

Cherry Tree Lodge Limited

Cherry Tree Lodge Private Residential Care Home

Inspection report

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28 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Cherry Tree Lodge on the 27 & 28 July 2016. The first day was unannounced.

Cherry Tree Lodge provides accommodation and personal care for up to 23 older people (including people living with dementia). Cherry Tree Lodge is also registered to provide personal care and support to people living in their own homes but at the time of the inspection was not providing this service. It is a small, family run care home located on a main bus route on the outskirts of Rawtenstall town centre. There were 22 people accommodated in the home at the time of the inspection.

At the previous inspection on 8 January 2015 we found the service was meeting all the standards assessed.

The service was managed by a registered manager who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the people, their relatives, visiting professionals and staff we spoke with had nothing but praise for the service and the quality of life people experienced. People living in the home told us they felt safe and considered staff were always available to support them when they needed any help.

Recruitment processes and procedures ensured new staff were suitable to work with vulnerable people. There were appropriate arrangements in place in relation to the safe management of people's medicines.

Staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. They were clear about their responsibilities for reporting incidents in line with local guidance. Staff had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This meant they had knowledge of the principles associated with the legislation and people's rights. Staff understood the importance of gaining consent from people and the principles of best interest decisions.

Risks to people's health, welfare and safety were managed very well. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling.

Staff had a good understanding of people's personal values and needs and people's personal choices were respected. Staff received training to ensure people's rights to privacy, dignity, independence and choice were respected. We found staff were very respectful to people, attentive to their needs and treated people with kindness, care and respect. People told us staff treated them kindly and like family.

People felt their needs were being met appropriately. Staff were well trained and well supported and

committed to provide a high quality of care. People's care and support was kept under review and referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

People told us they enjoyed the meals. We noted the atmosphere was relaxed with friendly chatter throughout the meal. Staff were aware of people's dietary preferences, the support they needed and any risks associated with their nutritional needs.

We found people lived in a clean, safe, pleasant and homely environment. All areas were tastefully decorated and furnished to a high standard and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort.

Staff had been trained in End of Life care. This meant people could be confident their dignity, comfort and respect was considered at the end of their lives. People using the service and staff were offered emotional support during and after bereavement.

People had a detailed person centred plan which provided staff with good insight into people's personal routines and preferences. The information was reviewed at regular intervals.

People were able to participate in a range of suitable activities and entertainments. People were supported to keep in touch with family and friends.

People were very happy with the way the home was managed. People were involved in the running of the home and were kept up to date with any changes. The registered manager was committed to providing high quality care and worked in partnership with other organisations to drive improvements across the care sector and improve relationships with other professionals.

There were effective systems to assess and monitor the quality of the service to ensure any improvements needed were recognised and the necessary action taken to implement any changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. They were cared for by staff that had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were very well trained and supervised in their work.

Staff and management had an understanding of best interests decisions and the MCA 2005 legislation.

People's health and wellbeing was continuously monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced and healthy diet. People told us they enjoyed their meals.

Is the service caring?

Good ●

The service was caring.

Staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. Staff knew people well and placed them at the heart of the service they provided.

People could be very confident their end of life wishes would be respected by staff that had been well trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible. People's care plans centred on their wishes and needs and kept under review.

People were very well supported to keep in contact with relatives and friends.

Activities provided were varied and meaningful and enhanced people's quality of life. Contact with the community was well established.

People felt able to raise concerns and had confidence they would be addressed appropriately.

Is the service well-led?

Good ●

The service was well led.

People were happy about the management and leadership arrangements at the service.

There was a positive and open atmosphere at the home. People living in the home, their visitors and staff were involved in the development and improvement of the service.

The quality of the service was monitored to ensure improvements were on-going through informal and formal systems and methods.

The service worked in partnership with other organisations to keep up to date with current practice, drive improvements across the care sector, improve relationships with other professionals

and to increase awareness of the care sector.

Cherry Tree Lodge Private Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 & 28 July 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the local authority contract monitoring team and safeguarding team for information about the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, three care staff, the housekeeper, four people living in the home and four relatives. Following the inspection we spoke with a healthcare professional.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and audits. We also looked at the results from a recent customer satisfaction survey.

We observed care and support in the communal areas during the visit and spoke with people in their rooms.

Is the service safe?

Our findings

All the people we spoke with told us there were sufficient numbers of staff who were caring and kind to them. They did not have any concerns about the way they were cared for. They told us, "The staff are lovely with everyone. There is always someone around if I need any help. I have a buzzer in the night if I need it." Family members told us, "I know [my relative] is safe and looked after; it's taken a real weight off me" and "There are always plenty of staff around. They are not stuck in the office." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. We observed staff were patient and kind with people and were always available to offer support to people when needed.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. Staff told us they had completed training in safeguarding vulnerable adults and this was verified in their training records. Staff were clear about what to do if they witnessed or suspected any abuse and indicated they would have no hesitation in reporting any concerns they may have. The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at how the service managed risk. Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. Staff had good guidance on how to manage any identified risk. This was clearly documented in people's care plans. Environmental risk assessments and health and safety checks were completed and kept under review. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe. There was doorbell entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

People told us there were sufficient numbers of staff to meet their needs in a safe way. We looked at the staffing rotas. In the home there were four care staff on duty all day with two care staff available at night. Housekeeping and kitchen staff were available each day. People confirmed the registered person was available throughout the day and often worked as part of the team. Staff told us they had a stable team that worked well with each other and cover for sickness or annual leave was managed well with existing staff. They never used agency staff.

We looked at the recruitment records of three members of staff. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at how medicines were managed and found appropriate arrangements were in place in relation

to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

Training records showed staff responsible for people's medicines had been trained. Staff practice was monitored by senior staff although this had not been formally assessed. The registered person assured us this would be actioned. A daily and monthly audit of medicine management was carried out. Auditing medicines reduced the risk of any errors going unnoticed and enabled staff to take the necessary action to rectify these. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics or eye drops received them promptly and courses of medicines were seen as completed. People we spoke with told us they received their prescribed medicines on time.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medication being managed by the service on admission and a decision had been made whether they were able, or wished to, self-medicate. Where medicines were prescribed 'when required', guidance were clearly recorded to make sure these medicines were offered consistently by staff.

We looked at the arrangements for keeping the service clean and hygienic. We found the home was clean and odour free. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was strategically placed throughout the home. Infection control information was displayed and there were infection control policies and procedures in place for staff reference. Staff training records showed infection control training was provided to a high level. The environmental health officer had recently given the service a maximum five star rating for food safety and hygiene.

Is the service effective?

Our findings

People told us they were very happy with the service they received at Cherry Tree Lodge. People felt staff were skilled to meet their needs and spoke positively about their care and support. They said, "Staff help me to feel better. I have settled here and like living here. I didn't think I would but I have."

Visitors we spoke with were complimentary of the staff team. Comments included, "I have no criticisms with regards to the qualifications and experience of care staff", "I have absolute praise for the whole staff" and "[My relative's] quality of life has been maximised." A healthcare professional described the recent training that had been provided and said, "They embrace training to develop their skills and knowledge. They are keen to learn."

We looked at how the service trained and supported their staff. Training records showed all staff had attended regular training and a comprehensive training programme was in place. Records showed staff had also attended additional relevant training to support them with their role. Regular training included safeguarding vulnerable adults, moving and handling, dementia awareness, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were designated champions in areas such as pressure area care, medicines, fall and diabetes. They were provided with additional training to help them keep themselves and the team up to date.

We looked at the records of two recently employed staff. We found both staff received a comprehensive three day induction into the routines and practices of the home followed by a further period shadowing experienced staff. Records showed staff were provided with regular one to one support and supervision. Supervision sessions helped to identify any need for any additional training and support.

Staff told us handover meetings, handover records and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff had access to a range of policies and procedures to support them with safe practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. Applications had been made for two people which would help to ensure they were safe and their best interests were considered. Records showed this had been kept under review.

Staff understood the importance of gaining consent from people and the principles of best interests decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that consent forms were in place and found clear evidence that discussions had taken place with relatives, the person the DNAR related to, and the person's GP. The person's wishes were clearly recorded.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and their healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs which helped staff to recognise signs of deteriorating health. The service used the 'tele meds' system whereby they could access remote clinical consultations during the day or night; this meant staff could access prompt professional advice at any time and hospital admissions could be avoided in some cases.

Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged. A healthcare professional told us, "The staff are very clear about what support they need from us. They follow any advice that we give them." A visitor commented, "Health needs are dealt with quickly and professionally."

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I enjoy the meals", "The staff are lovely they make me a cuppa during the night if I wake up. I get something before I go to bed" and "There is always a choice. I'm not sure what I've ordered but I know I will enjoy it." We saw people were regularly asked for their views on the food provided and the menu was a regular feature on the 'resident meeting' agenda. Healthy eating had been considered and discussed with people and special diets were catered for.

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. The menus were provided each day to encourage people to make their meal choices. We noted people discussing which meals they preferred and what choices they were going to make.

During our visit we observed lunch being served. The dining tables were appropriately set and condiments, napkins and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. People were offered additional portions. The atmosphere was relaxed with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to

eat their meals.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Records had been made of people's dietary and fluid intake where needed. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

Cherry Tree Lodge provided a pleasant and homely environment for people. All areas were tastefully decorated and furnished to a high standard. People told us they were happy with their bedrooms and had furnished them with the personal possessions they had brought with them. This promoted a sense of comfort and familiarity. People could have keys to their bedrooms. Some bedrooms were equipped with en suite facilities whilst others had hand wash basins available. Suitably equipped bathrooms and toilets were within easy access of communal and bedroom areas and appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort. There were patio areas to the side and rear of the home which were accessible via ramps. A refurbishment of the home had commenced.

Is the service caring?

Our findings

People spoken with were happy with the care and support they received and told us the staff were very caring. People told us, "I am looked after properly. The staff treat me like one of their family" and "Nothing is too much trouble." A visitor said, "I cannot fault the care. I am very happy." Another commented, "[My relative] received the highest levels of personal and professional attention." A health care professional said, "The attention to detail is excellent. The staff and managers are the greatest advocate for residents."

People confirmed there were no restrictions placed on visiting and they were made to feel welcome in the home. We observed people visiting and noted they were treated in a friendly and respectful way. Relatives and visitors highly praised the level of the service people got.

During our visit we observed staff responding to people in a patient, good humoured, caring and considerate manner and we observed good relationships between people. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was happy and relaxed. From our observations the registered person and the staff knew people and their visitors well and were knowledgeable about people's individual needs, preferences and personalities.

We found information was available about people's personal preferences and choices in areas such as meals, routines, hobbies and interests. People's care plans centred on people's views and wishes for their care and support this ensured staff were sensitive to people's needs. This helped staff to treat people as individuals. We looked at various records and found staff wrote about people in a respectful manner.

There were policies and procedures about caring for people in a dignified way which helped staff understand how they should respect people's privacy and dignity in a care setting. We saw staff knocking on people's doors before entering and closing doors when personal care was being delivered. Staff spoke to people respectfully and appropriately.

Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure and people had been informed how the service would respect their right to confidentiality.

People spoken with told us they were able to make choices and were involved in decisions about their day and about the day to day running of the home. People said, "They ask me what I think and they listen to me" and "Staff are respectful of what I want." Staff were observed kindly encouraging people to do as much as possible for themselves to maintain their independence. An example of this was the housekeeper involved people in cleaning their bedrooms. We observed people undertaking daily tasks around the house.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. Some people had been involved in

reviews of their care and support. Visitors told us they were kept up to date with any changes to their relative's health or well-being.

There was information about advocacy services in the hallway. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Staff had received end of life care training. The service had excellent links with the local hospice and with the MacMillan nurses family to ensure people at the end of their life received care according to their wishes. Care plans were written to reflect people's wishes. This meant staff could approach a person's end of life care safe in the knowledge they were caring for the person according to their wishes, ensuring their dignity and their comfort, and treating them with respect. Records showed staff and people living in the home had been offered bereavement counselling and support following any death in the home.

Is the service responsive?

Our findings

During our visit people using the service and visitors made positive comments about the service. Everyone we spoke with were complementary about the staff regarding their willingness to help them. People told us there were no rigid routines that they were expected to follow. People told us, "I get up when I want and get into bed when I want. I sometimes join in if there are things I am interested in" and "The staff are always around so even if I am in my room I have someone to chat with; they never say 'wait a minute' and then forget to come back. They are very relaxed. It makes me feels like I am important."

Before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. The information was wide ranging and very detailed and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted family members had been involved in and had contributed to the assessments and information from any professionals involved in people's care was also considered.

The registered manager explained how it was important to spend time getting to know people and finding out what was really important to them and how all staff were trained to understand that moving into a home could be very unsettling for people. The registered manager told us the pre assessment process had been reviewed and improved earlier this year following concerns raised by a family member.

Visitors told us they had been involved in the assessment process before their relative moved into the home. Visitors told us, "(Registered manager) discussed everything I needed to know and explained what it was like living here. I was asked about the care and support that [my relative] needed and was advised whether the staff would be able to look after them properly", "We liked what we saw and what we smelled", "The transition from [my relatives] home to here was very smooth. We were given good advice to help them settle" and "[My relative's] assessment was very good. I was fully involved and everything was explained." One person told us how the registered manager had explained the different care options available to them. They told us they felt the registered manager had been open and honest with them. They said, "They didn't need to do that. It showed it wasn't just about filling a bed, it was about what was best for [my relative]."

Following the initial assessment an individual care plan was developed detailing the care and support needed. People or their visitors had been involved with this. Information was included about people's likes, dislikes and preferences, routines, how people communicated and risks to their well-being. This helped to ensure people received the care and support in a way they both wanted and needed and ensured people were cared for as individuals. However, we noted people had not been asked whether they preferred care from a male or female member of staff. The registered manager assured us this would be included in the assessment process.

We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs. Visitors and people using the service told us they were kept up to date and involved in decisions about care and support. Some people told us they were aware of their care

plan. All people we spoke with said they had been involved in discussions and decisions about their care. One person said, "They ask me what I want and whether I am happy." One visitor said, "I know all about [my relative's] care plan and am kept up to date."

One visitor described how they had been sent photographs and videos of their relative following admission. They said, "This reassured us that [my relative] was happy and settled when we were not there."

We observed staff taking time to sit and chat with people. We noted they checked on people's welfare throughout the day to ensure they were comfortable, safe and had everything they needed. We noted staff showed concern for people's comfort and well-being. One person said, "I like to spend time in my room but they always bob in to check whether I need anything."

Staff told us care plans were easy to follow and people's care was discussed all the time. They were kept well informed about the care of people living in the home. There were systems in place to ensure they could respond quickly to people's changing needs. This included a handover meeting at the start and end of each shift, communication diaries and a handover sheet.

When people were admitted to hospital they were accompanied by a record containing a summary of their essential details, information about their medicines and a member of staff or a family member. In this way people's needs were known and taken into account when moving between services.

We saw that the service had very good links with the local community such as the local hospice. The registered manager provided a monthly drop in centre for local people to discuss their concerns and offer practical advice about caring for people with a dementia. It was clear the service took pride in helping others and acts like this meant people could be confident they had made a difference in society and their support was valued.

From looking at records and from our discussions we found people were able to participate in a range of activities and entertainments. People said, "We can have a chat and a laugh. I have made some good friends here", "It is very busy sometimes but there is always something to do" and "There is always something on to break up the day and keep us busy." Visitors said, "The atmosphere is serene. I didn't expect it to be. You can see people are happy and just getting on with things they like to do."

People told us they were happy with the activities provided. Activities were provided either in small groups or given on a one to one basis. Some of the activities were planned whilst others were not; during our inspection we observed staff flexibly responding to people's choices. Activities included chair exercises, reminiscence sessions, the knitting circle, hand and nail care, baking, colouring, hairdressing and music. People also participated in discussions about the daily news headlines and light housekeeping tasks such as dusting and tidying. The registered manager told us activities were constantly being reviewed to ensure they were meeting people's individual needs and choices.

People were actively supported to maintain links with friends and family. Some people were able to attend events with their families whilst other families lived some distance away. We were told the home used 'skype' and emails to enable people to keep in touch with their relatives. One person had been unable to attend a family wedding but was able to watch the ceremony on a laptop whilst their family provided a commentary on the day.

People told us they had no complaints and could raise any concerns with any of the staff or with the registered manager. They said, "I am very happy here and have not had any complaints so far." A visitor said,

"I am very pleased with everything. I would speak up if I wasn't."

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for external organisations including social services and the local government ombudsman. We noted there was a complaints procedure displayed in the home and in the service user guide. The registered manager told us any concerns would be addressed immediately and a solution found. Complaints and suggestions were valued as a source of information to help improve the quality of the service.

Records showed the service had received one formal complaint in the last 12 months. We noted this had been responded to and information had been shared appropriately with the local authority. We saw people had made complimentary comments about the service. Comments included, "Thanks for the wonderful care and attention" and "Thank you for getting me through a difficult time."

Is the service well-led?

Our findings

During the inspection visit people living in the home, their visitors and staff spoken with had nothing but praise for the management of the service. People told us, "It is a good service, absolutely brilliant", "I am blown away with the service" and "People have made it their home and are happy here which is due to the way the service is managed." A healthcare professional told us, "It is a nice home; supremely structured and organised. The staff team are very clear about achieving good outcomes for people."

The registered manager who was also the owner of Cherry Tree Lodge was qualified, competent and very experienced to manage the service effectively. The registered manager was described as an excellent leader who placed people at the heart of everything they did. One member of staff told us, "The registered manager is absolutely amazing, lots of energy and wants nothing but the best for people."

The registered manager was seen to interact professionally with people living in the home, with staff and with visitors to the home. Throughout our discussions it was clear they had a thorough knowledge of people's needs and circumstances and were committed to the principles of person centred care. They attended daily handover meetings to keep up to date with people's changing needs and to discuss any concerns or issues with staff. The registered manager was able to describe the achievements so far and were aware of the improvements needed. There was a business and development plan available to support this.

From our discussions it was clear the registered manager saw the home as an integral part of the community and was passionately committed to providing people with high quality care. The registered manager described how they were keen to develop links with other local care homes and with other registered managers; this would help them to share best practice and discuss any areas of concern. The registered manager had set up a local dementia support group providing people in the community with advice and support from people with specialist knowledge. This was held each month in the local GP practice.

There was evidence the registered manager worked in partnership with other organisations to keep up to date with current practice, drive improvements across the care sector, improve relationships with other professionals and to increase awareness of the care sector. The registered manager was currently working with local commissioners and was the care home lead for the 'Transformation Programme'. This work would help improve people's care and access to services to prevent needless admissions to hospital.

People confirmed the registered manager was available in the home and regularly worked with staff. We were told the owner would visit the home at weekends and also in the early morning/late evening to meet with night staff. This helped identify any shortfalls in staff practice and encouraged staff to share any concerns they had.

Systems were in place to assess and monitor the quality of the service in areas such as care planning, medicine management, record keeping, infection control and the environment. Where shortfalls had been identified we saw prompt improvements had been made.

People were encouraged to be involved in the running of the home and were kept up to date with any changes. We saw regular residents and relative's meetings had been held. The minutes of recent meetings showed a range of issues had been discussed, such as food, improvements to the home, survey results and activities.

People were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service provided. Results of these surveys showed a high satisfaction with the service. The results of the surveys were used to improve practice and discussed with people at meetings. The registered manager told us whilst feedback from the surveys was good they were often not completed. The registered manager considered introducing a suggestion box where people could easily share their views and make suggestions.

Staff told us they were very happy in their work and were well supported. They told us they were part of a good team. Staff felt they could raise their concerns and were confident they would be listened to and appropriate action would be taken. Staff we spoke with told us they were very happy in their work and felt valued by the registered manager. They had a good understanding of the expectations of the registered manager. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. We observed a good working relationship between the registered manager and staff. One staff member told us, "(Registered manager) expects high standards from herself and from us and is very supportive of us."

A range of policies and procedures were available which provided staff with clear information about current legislation and good practice guidelines. These had been reviewed regularly to make sure they were updated to reflect any necessary changes.

Staff meetings were held regularly and were well attended. Staff told us the minutes of the meetings were made available to them and they were able to voice their opinions and share their views. Staff were aware of who to contact in the event of any emergency or concerns. There was always a member of staff on duty with designated responsibilities and the registered person could be contacted at any time in an emergency.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered person had appropriately submitted notifications to CQC.

The service had achieved the Investors In People (IIP) award. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. The service had achieved re recognition in February 2016.