display. People have access to a regular newsletter. Individuals were complimentary about the activities on offer. One person said, *"It's perfect and you are never at a loss of what to do, there is plenty going on, and you don't have to do it if you don't want to."* Another person would like to be able to watch more sport on TV. People have access to a garden which enables residents and their family, friends to meet and provides sensory stimulation. Relatives were complimentary of the service provided to loved ones.

The environment is homely, comfortable and well maintained. Individuals' rooms are personalised with individuals' belongings on display. Routine maintenance and safety checks are ongoing.

Care and Support

People are encouraged to participate in all aspects of their care in a way they choose to have their needs, likes and preferences met. A booklet called “All about Me” is completed before a person’s admission to inform staff of the individual’s uniqueness and personal history. People’s plans are person centred. Information in the plans direct care workers to assist individuals in accordance with their needs. Personal plans are reviewed in accordance with the regulations. Individuals and their representatives participate in the review process.

We found one person living at the service did not have a personal plan in place. We spoke with the manager about the lack of a complete plan for a person living at the service. The manager told us the person was being assisted in accordance with their pre-admission assessment and healthcare activities. They gave assurances there has been no negative impact on the person and a personal plan would be in place the next day. The regulations set out that a plan must be in place before a person begins to receive care and support. Given, the importance of this document we have identified this as an area of improvement. It is expected that the service providers will take the necessary action to address this issue.

People are supported to access healthcare services to maintain their health and wellbeing. The manager is proactive in requesting input from healthcare professionals and completing any recommended actions. Risk assessments are in place to support each individual’s health and wellbeing. Healthcare checks are taking place. We noted the daily records for a persons care and support are minimal. They fail to show whether a person has had a bath or shower in accordance with their personal plan. The records are held within the nurses office which was not always accessible to staff. In addition, people’s oral care plan is held in another file which does not support consistency in care delivery. In discussions with senior staff, people’s care records and their storage has been highlighted and the organisation is considering changing to an electronic record keeping system.

People experience a positive dining experience. We saw individuals being offered a choice of food and drinks as well as where they would like to eat their meal. People we spoke with commented on the good quality and variety of food. We found staff are attentive and supportive with people. Staff used verbal encouragement and prompting before providing physical assistance to maintain individuals independence.

There are safe medicine management systems in place. The service has recently introduced an electronic medicine management system which includes regular medicine audits. An up to date medicine policy is in place. Nursing staff administer people’s medicines. Staff receive training to ensure they have necessary skills to perform their role. Peoples’ personal plans set out how the individual prefers to take their medication.

Environment

People live in an environment that is suitable to meet their needs. Corridors are light, bright and airy. The layout of the environment supports people's independence. All rooms have en-suite facilities. A number of communal areas enable people to meet with others and or spend time alone. There are sufficient bathing/ showering facilities to support people with their personal care. The organisation has considered the use of colour in relation to wall coverings and furniture to support older people with/ without dementia. The garden offers an inviting space for people to spend time. Plants which give off scents have been used along walkways for sensory effect.

The environment is clean, safe and well maintained. The organisation conducts quarterly health and safety audits of the property. The service promotes hygienic practices and manages the risk of infection. Staff are trained in infection control. A monthly auditing tool is completed for Covid 19. Revised cleaning schedules have been introduced and the local authority have visited the service to support good hygiene practices. The service has been rated 5 which means hygiene standards are very good by the food standards agency (FSA). During our inspection visit we saw staff wear personal protective equipment (PPE) to support people in accordance with the current guidance.

Leadership and Management

Systems are in place to support the smooth running of the service. The manager is experienced having worked at the service for a number of years. They operate an open door management style. They are supported by a clinical lead who oversees people's care delivery. The staff, including the managers have covered colleagues absences during the pandemic. This led to staff shortages which staff told us did impact on the service at the time. Since then, a number of staff have been recruited to supplement the staff team and are currently on induction training.

There are suitable arrangements in place for regular review and audit of the service. Quality and audit systems which review progress and inform the development of the service are taking place. The organisation seeks people's views and opinions via satisfaction surveys. An action plan is developed which identifies who is to address the issues with timescales. During the inspection, we were provided with copies of the service's six monthly quality report and the RI's last three monthly visit to the service. Reference was made to the recruitment of staff which has been achieved via sponsorship arrangements.

We were supplied with a copy of the service's Statement of Purpose following the inspection. We looked at a number of the organisations policies which provides guidance for staff. The clinical governance team updates the policies. The safeguarding policy should reflect local protocols as set out as part of the All Wales Safeguarding Procedures to achieve best outcomes for people.

The organisation has sound staff recruitment processes. We looked at newly appointed staff personnel files. Vetting in the form of disclosure and barring (DBS) checks and gaining satisfactory references are undertaken. As required, DBS checks are repeated on a three yearly basis. Photographic identification and evidence of identity is maintained. For those staff on sponsorship schemes further valid documents are kept.

Staff are supported and developed to perform their duties. Staff told us they have the necessary training opportunities to assist them to carry out their role. Dementia training is provided for all staff. The service was awarded the Orchid Award, in line with Hallmarks Dementia strategy. The service is to introduce a new three year training programme that will support residents living with dementia. Newly appointed staff told us they found shadowing more experienced staff beneficial. Further, the use of in-house trainers is valuable as training can be based on the specific needs of the people they care and support to. The last health and safety audit dated June 2022, identified staff training was below the expected 95%. The training included fire safety, first aid, moving and handling and Health & Safety training. We were assured training in these areas is on-going. New recruits to the service will receive health and safety training as part of induction programme. Care workers have regular supervision opportunities with their line manager. Care workers are updated via staff handovers and three weekly flash meetings.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
15	There was no personal plan for a resident living at the service. Staff were reliant on the persons pre-assessment and healthcare chart/s to deliver care and support. Once inspectors informed the manager we received assurance this would be addressed as a	New

	priority.	
--	-----------	--

Date Published 20/09/2022