

# Cherrytrees Care Home

Enter and view (November 2022)



(Photo for illustration purposes only)

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To request this report in an alternative format, please contact us by one of the ways below:

Healthwatch Salford

The Old Town Hall

5 Irwell Place

Eccles

M30 0FN T: 0330 355 0300

W: [www.healthwatchsalford.co.uk](http://www.healthwatchsalford.co.uk)

E: [info@healthwatchsalford.co.uk](mailto:info@healthwatchsalford.co.uk)

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# Introduction

Healthwatch Salford is your health and social care champion. Whether you've had a good or bad experience, we can use your feedback to improve services for everyone and we have the power to make NHS leaders and other care providers listen to what you have to say. We're completely independent and impartial and anything you say is confidential. We also offer information and advice to help you to get the support you need. Our service is free, simple to use and can make a real difference to people in Salford and beyond.

Healthwatch Salford have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services, obtain the views of the people using those services and make recommendations where there are areas for improvement.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement.

Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

Healthwatch Salford Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Salford safeguarding policies.

Further information about Enter and View is available at:

[Healthwatch Salford | Your spotlight on health and social care services](#)

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is also available to view at:

[Microsoft Word - uksi\\_20130351\\_en.doc \(legislation.gov.uk\)](#)

## Acknowledgments

Healthwatch Salford would like to thank the Cherrytrees Care Home staff team and residents for their contribution to the Enter and View visit.

## Disclaimer

Please note that this report relates to findings on the specific date set above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.

## Visit details

Service provider	Cherrytrees Care Home
Service address	Mandley Park Avenue, Broughton, Salford, M7 4BZ
Date/time of visit	10.30am – 1pm Tuesday 22nd November
Authorised Representatives	Ali Macleod (Lead Rep), Mark Lupton, Lucy Whiteley, Sue Fisher
Healthwatch Salford	The Old Town Hall, 5 Irwell Place, Eccles, M30 0FN

	Email: <a href="mailto:Info@healthwatchsalford.co.uk">Info@healthwatchsalford.co.uk</a>
	Telephone: 0330 355 0300
	Website: <a href="http://www.healthwatchsalford.co.uk">www.healthwatchsalford.co.uk</a>

## About the home

Group/Owner	MNS Care plc
Person in charge	Jorge Fernandes (Manager)
Type of Service	Care Home with nursing – Privately owned  Registered for a maximum of 32 Service Users
Registered Care Categories	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Learning Disability</li> <li>• Old Age</li> <li>• Physical Disability</li> <li>• Sensory Impairment</li> </ul>
Specialist Care Categories	<ul style="list-style-type: none"> <li>• Alzheimer's</li> <li>• Cancer Care,</li> <li>• Head/Brain Injury</li> <li>• Hearing Impairment</li> <li>• Parkinson's Disease</li> <li>• Speech Impairment</li> <li>• Stroke</li> </ul>
Other Care Provided	<ul style="list-style-type: none"> <li>• Convalescent Care</li> <li>• Own GP if required</li> <li>• Palliative Care</li> <li>• Respite Care</li> </ul>
Local Authority	Salford City Council
Admission Information	Ages 55+
Room Information	<ul style="list-style-type: none"> <li>• Single Rooms 28</li> <li>• Shared Rooms 2</li> <li>• Rooms with ensuite WC 0</li> </ul>
Languages spoken by staff (other than English)	<ul style="list-style-type: none"> <li>• Spanish</li> <li>• Castilian</li> <li>• Portuguese</li> </ul>

Facilities and services	Close to Local shops, Gardens for residents, Lift, Minibus or other transport, Near Public Transport, Own Furniture if required, Pets by arrangement, Residents internet access, Smoking not permitted, Stairlift, Television point in own room, Wheelchair access
Parking	The home has parking spaces available

Information taken from carehome.co.uk November 2022

Latest Care Quality Commission\* (CQC) Report on Cherrytrees: **Requiring Improvement** [Cherrytrees Care Home - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

\* Care Quality Commission is responsible for the registration and inspection of social care services in England.

# Purpose and Strategic drivers

## Purpose

To engage with residents of care homes and understand how dignity is being respected in a care home environment.

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings and to experience the care home using the 3 primary senses of sight, sound and smell.
- Capture the experience of residents and relatives and any ideas they may have for change.

Surveys and questions are based on 8 'care home quality indicators.

A good care home should:

1. Have strong, visible management
2. Have staff with the time and skills to do their jobs
3. Have good knowledge of each individual resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used.

## Strategic Drivers

Following the Healthwatch Salford Annual Priorities Survey in January 2022 we received feedback that the public wanted us to look at adult social care. This was developed at the Business planning session into a project looking at the public's experience of using care homes which was scheduled for October to December 2022.

# Methodology

This was an announced Enter and View visit. On first arriving for the visit, we approached a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

During the time of our visit, there were 28 residents living at the home. Authorised representatives conducted interviews with 3 members of staff at the care home, plus the Manager. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and families' wishes and staff training were explored. Authorised representatives also approached 4 residents at the care home to ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services. No family members were present for us to speak to, although the posters advertising our visit were visible around the building.

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home works and how the residents engaged with staff members and the facilities. There was an observation checklist prepared for this purpose. Some paragraphs and text in this report have [], in part of a sentence. Anything written in [] represents words we have added for clarity or removed to protect identity.



# Summary of key findings

Cherrytrees Care Home has a pleasant atmosphere, and the residents appear happy. The staff get on well with the manager, and they enjoy working with the residents.

The home is in a pleasant location next to a park and has a nice garden space.

There is an excellent choice of activities for the residents and a range of trips out, which benefit all the residents.

There is a choice of food served and the residents appear to enjoy mealtimes.

Both residents and staff feel that they have a say in how the home is run.

There is currently an ongoing plan for improvements internally and externally which will benefit the overall care and facilities for the residents.

# Results of visit

Four Enter and View authorised representatives visited Cherrytrees Care Home, and were able to talk to the manager, three members of staff and four residents. No relatives were available to talk to despite posters being displayed advertising our visit.

## Resident Feedback:

### Activities

- Residents took part in a few different activities, including painting, games, bingo, drawing, writing stories, watching films and events for Christmas.
- One resident was bedbound and used his phone for different activities.
- Residents said they were able to go on trips outside and mentioned the park, going out for a coffee and going shopping.
- One resident felt that they hadn't been given the opportunity to suggest new activities.

### Food and mealtimes

- All residents seem to be generally very happy with the food. "Can't grumble." However, one resident said, "One chef excellent, one not good."
- The residents are given a choice of food and generally enjoy socializing at mealtimes.
- One resident said they found the lighting too dim in the dining room.

### Health

- Health professionals do visit – "Tell them when you're not feeling well, and they get the nurse."
- One resident mentioned that they had had an eye test.

- Another resident said they didn't have access to a dentist due to financial problems and needed 2 teeth filling.

## **Religion, cultural and lifestyle needs**

- None of the four residents who we spoke to have any religious, cultural or lifestyle needs, but one resident said they felt any needs would be respected.

## **Staff and management**

- Residents generally knew who the manager was. "[ ] great bloke."
- Residents described the manager as "good, kind and sensitive to needs."
- The residents thought the staff were good and understood their likes and dislikes.
- Resident generally felt that the staff had time to stop and chat, "If they have time they stop and chat. A lot of residents need assistance so not always time".
- One resident mentioned language difficulties, and problems understanding staff's accents.

## **The Home**

- Residents generally felt at home. "You couldn't not be happy."
- One resident mentioned a lack of sleep due to another resident being loud at night.
- Residents generally felt like they knew how to make a complaint if needed.
- In terms of wanting to change anything, one resident said, "A bigger room, but anything I need is pretty much here."
- Residents generally felt happy with the current measures in place to protect against covid. "Injections up to date - feels safe."
- And the residents felt happy with the security measures "Don't feel insecure - nothing frightens me."

## Staff feedback

### Activities

- We spoke to the Activities Co-ordinator who explained to us how activities are organised at the home. There are 28 residents so each day of the month one resident is able to choose a 1-1 activity which they would like to do ( e.g. the resident in Room one chooses an activity on the 1<sup>st</sup> of the month etc) – many of these might involve a trip outside such as to the museum, local café, local park, or McDonalds. At Christmas a restaurant has been booked so for the first time some of the residents from the home will go out for a Christmas meal. Group trips need to be limited as the vast majority of the residents are in a wheelchair.
- Activities inside the home include watching Christmas movies, drawing and colouring, playing dominoes, having the residents' nails done weekly, weekly armchair exercises apart from at busy periods such as Christmas and Easter etc.
- The hairdresser visits every other month, and was there on the day of our visit, which was very well received by the residents.
- The home has excellent links with local organisations and local schools regularly come in to visit and sometimes sing for the residents and join in the Christmas parties.
- Residents can suggest new activities via a suggestion box in the foyer, a residents meeting, and also by talking to the Activities coordinator.

### Food and Mealtimes

- Residents are brought into the large spacious dining room to eat at mealtimes if they want to, or else they eat in their room. There are also trolleys with drinks and biscuits. "The chef is always prepared to make food."
- Mealtimes have a sociable atmosphere with the radio playing, and chat between tables.

- There are choices offered for all meals, and at dinner there are 3 options – meat, vegetarian and sandwiches, and if they don't want any of those they can request something else

## Health

- The Nurse and senior staff make appointments for the residents, and arrange patient transport service to take them, or staff escort them.
- The GP is available every Friday, and residents also have access to podiatry, the dentist, and ensure that batteries are replaced in hearing aids when necessary.

## Religion and culture

- There are Jewish residents, and Jewish New Year is celebrated and the Jewish community visit. Staff try to promote the resident's own religion and the outside community come into visit, e.g., the local Catholic church. "Listen to what they want – they are all human beings."

## Care for the resident

- In order to order to get to know residents better the staff members we spoke to said they introduced themselves, made sure they read the digital care plan, used a book with pictures to communicate, talked to the residents about their life stories and shared their own stories too. "I treat them all the same – with love, affection and care."
- Staff were confident that they knew about a resident's tastes and if their health and care needs had changed. "Communication is quite good. There's a WhatsApp staff chat group about residents, and we have a handover meeting each morning."
- The answers were mixed in whether staff felt like they have enough time to care for the residents. "Personal care yes. Sometimes you don't have enough time, but you try to make enough time."

## How the home is run

- Staff reported that residents and family could make suggestions in how the home is run at regular family and residents' meetings every 2 months.
- For example, one family is very involved, and they had requested that a bedroom wall be painted. "If the family request something they do try to accommodate it."
- The staff who we spoke to felt that they could have a say in how the home is run, and they felt well supported by the manager. "Whenever we have a problem he does deal with it. He is easy to approach and talk to."
- The answers regarding training were mixed - one staff member we spoke to said there were training opportunities, and always online training available. Another staff member said, "Would like to do NVQ courses - keep asking but not hearing back."
- When asked what they enjoy about their job, staff all gave similar answers that they enjoyed helping the residents: "Providing care and seeing the smile on their faces." "I enjoy everything. I enjoy working with human beings who are not here out of choice. I try to improve their lives. They need a friendly hand. I don't know what will happen to me in 30 or 40 year's time so I want to do my best."
- Staff were aware of current measures to protect against COVID and happy with them.
- Staff were happy with security measures that were in place including codes on doors, the front door being locked, and all fire doors locked and coded, and CCTV cameras.

## Manager

- The manager has been at the home for just over 2 ½ years, has a background in nursing and has previously worked in various homes. "Everywhere I go I try to improve the quality and the safety. It's a complicated hard job managing people's expectations, particularly relatives."

- The manager feels as though he gets full support from the company.

## **Resident's information**

- Sometimes the manager may visit a prospective resident to do a pre-assessment before they arrive in order to get a full picture of their needs. The care plan is given to the nurse, and information is shared with staff on the WhatsApp group. There are discussions when new residents arrive about safety checks and a body map will be produced.
- 65% of residents come from Salford, and the rest are from Manchester and Bury so the home has to work alongside different councils/professionals.
- 26 of the current 28 residents require nursing care.
- The vast majority of residents are short-term.
- The home has a "Resident of the month."

## **Activities**

- The manager believes in person-centred care, and this also incorporates the social activities.

## **Mealtimes**

- The kitchen is open 8am – 6pm and supper is served in the evening. There is a 4-week rotating menu. Several residents need support to eat. They can deal with vegetarian and vegan diets.
- Some of the gentlemen prefer to eat in their rooms, whereas they find that many of the female residents prefer to eat in the dining room together.

## **Health**

- There are regular visits from health professionals: optometry visit every year, chiropody every 8-10 weeks but they struggle to get a dentist. Sometimes the resident won't have a personal allowance and the home has to cover basics like the dentist, chiropody or even the purchase of toiletries, or else the home relies on donations.
- Staff help keep an eye on residents' teeth/dentures. There are also visits from audiologists and opticians.

## Religion and culture

- There are currently 3 Jewish residents, but they are not strict Orthodox and do not require kosher food.
- In terms of food the manager reported that they can provide halal food, but kosher food is more difficult. They can deal with vegetarian and vegan diets.

## Staff

- In the past year seven staff were enrolled on NVQ courses. One member of staff has been promoted to handle communication.
- Staff are able to have a say in how the home is run through the general staff meetings which happen every other month.
- The staff rota is organised so that staffing levels are above the basic requirement.
- The manager says that "Staff need to have passion."

## Residents/family feedback

- 3 times a year an anonymous survey is circulated to staff, residents and family.
- Relatives are invited to meetings and asked their views via a survey. Ten of the residents don't have any family, so feedback can be patchy. For the last family survey 5 were completed, and at the last relatives meeting 2 family members attended.

## The Home

- The manager has a plan of improvements which he wishes to make to the home including work on the garden, replacing floor coverings in the bedrooms and upstairs, a CCTV system being introduced upstairs, and a buzzer system being introduced into all bedrooms.
- All Covid measures are in place.
- Security – There are locks on all external doors, there is a fire alarm practice every Monday, there are different codes on different doors for inside and outside, and there are sensor lights outside.
- When the manager first started he introduced restricted opening on all windows to make it safer.



## Environment and observations

Cherrytrees Care Home is a 32 bedroomed home housing 28 residents at the time of our visit. The Home is a modern building located on a quiet leafy cul-de-sac with a car park and free on-road parking. The home is located next to a park and has a pleasant outlook.

The premises appear well looked after both outside and inside, and there is nice, large, enclosed garden at the back leading off the dining room which the residents use, and the staff erect a gazebo out there in the summer. There are plans to build a larger patio to make it easier for residents to sit in the garden.

Inside the home is set on 2 floors with stairwells and lift access. There is a large lounge, a dining room plus a conservatory where films are sometimes shown. There is a small room at the entrance which visitors can use but we were unable to see that on the day of the visit. The home appeared generally clean and tidy.

The general décor includes pictures on the walls of film posters, pictures that the residents have created, a gratitude board, an activity board, a large Coronation Street "Rovers Return" mural outside the window and some ornaments. The dining room in particular is newly decorated and has a homely feel with a large clock and a weather/date chart with pictures, menus on all the tables "What's for dinner?", a large menu board on the wall, various ornaments, and a nice outlook onto the garden.

The Enter and View team were able to sample some of the food at lunchtime comprising of chicken curry, vegetables, salad, mashed potatoes, sausage, and gravy followed by chocolate cake. The food was found to be tasty, of good consistency and warm.

The lifts and bathrooms are well signposted. The bedrooms all have letterboxes which makes them look like front doors.

None of the bedrooms are ensuite but they all have a wash hand basin.

Near the entrance there is a "You Said, We Did" board which shows how the home has acted on suggestions for improvements.

There are various posters and signs some of which use jargon and/or would not be easy to understand for the residents and/or haven't been updated – e.g., the Activities board.

From our observations staff provided good care and took time to talk with the residents.

# Recommendations and responses

Throughout our visit, we have gathered information to report on the positive conversations from residents and staff, as well as some of those areas that are perhaps not working so well. From this we have made the following three recommendations:

<p><b>1</b></p>	<p><b>Notices &amp; displays</b> – Review the information boards and signage to remove jargon and make it easier for residents to understand.</p> <p>Response from Cherrytrees Care Home:  <b>“The notice boards inside the building with exclusive access to residents will be organised with information adjusted to residents only, and the outside boards with information to relatives, staff and other professionals. We have ordered small folders to spread throughout the rooms with information for residents, especially the ones that do not come out of their rooms, with information such as menus, activities, information around safeguarding, how to complain, etc..”</b></p>
<p><b>2</b></p>	<p><b>Staff</b> – To carry out a review of staff training so that all staff are aware of training opportunities.</p> <p>Response from Cherrytrees Care Home:  <b>“Last year we offered all staff the opportunity to enrol in NVQ 2/3, and we enrolled 7 staff members. We trained carers and promoted to senior carer/team leader with training on giving medication. We trained the maintenance person to perform important safety checks such as PAT tests.</b></p>

	<p><b>We trained nurses and HCAs, to be the champions in different areas such as End of Life (6 steps).</b></p> <p><b>We trained staff to be able to certify deaths.</b></p> <p><b>We trained two HCAs as a trainer of trainees on Moving and Handling face-to-face training.</b></p> <p><b>We trained the kitchen staff, including the kitchen porter, on level 2 food hygiene.</b></p> <p><b>All training opportunities have been shared with staff during flash meetings and staff meetings, and we also send emails to staff and texts on the WhatsApp group.</b></p> <p><b>We understand that we cannot enrol all of the team at the same time in different kinds of training, and we need make sure that the staff levels are kept in accordance with service needs.</b></p> <p><b>We must take into consideration that during the last year we were limited in face-to-face training due to Covid restrictions.</b></p> <p><b>Different staff will be enrolled in different training opportunities during the next year.</b></p> <p><b>In my opinion I do not agree with this recommendation as staff have been made aware of all opportunities. As a small home, and being part of a small group, I consider that we provide a wide variety of training opportunities for everyone, covering the needs of the service and also with the view to empowering and promoting staff."</b></p>
<p><b>3</b></p>	<p><b>Planned improvements</b> – To continue with the Improvements plan so that the garden area and internal flooring are upgraded, CCTV cameras are installed upstairs, and buzzers are installed in all bedrooms. Response from Cherrytrees Care Home:</p> <p><b>"All internal and external improvements have been completed in accordance with the yearly action plan.</b></p> <p><b>The new CCTV system will be installed at the beginning of January.</b></p> <p><b>The new nurse call system will be installed next January (initially booked in for 16/01/2023)</b></p> <p><b>New vinyl floor will be applied during the next 6 months.</b></p>

**Garden arrangements will start during the springtime according to the plan.**

**A few other improvements will be added to the plan.**

**I have total support from the company in improving and adding quality to our service, although we need to take into consideration that the fees paid by Salford are not reflecting the needs and the service provided. “**



# healthwatch Salford

Healthwatch Salford  
The Old Town Hall  
5 Irwell Place  
Eccles  
Salford  
M30 0FN

[www.healthwatchsalford.co.uk](http://www.healthwatchsalford.co.uk)

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