



Inspection Report on

Cherry Tree Care Home Limited

**Cherry Tree Care Home
High Street
Coedpoeth
Wrexham
LL11 3UF**

Date Inspection Completed

29/06/2023

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About Cherry Tree Care Home Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cherry Tree Care Home Limited
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	18 June 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

This home is welcoming, comfortable, and homely, and people told us they like living here. People have good relationships with care staff, who are kind and patient. Care staff support people well to achieve their desired outcomes using detailed and personalised plans for their care. People are supported to do things that make them happy. People are protected from abuse and neglect and have timely access to medical and specialist advice as required.

There are governance structures in place and the service provider has continued to invest in the service. Care staff feel well supported by the manager, who has good oversight and ensures the home runs smoothly. The Responsible Individual (RI) visits the home regularly, but we found inadequate records of their visits and who they have spoken to. We found a lack of evidence showing the RI analyses feedback from a range of sources and audit outcomes in the home as part of their current quality of care review processes. We have raised these issues with the provider.

Well-being

People have some choice over their day to day lives, but do not always have a consistent voice in planning how the service should be improved and developed. We saw people can get up and dressed as they wish and can move freely about the home throughout the day. Many people have help from friends and relatives to personalise their rooms with pictures or other personal belongings that are important to them. However, we saw rooms belonging to people without family or friends outside the home were less personalised. One person told us people “*can ask for whatever [you] want and they will cook it for you*”, but other people described the food as “*nondescript*” or “*Okay*” and said they do not always get food they like. We found no evidence of the RI seeking direct feedback and opinions from residents during their regular visits to the service. We discussed the potential impact this might have on people’s well-being with the RI during our inspection. They have agreed to improve this aspect of their oversight of the service.

People are supported to do some of the things they enjoy, and which keep them happy and healthy. A member of staff is employed to coordinate a programme of activities and take people for trips out. A notice board in the lounge showed us the planned days out, visits from external entertainers, and visits from the hairdresser and chiropodist over the current month. The home uses a private Facebook page, visible only to relatives, to keep family members updated on different events and activities happening in the home. We saw photos of people enjoying birthday parties and cakes, and the recent coronation celebrations. We also saw pictures of people enjoying trips out in the community. One person told us they “*loved it*” when they recently went out. We heard staff chatting with people in Welsh and people’s language preferences are highlighted in their personal plans. The manager told us they have several staff who freely chat with people in Welsh.

There are policies and procedures in place to protect people from abuse and neglect in the service. Records show people are supported to access medical advice in a timely way. We spoke with visiting professionals who confirmed staff are proactive in making referrals, raising concerns, and seeking specialist advice. Staff receive regular training in topics relevant to people’s care needs and to help keep them safe. Topics covered include dementia, continence care, food hygiene, and fire safety training. Care staff we spoke to were aware of their obligations to report any concerns they have about people and felt confident raising issues with management. Records show the home follows the correct procedures required under the law to protect people lacking capacity to make decisions for themselves about their care and support needs.

Care and Support

People can be sure a robust pre-admissions assessment is completed before they move into the home. Once the manager confirms a person's needs can be met by the home, personalised plans for care and support are written. This is done using information gathered from a variety of sources, including people themselves, their families, and their representatives.

The service provider has introduced an electronic care record system that ensures instant access to all relevant information care staff need to support people well. We saw electronic personal plans and risk assessments are strength based and contain consistently good detail on people's preferences, support needs and desired outcomes. We saw care staff follow people's personal plans when providing care and support. Detailed electronic records of care show people are supported consistently to achieve their desired outcomes. Visiting professionals told us specialist advice they give is appropriately communicated to care staff and followed. Personal plans are reviewed regularly and any changes in need are updated via the electronic system so all care staff are aware of them in a timely way.

People are cared for by a sufficient number of kind, patient, and caring staff who know people well and have good relationships with them. People told us "*Staff are very good*". We saw care staff laughing with and chatting to people in a positive and friendly way. Care staff were able to tell us what people like and about their needs. We saw care staff were proactive in approaching people to offer an activity or support with care needs. We saw records for one person showed a change in their needs was highlighted by care staff, and management acted in a timely way to effectively escalate their care; this resulted in swift review by healthcare professionals and positive outcomes for the individual.

We observed good manual handling practice and records show there are good medication administration practices in the home, including regular review of medication and health needs by a local GP. There are supplies of Personal Protective Equipment (PPE) in the service for staff to use as required. We saw good infection control practices with regards to laundry and cleaning in the home.

Environment

The home is welcoming, comfortable, and homely. The home has two secure garden spaces that are accessible from the two lounges. The manager and RI ensure a good level of decoration, state of repair, and cleanliness throughout both the home and external spaces. The corridors are free of clutter and all the bedrooms we saw were tidy and clean. The manager and RI acted promptly to address issues we identified on the day of our inspection visit. We also saw the maintenance person was on site doing jobs during our visit.

There is evidence of redecoration and refurbishment inside the building to a good standard. The service provider commissioned an artist to create bespoke murals in the main dining room and upper link-dining area. These provide a bright and colourful setting for people to socialise and dine in. The lounge in the main building has been tastefully decorated and is a cosy and sociable place. We saw chairs are arranged to encourage conversation between people. The conservatory lounge in the Tree-side part of the home is bright and airy. The service provider has installed air conditioning and under-floor heating to ensure a comfortable temperature is maintained in all seasons.

Bathrooms are accessible and there are enough to meet people's needs in the home. We saw bilingual signage on bathroom and communal room doors, as well as signposting people to various parts of the house. There is ample equipment in the home to meet people's needs and records show equipment is maintained and serviced regularly. The home has a lift and a stair lift to facilitate people moving between the parts of the home. Records show routine health and safety checks are completed. We also saw domestic staff cleaning bedrooms and communal areas during our visit. The laundry is small but contains industrial equipment and there are good laundry processes in place. The home has achieved a Level 5 food hygiene rating, the highest level achievable.

Leadership and Management

The service provider has governance arrangements in place, including a multi-layered management structure. The RI works closely with all levels of management in the service to ensure everything runs smoothly. There is inadequate evidence of the RI speaking with people and staff directly during their visits, or of them inspecting the premises and a selection of records. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

At least twice a year the manager requests feedback from people, their relatives, and visiting professionals as part of reviewing the quality of care in the home. We were shown records of feedback and the manager's responses. However, there is a lack of quality of care review records in the home showing the RI's analysis of feedback, and of audit outcomes. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider has invested in the service to ensure it remains financially sustainable and meets people's needs. There is evidence of redecoration and refurbishment in the service, and good supplies of equipment and resources. We saw senior management have developed the electronic care recording system to enhance their oversight of daily care and support for people. This allows the manager to oversee and audit various aspects of care and support more easily. There has also been a successful drive to recruit more permanent staff, and the manager told us they no longer use agency staff to cover sickness or holidays.

Records we saw show new staff receive a robust induction that includes shadow shifts, and this was supported by care staff we spoke to. We saw appropriate recruitment and vetting checks are done for new staff, and Disclosure Barring Service (DBS) checks for all staff are renewed in a timely way. The manager has an open-door policy and care staff told us they feel confident reporting any issues or concerns to the manager and feel well supported. Records show staff receive regular one to one supervision as well as annual appraisals of their performance. Staff compliance with training requirements is monitored and meets the needs of living people in the service. Training is done via an online provider as well as via in-house face-to-face sessions delivered by appropriately qualified staff.

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
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73	The RI must ensure adequate records are kept to demonstrate they are speaking with individuals and staff, and gathering their feedback to inform quality of care reviews and ensure adequate oversight of the service.	New
80	The RI must demonstrate their analysis of feedback from a variety of sources, and analysis of events, complaints, and audits of the completeness and accuracy of care records, as part of their quality of care review reporting to the service provider.	New

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