

## Cherry Oak Care Home Care Home Service

26 Colinton Road  
Edinburgh  
EH10 5EQ

Telephone: 0131 447 3009

**Type of inspection:**

Unannounced

**Completed on:**

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**Service provided by:**

City of Edinburgh Council

**Service provider number:**

SP2003002576

**Service no:**

CS2003010938

## About the service

Cherry Oak Care Home is registered with the Care Inspectorate to provide a care service to a maximum of 19 older people. There were 18 residents living in the home at the time of inspection.

The home is a converted Victorian building, located in a residential area to the south-west of Edinburgh.

Accommodation is provided over two levels, with access to the upper floor being provided by a lift and stairs. All bedrooms are single occupancy, with eighteen of the rooms having en-suite facilities. One bedroom has sole use of an adjoining bathroom. Communal bathrooms and toilets are situated on each floor. The dining room is on the ground floor and there is a shared lounge on the first floor.

There is an enclosed garden to the rear of the house and a large lawn area to the front. There is a small off-street parking area at the front of the home.

The service states its aim is 'to provide high quality care homes for older people, where the needs and wishes of each person are valued and respected'.

## What people told us

We asked people using the service and their relatives to share their experience of Cherry Oak. We spoke with a range of people face to face during the inspection visit.

Before the inspection, we asked the provider to distribute questionnaires to people using the service, their relatives and staff. Three completed questionnaires were returned to the Care Inspectorate.

People we talked with during the inspection spoke highly of the staff and the care they gave. They described staff as kind, friendly, hardworking and patient.

One person said "the staff are a jolly good team, they are first class and good humoured" .

People living in Cherry Oak told us that they liked living in the home. People told us:

" I'm happy living here, I'm comfortable and get good care "

"It's a nice house and the garden is lovely in the better weather"

"It's good that there are people around that I can have a chat with, I enjoy the company " .

People said that there were activities and outings to keep them occupied through the day. People particularly liked going out on trips.

We were told that the food was "very tasty" and that there were good menu choices. People told us that they looked forward to their meals.

Visiting family members spoke highly of the staff. They were appreciative of the way that staff kept them up to date with any changes in their relative's health.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

People living in Cherry Oak care home benefited from being supported by staff who were familiar with their needs and preferences. People we spoke with were positive about the staff working in the home and described them as kind and friendly. We saw warm relationships between people living in the home and the staff. People enjoyed the pleasant and relaxed atmosphere this created in the home.

Choice for individuals was actively promoted which supported a person-centred approach to care. Staff had a good awareness of the importance of maintaining individual's privacy.

People told us how much they enjoyed taking part in the activities arranged. There was a diary of activities on display. This ensured that people were aware of what activities were taking place. We saw that staff were good at engaging with people on a one to one basis in the communal sitting room. Some consideration should be given to increasing one to one time with people who spent their day in their bedroom. This would ensure that people did not feel isolated.

People who live in the home were supported to be meaningfully involved in the development of the service. This was achieved through regular meetings with residents. The comments and suggestions gathered at the meetings were being actioned. This helped to improve outcomes for people living in the home.

Mealtimes were well managed. This helped to support the health and wellbeing of the people living in the home. Staff understood the importance of developing mealtime into a social event to ensure that people could enjoy their meals in a calm and unhurried way.

The health care needs of people living in the home were managed by a knowledgeable senior care team. Visiting healthcare professionals commented positively about how well staff communicated with them about people's healthcare needs. They told us that staff called for advice and support when needed and followed directions to support individual's health needs.

There was a need to ensure that medication was being managed safely and effectively. We found that medication records were not consistently maintained in line with good practice guidance. There was a need protect individuals' safety and wellbeing by ensuring that documentation about the management of medication

being administered covertly was up to date and regularly reviewed.  
See area for improvement 1.

The service had risk assessment tools to assess and monitor specific risks for individuals. However, these were not being completed regularly. Regular assessment and monitoring of risk should take place to effectively inform the management of risk to protect individuals from harm.  
See area for improvement 2.

There was a continued need to ensure that care charts were completed accurately and in a timely manner. This would help staff to monitor people's health conditions and ensure that the care delivered was fully meeting individuals assessed healthcare needs.  
See area for improvement 3.

## Areas for improvement

1. The provider should ensure that all medication is managed safely and effectively, taking account of the best interests of the individual.

This includes ensuring the following -

- staff adhere to good practice guidance and the providers medication policy and procedures
- medication being administered covertly should be managed in line with good practice guidance regarding Covert Medication from the Mental Welfare Commission.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state- 'Any treatment or intervention that I experience is safe and effective.'  
(HSCS 1.24)

2. The provider should ensure that risk assessments are accurately and regularly completed. The outcomes should be used inform the management of risks to support the health, welfare and safety needs of the individual. This includes, but is not restricted to, assessments of nutritional risk and the risk of individuals developing pressure ulcers.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.'  
(HSCS 3.21)

3. Care charts should be completed accurately and in a timely manner. This will ensure the effective monitoring of people's health conditions and ensure that the care delivered fully meets individuals assessed healthcare needs.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'My care and support meets my needs and is right for me'  
(HSCS 1.19).

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

### 3 - Adequate

Residents were supported to personalise their bedrooms to reflect their taste. People told us that they were comfortable living in Cherry Oak. The sitting room on the first floor was homely and well used by people living in the home. We saw that staff took pride in creating a homely atmosphere. There were positive comments from residents and their relatives about the quality of the accommodation provided in the home.

We had previously asked the provider to improve the hand washing facilities within the home. This has not been progressed. The provider needs to prioritise this to support effective infection control within the home.

There was an ongoing need to improve storage within the home to ensure that housekeeping supplies and continence aids were being stored safely and appropriately.

The en-suite showering facilities within one bedroom in the home were inadequate and not fit for purpose. These issues will be the subject of a requirement. See requirement 1.

To protect the safety and welfare of people using the service the provider should be able to evidence that regular health and safety checks have been carried out and that any actions needed for repairs have been completed. We had difficulty determining if the health and safety checks had been completed and repairs actioned because of poor record keeping.

See area for improvement 1

## Requirements

1. By 13 March 2020 the provider must send the Care Inspectorate a development plan detailing provision and improvement of facilities within the home. The plan must include dates for completion of improvements. The provider must prioritise the following improvements-

- Provide adequate hand washing facilities to ensure effective infection control
- Ensure that there is safe and appropriate storage for housekeeping supplies and continence aids
- Ensure that showering facilities for service users are fit for purpose.

This is to ensure care and support is consistent with the Health and Social Care Standards which state -

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'(HSCS 5.22)

and

in order to comply with Regulation 4 (1)(a) and (d) Welfare of users and Regulation 14 (b) Facilities in care homes of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This also takes account of the 'Building Better Care Homes for adults' guidance, Care Inspectorate, 2018 and the National Infection and Control Manual (NIPCM), Health Protection Scotland for the NHS National Services Scotland 2012.

## Areas for improvement

1. The provider should ensure that the health, welfare and safety of people using the service is protected. The provider should improve the accuracy and regularity of health and safety checks and evidence that actions have been taken for repairs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state - 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22)

'My environment is secure and safe' (HSCS 5.17).

## How well is our care and support planned?

### 3 - Adequate

Personal plans should provide staff with guidance about how best to support individual's assessed needs, taking account of the person's wishes and choices.

The plans we viewed had been developed in partnership with individuals and their representatives. They contained information detailing what was important to the person. Staff showed that they were familiar with people's care needs and preferences. Key working staff were being supported to develop care plans further to reflect the good knowledge they had about individuals' preferences and choices.

Personal plans reflected the assessed care and support needs of people living in the home. However, the method of evaluating care planning was ineffective. Therefore, we could not determine if the planned care had been successful in managing individuals assessed care needs. This could negatively impact on the management of individuals health, welfare and safety needs.

See area for improvement 1

People using the service should be able to be meaningfully involved in the planning of their care. People living in the home and their representative had opportunities to discuss current care and support at a minimum every six months. This supports meaningful participation for people to be involved in the planning of their care.

Supporting documentation should be in place to protect and uphold people's legal rights. We noted that some individual's legal rights were not protected as their supporting documentation was out of date.

See area for improvement 2

## Areas for improvement

1. Personal plans should be regularly evaluated to determine if plans to meet care and support needs are effective.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'My personal plan is right for me because it sets out how my needs are to be met, as well as my wishes and choices' (HSCS 1.15).

2. To protect people living in the home the provider should ensure that documents supporting and upholding people's legal rights are valid, up to date and regularly reviewed.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state - 'My human rights are central to the organisations that support and care for me.' (HSCS 4.1)

My views will always be sought, and my choices respected, including when I have reduced capacity to fully make my own decisions. (HSCS 2.11)

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.2)

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To make sure people's health benefits from their care and support, the provider should ensure residents have meals and snacks that meet their dietary needs and preferences.

In order to do so;

- residents should be provided with altered texture diets according to their assessed needs.
- staff should be knowledgeable about altered texture diets and be provided with training where learning needs are identified.
- information on resident's dietary needs should be easily accessible to both carers and kitchen staff.
- residents should routinely have opportunities to give their views on the quality of meals, food and drink provision, review their preferences and be involved in menu planning.

**This area for improvement was made on 8 July 2019.**

#### Action taken since then

There was up to date information available about individuals specific dietary needs as determined through assessments by healthcare professionals. Catering and care staff were knowledgeable about individuals dietary needs. We saw a range of specific dietary needs being catered for. There was effective communication systems in place to ensure any changes in diet were notified to catering team.

People had opportunities to comment on menu planning.

This area for improvement has been met

## Previous area for improvement 2

Care charts should be completed accurately and in a timely manner. This will help staff to monitor residents health conditions, or evidence that aspects of care, such as the application of topical creams, are being carried out in accordance with their assessed needs.

**This area for improvement was made on 8 July 2019.**

### Action taken since then

There was a continued need for all charts to be completed in a timely manner. In particular charts to record individuals food and fluid intake.

This area for improvement has not been implemented and will continue. This is detailed in Key Question 1 of this report.

## Previous area for improvement 3

The provider should ensure that each resident has an assessment of their ability to manage their money at admission and this is reviewed regularly. Where large balances are held for residents, the provider and manager needs to ensure that it has the appropriate authority to hold these on behalf of residents in accordance with Adults with Incapacity legislation.

**This area for improvement was made on 8 July 2019.**

### Action taken since then

Appropriate authority was in place for each resident. There were systems in place to manage individuals monies. These arrangements were regularly reviewed.

This area for improvement has been implemented.

## Previous area for improvement 4

Due to the potential safety hazards posed by open staircases in the home, the provider should complete an overall health and safety risk assessment and individual risk assessments for the use of stairs by residents. Preventative actions should be taken in response to any risks identified.

**This area for improvement was made on 8 July 2019.**

### Action taken since then

Risk assessments were in place for the people who use the stairs on a regular basis. These assessments were being reviewed on a 6 monthly basis.

This area for improvement has been implemented.

## Previous area for improvement 5

In order to ensure that moving and handling equipment is safe to use, the provider should ensure that checks and examinations are completed in line with the Lifting Operations and Lifting Equipment regulations, 1998.

**This area for improvement was made on 8 July 2019.**



**Action taken since then**

There were records to evidence that regular checks and examinations were being completed in line with the Lifting Operations and Lifting Equipment regulations, 1998.  
This area for improvement has been implemented.

**Previous area for improvement 6**

In order for people to experience a high quality environment, actions should be taken to address improvements needed in order to meet with 'Building better care homes for adults' guidance and good practice guidance in infection prevention and control. These included;

- i) review the laundry provision to provide segregation of clean and dirty linen to prevent cross-contamination and install a designated wash-hand basin for staff, to promote good hand hygiene practices.
- ii) domestic services and dirty utility (sluice) facilities on the ground floor are currently provided in a dual-use room. These should be separated to provide a dirty utility area that is separate from the cleaner's or housekeeper's area for cleaning and storage of housekeeping equipment. A designated wash-hand basin should be provided in the dirty utility room.

When re-locating the domestic services room, consideration should be given to the space available for non-disposable cleaning equipment to be thoroughly cleaned after use, and for the disposal of cleaning solutions. This should include where mop buckets are filled and emptied.

- iii) the communal bathroom should have hand-washing facilities provided and alternative storage sought for hairdressing equipment so that this is kept outwith the shared bathroom.

**This area for improvement was made on 8 July 2019.**

**Action taken since then**

There was a continued need to ensure that the home had appropriate hand washing facilities to ensure effective infection control .

There was a continued need to provide appropriate and safe storage for hairdressing equipment, housekeeping supplies and continence aids.

This issue needs to be progressed as a matter of priority by the provider and will be the subject of requirement. This is detailed in Key Question 4 of this report.

**Previous area for improvement 7**

The provider should ensure that staff have access to and use clear, accurate and up-to-date individualised care plans in order to provide care which meets residents needs in a way which is acceptable to them.

**This area for improvement was made on 8 July 2019.**

**Action taken since then**

Care plans were accessible for staff as they were stored in a central location. We saw that staff referred to and updated care plans.

This area for improvement has been implemented.

**Previous area for improvement 8**

The provider should ensure that care plans and associated documentation accurately details residents' skin care needs and actions required by staff in order to meet these needs. This must include, but not be limited to:

- i) timely completion of skin risk assessments.
- ii) information on settings for pressure relieving equipment according to individual resident's assessed needs.
- iii) guidance on re-positioning needs.

**This area for improvement was made on 8 July 2019.**

## Action taken since then

The service were using appropriate charts to record position changes for individuals to help prevent skin breakdown. However, the tool to assess and monitor the risk of individuals developing pressure ulcers were not being kept up to date.

This did not ensure that staff would identify risks promptly and protect individuals from harm.

This area for improvement has not been implemented and will continue. This is detailed in Key Question 1 of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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