



## **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**

**15/11/2023**

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## 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	11/08/2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are highly complimentary of Cherry Tree Care home and describe the atmosphere as warm and friendly. People living at the service receive a good standard of care and support. We saw sensitive, compassionate, and caring interactions between staff and residents throughout our visit. People told us there is a good choice of food. Regular activity provision is tailored to meet peoples likes and interests. Visitors can come and go which helps residents to maintain relationships with their family, friends, and pets. It is seen as a community home with some family members of the current residents previously having lived here.

A long-standing and respected manager leads a core staff team who are highly motivated and committed. Quality assurance systems support the smooth running of the service and encourage improvements. The Responsible Individual (RI) has good oversight of the service because there are effective and sustained monitoring systems in place. The environment is secure and maintained to a high standard.

## Well-being

People's rights are respected, and their voice is heard. People contribute to decisions that affect their lives as they are encouraged to make everyday choices including food and drink selections and where they want to spend their day. People's views of the service are actively sought during resident meetings, satisfaction surveys and RI visits. *"Talking Mats"* are used to gain feedback from people who are unable to verbalise their wants and needs. People are involved in the co-production of their personal care plans and reviews. There are effective quality assurance systems in place based on seeking the views of people to measure the quality of the service.

People are safe. Arrangements are in place to monitor and evaluate accidents and incidents. The management are responsive in identifying and mitigating risks. Staff are trained to report and manage complaints. The relevant applications are made to safeguard people's best interests. There are safe management arrangements for people's medicines. Staff recruitment is robust which safeguards people living at the service. The environment is secure and maintained to a high standard.

People have access to meaningful activities. The service produces its own weekly newsletter, and a timetable of daily events are on offer. People who are at risk of isolation are identified and one to one stimulation is provided. Peoples' hobbies and interests are considered when activities are planned. During our visit, we saw a visit from local school children which people said they thoroughly enjoyed. Later in the day, residents and relatives participated in making Christmas decorations. We were told that visits to local shops, and community events are being planned which promotes community links.

People live in a service that supports their wellbeing. The home is warm, clean, and welcoming. Measures are in place to ensure it maintains health and safety standards. Individual bedrooms reflect people's ownership with photographs and keepsakes on display. Communal areas are comfortable, bright, and spacious which support people to spend time with others. The garden offers people the opportunity to sit out with family and friends during warmer weather. People told us it is a great resource.

## Care and Support

People receive consistent care and support. The management have recognised improvements are needed to make people's personal plans more person centred. We examined a sample of individuals plans and found the improved plans provided staff with more information about each person's likes and preferences. Further, the plans set out how staff are expected to provide assistance to individuals. Risk assessments support individuals to remain safe. The updated care plans also consider each person's end of life wishes which some people find difficult to discuss. We found the plans of people who display challenging behaviours need to provide more of a consistent approach to staff. Such as what staff are to do and say when supporting the person. We were told the service can call upon internal experts to support this change. The revised plans will be completed by the end of December 2023.

Reviews of care plans are routinely conducted. Nurses review people's needs on a monthly basis. They consider individuals health monitoring charts. We saw greater evaluations of people's needs were being documented in the revised plans. People and or their representatives are included in discussions to gauge if personal outcomes have been met. This further supports individuals having a voice about the service.

People are treated with dignity and respect. They are supported by a core group of staff who are familiar and know them well. People have developed positive relationships with staff and other residents, and we saw warm and genuine conversations taking place during our visit. People are well presented, ladies with their hair combed and styled and wearing jewellery. People told us, *"It's all good here"* *"nothing is too much trouble for them"* (staff) and *"there are some real gems working here."* Relatives we spoke with are confident their loved ones are being well cared for. The service has a strong ethos which promotes the service as the home of people who live here.

People are supported by sufficient staff numbers. There was good staff presence throughout our visit with communal areas supervised. Call bells were answered in a timely manner. We found all staff engaged with people. Staff told us they know people's individual routines and can predict when people will want assistance with personal care. Staff value people living at the service. We saw sensitive and compassionate interactions throughout.

There is safe medicine management. Nurses oversee people with nursing needs care and are trained to administer people's medication. The service uses an electronic medicine system. Safe and secure storage of medicines. The nursing team completes regular internal audits. The last external pharmacy audit recorded no recommendations.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The property is maintained to a high standard. The décor is light, bright, and stimulating. The furniture in communal areas considers the needs of older people. Aids and equipment throughout the service promotes people's independence. Corridors are clutter free which means people can move freely around the environment. A lift enables people to access both floors of the property. Signs support people to orientate around the building. A café area in the foyer enables people to have drinks whenever they want and during our visit, we saw people independently visiting it. There is an electronic log in facility for visitors which ensures the safety of the property.

The service providers ensure the premises are safe and complies with health and safety legislation. We found the service is clean and tidy. There is a designated infection control lead who ensures safe standards of cleanliness are maintained. We saw a number of environmental audits which shows routine health and safety checks are taking place to ensure peoples safety. Portals are cited around the property so staff can log faults. The service has a food standard rating of five which demonstrates very good food standards are in place.

## Leadership and Management

There are excellent governance systems in place which support the smooth running of the service. People benefit from the ethos, and strong leadership and management of the service. The manager has sound knowledge of the service having worked here for over twenty years. They are registered with Social Care Wales. They are supported by a deputy manager and are well-liked and respected by the staff team. Staff told us they felt fully supported by the management team who are approachable and committed.

There are arrangements in place for effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service. High percentage scores have regularly been maintained which demonstrate systems are being sustained. Regular meetings involving all designations of staff including nurses, catering and domestic services ensure any trends and patterns are identified. An electronic compliance tool monitors compliance and evaluates events such as accidents and incidents. Complaints are considered as part of the exercise. The RI routinely visits the service and gains people's views and opinions. A six monthly quality of care review is undertaken. Subsequent recommendations form part of an on-going action plan which drive forward improvements and are addressed in a timely manner.

Staff recruitment practices are robust. We sampled two personal files for newly appointed staff and found the required pre employment checks had been completed. This included a clear DBS, satisfactory references, and pictorial identification. A tracker in place with a monthly report produced which further safeguards people living at the service. All staff receive an induction. Staff are registered with Social Care Wales.

Staff are trained and developed. Every staff member has an individual training plan. There is on-going training to support staff to perform their role. There are training initiatives for staff to develop and progress for example, succession planning for future managers. Staff are confident to raise any concerns with managers. Supervisions are regularly undertaken. Annual appraisals found staff are dedicated to improving the lives of people living at the service. We note a number of long standing staff who make up the core team and are dedicated to providing a good service to people. Staff told us they enjoy working at the service.

We found sufficient number of staff to support people living at the service. Staff are passionate about supporting people. Staff are familiar with people's routines and can predict when individuals need assistance.

Rotas are compiled in consideration of people's needs. The organisation is developing a dependency tool which will be more reflective of people's needs and compatibilities. Call bells are monitored to show the time individuals have to wait for assistance.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this inspection	N/A
15	There was no personal plan for a resident living at the service. The person had been at the service for over a month. Staff were reliant on the persons pre-assessment and healthcare chart to deliver care and support. One we informed the manager we received assurance this would be addressed as a priority.	Achieved

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