

**Details of visit****Service address:****Date:****Length of visit:****Authorised****Representatives:****Cherry Trees Residential Home****149 Park Road, Cowes. PO31 7NQ****26<sup>th</sup> April 2024****2 hours****Pam Gerrard and Joanna Smith****Acknowledgements**

Healthwatch Isle of Wight would like to thank the service provider, people who live at the home and staff for their contribution to the Enter and View programme.

**Disclaimer**

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

**What is Enter and View?**

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to people, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. 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 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 safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service manager, ending the visit if necessary. Safeguarding concerns will be reported to the IOW Council safeguarding team without delay.

In addition, if any member of staff wishes to raise an issue about their employer, they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.



## **Purpose of the visit**

This visit was arranged as part of an ongoing workplan, looking at the experiences of people living in residential care or nursing care homes on the Island. Six local care and nursing homes were visited as part of this work.

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## **Methodology**

This visit took place unannounced. The home was made aware (via email) that Healthwatch Isle of Wight would undertake visits related to their residential care home/nursing home work plan and was given a 2 week window but was not informed exactly when the visits would occur. They were informed that two Healthwatch authorised representatives would be visiting the home and would wish to speak to people living at the home, visitors and staff if appropriate. The authorised representatives may also wish to observe a meal time, but this would be confirmed with the person in charge at the time of the visit.

A follow up telephone call was made to the home two weeks after the email, to enable the manager to ask any questions and to confirm arrangements.

The focus areas of the visit were as follows:

- **Quality of care**
- **Provision of activities**
- **Visiting**
- **Food and drink.**

### **Description of home taken from the homes website:**

‘Cherry Trees care home is a large character property, Managed by Leah Linington, who has been with the home for 17 years. She is supported by her team of loyal staff of varying ages and experience who together provide a high standard of care and a family feeling to those who reside and their visitors.’

## Results of Visit



### Quality of Care

One person we spoke to confirmed that they had attended a residents meeting recently and had been able to discuss some suggested improvements. They informed us that the management team had also implemented other improvements recently due to their feedback, such as putting a weekly menu in the dining room.

Several people we spoke to said that staff were ok and one person said they were all right “on the whole.”

### Activities

We were informed that the home works with external providers such as Independent Arts, to deliver activity sessions. They provide musical sessions and one person comes in to support people in a craft session, they are currently helping people to make a village.

The home’s activity co-ordinator supports people to do activities such as gentle armchair exercises, skittles and bowls. They are also trained in giving massages, so regularly offer leg and foot and hand and arm massages, including to people in their own rooms.

One person enjoys listening to talking books, so the activity coordinator also reads to them regularly. Other activities offered are bingo and monthly quizzes.

Regular wreath making sessions are also held, with people making wreaths for special occasions such as Halloween and Easter.

The donkey sanctuary has brought visiting donkeys which was enjoyed by people at the home and cooking sessions are also arranged for those who want to participate.

The activity co-ordinator confirmed that on her days off, she endeavours to book in activity sessions from external providers. She has also brought in wool, to enable people to have a knit and chat session in the evening and we were informed that relatives often join in with scrabble sessions. We were informed that the home is not able to take people for trips out.

### Food and Drink

In the kitchen there was a white board detailing people’s dietary requirements and preferences. People we spoke to said that they are asked about their food choices for the following day.

One person told us that they purchase some of their own food (including portions of custard) as this is not available on the menu. They have also requested fruit bowls at the home as they enjoy eating a variety of fruit.

People we spoke to confirmed that they were given a choice of food: “very good on the whole – if you don’t like something they’ll change it.”

There was a weekly menu on display in the dining room with main meal ‘specials’ of fish pie, burgers and chips, roast chicken with all the trimmings, corned beef hash, fish and chips and sausage casserole.

We were informed that people can choose where they wish to eat their meal and we observed some people going to the dining room and others staying in their rooms for lunch.

Several people had fish and chips and others had fish in sauce, mashed potatoes and peas. There were two jugs of squash on the table and people were offered this during the meal.

One person took the salt and pepper from the cupboard and put it on the table, but there were no sauces offered.

Lunches were covered when brought into the dining room.

People who needed support to eat had to wait until all the meals in the dining room had been served, which meant that one person waited 10 minutes for support – their meal would have been cold by this time.

Staff supported people when required, asking if people would like help with cutting up food etc.

Staff sat next to people when supporting them to eat, but one staff member did not explain what the food was to the person, or request their permission before giving them a drink.

One person was served their lunch and told staff that she did not want any baked beans as she does not like them. Staff advised her to leave them on her plate.

People were offered more food during lunch and one staff member asked people if they had enjoyed their food.

Staff brought the dessert trolley in and people were able to choose from pots of chocolate mousse, fruit yoghurts, strawberry gâteaux or jelly with cream. One person requested ice-cream and said she did not want any chocolate. Staff informed her that they would see if there was an ice cream available. They came back and offered the person Vienetta ice cream which they then consumed.

## Visiting

We were informed that people can have visitors at any time and there are no restrictions, this was confirmed by people living at the home.

## Staff feedback

We were informed that the home uses an external training provider to provide some of the mandatory face to face training sessions. They also use the Care Skills Academy for online training sessions and staff have attended training at Parklands, Cowes and also Riverside in Newport. Staff we spoke to said they feel well supported and one member of staff said “I’m happy with everything.”

**We were informed that usual staffing ratios are as follows:**

**7am - 3 staff begin their shift**

**8am - additional 2 staff begin their shift**

**Afternoon - 1 senior and 3 care staff**

**8pm – 8am - 2 night staff.**

**The home also employs 2 maintenance men, activity coordinator, domestic staff, manager. and 3 part time chefs.**

We were informed that there were 18 people living at the home on the day of our visit, with one person due to be admitted the following week.

## General observations

When we arrived, we showed our ID and were asked to sign the visitors book. We were taken through to the office where we spoke to the manager and one of the directors about the format and purpose of the visit.

In the downstairs hallway, there was a large photo mural, with pictures of people living at the home participating in activities. Next to this, there were pictures of people holding up posters of advice they would like to offer the younger generation. This included advice such as 'listen to your elders, then you're halfway there.'

A feedback box was situated near to the front entrance, with compliment slips available for use. Many Thank You cards were displayed on a noticeboard.

Training (food, fluids and nutrition) was being delivered in the lounge/dining room during the morning, several people living at the home were seated at the back of the room.

The lounge was bright with large windows overlooking the garden and car park. There was a bookcase full of books at one side of the room and a large television on the wall.

The downstairs toilet was labelled with a large black and white sign and we observed PPE (personal protective equipment) sites in communal areas of the home, with supplies of gloves and aprons.

We were informed that all bedrooms have a sink and all but three have en-suite facilities. The home is moving to vinyl flooring throughout, to allow for easy cleaning.

Bedrooms were varied in size and some unused rooms were being used for storage. We were informed that bedrooms can be redecorated when the rooms become available.





## Recommendations:

1. **Ensure that people needing support to eat are not left waiting.**
2. **Ensure all people are offered salt, pepper and sauces during the main mealtime.**
3. **Ensure that staff communicate effectively with people when supporting them to eat and gain permission before they do so**
4. **Provide pictures of menu choices, to support people's food choices.**
5. **Provide bowls of fruit or offer fresh fruit to people on a regular basis.**
6. **Provide opportunities for people to access the local community.** (we were informed that the home has had difficulty in obtaining insurance for a house vehicle, but alternative transport arrangements could be sourced, or staff could support people in wheelchairs to access local facilities).

# For more information

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