

Broadoak Group of Care Homes

Cherry Tree Cottage

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 12 March 2018. The inspection was unannounced.

Cherry Tree Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cherry Tree Cottage provides accommodation and care for up to seven people with learning disabilities and autistic spectrum disorder. At the time of the inspection five people were living at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support.

The service had a registered manager in place and a home manager who had day to day responsibility for the running of the service. 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.

At the last inspection in May 2016 the service was rated 'Good' in all key questions, at this inspection we found the service had deteriorated to 'Requires Improvement' in 'Safe', 'Effective', 'Responsive' and 'Well-led' and remained 'Good' for 'Caring'. Overall the service is now rated as Requires Improvement.

People had not been supported with the required staffing levels to meet their dependency needs. The registered manager took immediate action to address this concern and additional staff were provided. Safe staff recruitment checks were followed. Risks to people's needs had been assessed and planned for. However, there had been a lack of health and safety checks including risk assessments of the external and internal environment.

The availability of paper towels and liquid soap to prevent the risk and spread of infections were insufficient. There was no effective analysis of behavioural incidents or accidents or learning to reduce further reoccurrence. Some shortfalls were identified in the management of medicines.

Staff had received training in safeguarding and the provider had a policy and procedure to inform practice.

Staff received an induction and ongoing training and support. Some shortfalls in staff training were identified. Staff had not received opportunities to discuss their work, training and development needs at the frequency the provider expected.

People had their needs assessed and planned for and they received opportunities to discuss the care and support they received. People received a choice of meals, had access to the kitchen and made themselves snacks and drinks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights under the Mental Capacity Act (2005) had on the whole been considered. Where people had capacity they were enabled to make decisions and their choices were respected. People were supported to access primary and specialist health services.

Staff were aware of people's needs, routines and what was important to them. Staff were kind and caring and showed dignity and respect. Independence was encouraged and supported. Advocacy information was available to people.

Staff had information to support them to understand people's needs, preferences and diverse needs. People received a lack of structured and meaningful activities, stimulation and opportunities to pursue their interests, hobbies and aspirations.

The provider's complaint policy and procedure had been made available to people who used the service, relatives and visitors. People's end of life wishes had been considered and discussed with people and or their relatives.

Systems and processes in place to monitor and improve the quality and safety of the service were found to be ineffective. People who used the service and relatives received opportunities to share their experience about the service.

This inspection identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staffing levels were identified to be insufficient and immediate action was taken by the provider to amend this.

Risk assessments and checks on health and safety of the environment were lacking. There was no analysis of behavioural incidents, accidents or incidents.

The environment was clean but concerns were identified with the supply of paper towels and liquid soap.

Some shortfalls were identified in the management of medicines.

Staff were aware of how to keep people safe and to report incidences of concern.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received an induction and ongoing training but some gaps were identified in training opportunities. Staff had not received supervision at frequency the provider expected.

People had a choice of meals and nutritional needs had been assessed and planned for.

The provider on the whole had acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had been supported to access health services to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and respected people's privacy and dignity.

People were involved in discussions about their support.

People had access to independent advocacy information.

Is the service responsive?

The service was not consistently responsive.

People's preferences, diverse needs and interests were assessed and planned for. However, people received limited activities, occupation and stimulation.

The complaints procedure had been made available.

People's end of life wishes had been considered and planned for.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There were insufficient systems in place to monitor and improve the quality and safety of the service provided. Concerns were identified in the leadership, accountability and oversight of the service.

People who used the service and relatives received opportunities to share their experiences.

Staff understood the provider's vision and values of the service and staff communication systems were in place.

Requires Improvement ●

Cherry Tree Cottage

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 is 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 comprehensive inspection took place on the 12 March 2018 and was unannounced.

The inspection team consisted of one inspector and one Expert-by-Experience (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners (who fund the care for people) of the service.

During the inspection, we spoke with four people who used the service for their views about the service they received. Some people who used the service had limited verbal communication so we also used observations as an additional method to understand people's experiences. We also spoke with two visiting relatives for their feedback.

We spoke with the registered manager, the home manager and one support worker. We looked at the care records of three people who used the service, the management of medicines, staff training records, two staff files, as well as a range of records relating to the running of the service including audits and checks including the management fire risks and legionella, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

The provider had failed to ensure staffing levels were adequate at all times to meet the dependency needs of people who used the service. People who used the service told us staffing levels had impacted on their opportunities to do activities. One person said, "There's not really enough staff, there should be more staff then we could get out more and do more things."

Staff told us and the management team confirmed, night staffing levels should be two sleep in staff but this was at times, reduced to one staff member. On the day of our inspection, the home manager had completed a sleep in the previous night with no additional member of staff being present. We were concerned that due to the needs of people who used the service this had put people at potential risk of harm. The registered manager agreed to review the staff rota and with immediate effect, made sure two staff were allocated per night. Following our inspection, the registered manager forwarded us a copy of the staff rota to confirm what we were told.

We also identified some concerns with the staffing levels provided during the day. Whilst we noted staff had time to spend with people, there was no specific one to one time or engagement by staff with people to participate in activities. The staff and management team told us they acknowledged opportunities were limited due to low staffing levels.

The management team told us due to staff vacancies, staffing levels had recently dropped from two support workers and the home manager on shift, to just the home manager and one support worker. This impacted on the opportunities for people to be supported with external activities and opportunities. It had also impacted on the home manager in completing administrative and management tasks. The registered manager told us they were actively recruiting to staff vacancies and a new home manager was due to start at the service a week after our inspection. Whilst the current home manager was planning to move to work at another service within the organisation, we were given assurances this would not happen until there was a full complement of staff. Following the inspection the registered manager confirmed in writing what the staffing levels had been changed to and we were assured this was appropriate for people's dependency needs.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included criminal records check and employment history.

Risks to people's safety had been assessed and planned for. People's support plans and risk assessments contained information for staff on how to reduce and manage any associated risks to people's health conditions and needs. For example, one person had diabetes and information was made available for staff of what this health condition meant. This included what the signs were if the person became unwell and the action required. This information was reviewed monthly and amended to reflect any changes meaning staff had up to date information. Staff told us they found risk assessments and support plans detailed. They told us how they supported people with known risks and this matched what was recorded in the risk assessments we reviewed.

We identified some potential risks and hazards to the external environment, some of which the management team had considered, but had not completed a risk assessment for. This also caused some concerns to relatives. For example, the front of the property was open and led immediately on to a main road. A relative said, "[Name of family member] is safe, but we worry about the road as they don't understand roads."

Other risks to the external environment included the decking area located in the rear garden, immediately outside the back door, which was very slippery on the day of our inspection. A greenhouse had recently been damaged and removed during the winter but materials and rubbish were still present. There was no path that led from the top of the garden to the bottom and the ground was uneven. At the end of the garden was a trampoline and was covered in moss and other garden debris. At the end of the garden were a selection of old disused stables. This area contained broken equipment including an old fridge freezer. The gate to this area was not secure and was easily accessible. Manhole covers were not all positioned safely which was a potential trip hazard. At the side of the house there were two broken fence panels leaving open access to next door. The management team had identified some of these issues but not all and agreed to complete a risk assessment and tidy the garden area to make it safe for people to use.

Staff had information available of the action to take should there be an event that affected the safe running of the service. A business continuity plan was in place and personal evacuation plans had been completed for people who used the service. Staff were aware of this information and their responsibilities of action required to keep people safe.

Some people who used the service could experience periods of anxiety that affected their mood and behaviour. Positive behaviour support plans were in place for the majority of people to support staff of the possible signs and triggers and the action required to de-escalate any potential behaviour. We identified one person's support plan informed staff to try diversional techniques when a person was showing signs of agitation. However, there was no description as to what this meant. The home manager said they were in the process of updating this person's support plan with this information. Staff had received accredited physical intervention training but this was to learn diversional techniques only, staff did not use physical intervention to support and manage people's behaviours.

Staff were found to be knowledgeable about the principles and safe practice of managing any behaviours. A staff member told us how they supported a person at times of increased agitation and this matched what was in this person's support plan. Staff recorded any incidents of behaviours and these were reviewed by the management team with any other additional accidents or incidents. However, there was no analysis to consider any themes and patterns that could be used to look at alternative strategies to reduce reoccurrence. The management team agreed this was a shortfall and agreed to review their systems and processes.

People told us they received their prescribed medicines safely. One person said, "I take tablets and they (staff) keep them in the staff room locked away. I just ask them for my tablets."

We observed a person ask for their medicines and the home manager did this without delay and followed best practice guidance.

We identified some shortfalls with the management of medicines. For example, there was no policy in place for when people were away from the service. This meant there was no system in place to book people's medicines out and in on return, this is important to ensure all medicines are accounted for. The service had a pharmacy audit completed in September 2017 and we noted from this record, this issue had been

highlighted to the management team. We also noted that the medicines policy had not been reviewed in accordance with the provider's procedures. The registered manager told us all policies had recently been updated and were in the process of being sent to the service for implementation.

We found medicines had been stored appropriately, medicine administration records (MARs) provided staff with the required information and these charts confirmed people had received their medicines as prescribed. Protocols were in place for medicines to be taken 'as required' such as pain relief. Staff had received medicines training and competency assessments had been completed.

Staff showed an awareness of how to manage infection control issues. We observed cleaning tasks were completed during the day of the inspection. Staff completed daily cleaning schedules. Whilst we found overall the environment to be clean, the cooker was found to have baked on food stains, it was apparent the cooker had not been recently cleaned. During a tour of the building we found a ground floor bath panel was loose with the edge of the panel protruding that was a safety risk. We also found the service had ran out of paper towels and not all communal areas had liquid soap which the registered manager went to purchase during the day of the inspection. We saw staff had a supply of personal protective equipment such as aprons and gloves. This meant the systems and processes in place for checking stocks of equipment were insufficient.

People who used the service told us they felt safe living at Cherry Tree Cottage. One person said, "I am safe because there are staff around to support and help me if I need help."

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. Staff told us they had received training to support them in keeping people safe and training records confirmed this. The provider had safeguarding policies and procedures in place to guide practice. From our records, we were aware safeguarding issues had been reported and responded to.

Is the service effective?

Our findings

People who used the service and relatives were positive that staff were competent and understood their needs.

Staff were positive about the induction and ongoing training they received. However, a staff member said they felt they needed additional training in some areas. This included diabetes awareness and learning disability and autism awareness.

The staff training plan did not include a bank staff member that sometimes worked at the service. Bank staff were employed by the provider to work as and when required. This meant it was not clear if this member of staff were up to date with their refresher training. The training plan showed no staff had completed training in learning disability and autism awareness. People who used the service all had a learning disability and or autistic spectrum disorder. It was therefore important staff received this training to effectively meet people's needs. One staff member was identified to have training gaps in first aid, food safety and health and safety. The management team agreed to ensure these shortfalls in training were completed as a priority.

The management team told us staff were required to receive two monthly meetings with a member of the management team to review their work, training and development needs. The home manager said these timescales had slipped during 2017. However, they showed us a plan that confirmed some staff had had meetings in 2018 and further meetings had been planned for.

People received an assessment of their needs prior to moving to Cherry Tree Cottage to ensure staff could meet their individual needs. Support plans were personalised and included information about what support people required. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered provider had policies and procedures in place to support staff. The registered manager told us policies had recently been updated to reflect current legislation and standards in health and social care, to ensure best practice was understood and delivered by staff. At the time of the inspection, the updated policies had not been sent to the service due to problems with the computer's server, which was being repaired.

Assistive technology was used effectively to promote people's independence. For example, an epilepsy monitor was used to alert staff if a person had a seizure during the night. In addition, a sensor was used to alert staff when a person was up and walking around independently. These measures were put in place to provide the person with discreet monitoring, to minimise any undue restrictions on them and to meet their needs effectively.

People told us they had a choice of meals and they were able to access the kitchen freely and could make themselves drinks and snacks. One person said, "If I don't like what's on the menu I get myself something else." Independence with eating was promoted. For example, one person used adapted cutlery that gave them a better grip to support them to eat independently.

Staff told us people who required support with eating and drinking, were offered snacks and drinks throughout the day. Assessments had been completed with regard to nutritional needs and consideration to religious and cultural needs in menu planning. Where people had allergies or particular dislikes, these were highlighted in their care records. Staff were familiar with the nutritional requirements of people. One person was supported with their wish to lose weight; this included attending a slimming group and encouraging the person with their diet plan, ensuring appropriate foods were available. However, another person required their fluid intake monitoring and we saw this was happening but a staff member told us they did not know why this was. We reviewed this person's support plans and found there was an explanation as to why the person's fluid intake was recorded. We discussed this with the management team who agreed to follow this up with staff. Food stocks and storage were found to follow best practice guidance.

People had health action plans that recorded their health needs, appointments and support needs and these were found to be up to date and detailed. In addition, 'Hospital Assessment Booklets' were used in the event of an emergency admission to hospital, to ensure information was shared with other clinicians in the event a person requiring medical treatment.

People told us they were supported to attend health appointments. One person said, "I don't get poorly. I go to the dentist and I don't like fillings. The optician comes here. My eyes are perfect."

We found care records gave examples of staff working with external healthcare professionals such as the GP, psychiatrist and specialist learning disability community teams such as speech and language therapists when required. People were also supported to attend hospital outpatient's appointments to have health conditions monitored such as diabetic eye screening and primary services were also accessed such as the dentist and opticians.

People's rooms were personalised to their individual tastes and needs. For example, one person liked to pull their curtains down so the curtains were attached with Velcro to accommodate this and help to minimise any potential harm and damage. The registered manager told us a refurbishment plan was in place that included redecoration and some new furnishings. Records confirmed what we were told. Private space for people to meet with their friends and family was largely restricted to their bedrooms.

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. We checked whether the provider was working within the principles of the MCA.

We found staff understood the basic principles of MCA but would benefit from some additional refresher training in this area and we informed the management team of this. We saw how staff supported people with choices that they respected and acted upon. This included a choice of drinks and meals.

Where people lacked mental capacity to consent to specific decisions, MCA assessments and best interest decisions had been completed following best practice guidance. These decisions included health needs, where a person lived and finances. However, consent to medicines and the use of assistive technology had not had a MCA assessment or best interest decision made. We discussed this with the management team who agreed to complete these where required.

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). At the time of our inspection, the management team had submitted four applications to the local authority but were waiting for assessments to commence. We saw letters from the local authority confirming applications had been made as discussed with us.

Is the service caring?

Our findings

People who lived at the service told us about the staff that supported them, it was apparent from the feedback received that people liked the staff and positive relationships had been developed. Relatives were complimentary of the staff and their approach. Comments included, "They (staff) are kind and lovely. They text us (relatives preferred method of communication) if there are any problems. We don't have any worries and if we did, we would talk to the staff. Staff support our relative so well."

We saw staff welcomed visiting relatives warmly as did the other people who used the service. The atmosphere was relaxed and calm and good humour was exchanged between staff and people who used the service, clearly indicating staff knew people very well. This included both the home manager and registered manager.

Staff were found to be caring and knowledgeable about the people they supported. Staff demonstrated an understanding and awareness of people's needs, routines and what was important to them. An example of this was how a person was supported with their desire to lose weight. The staff member told us how they supported the person and how they recognised the importance of this for the person. Another person had identified living at Cherry Tree Cottage was not their preferred place to live. They were in the process of planning to move to a different home within the organisations other services and were looking forward to this.

The staff training record confirmed staff had received training in equality and diversity. This meant staff had received appropriate support for them to provide a caring and person centred approach to their work.

Staff were positive about working at Cherry Tree Cottage. A staff member said, "The staff team work well together, we do our best to make sure people are happy living here."

We saw staff communicated with people showing a fondness of the people they cared for. Staff spoke to people in a non- patronising manner and included people in discussions, offered choices and respected people's decisions. An example of this was a discussion with people about what shopping items were needed and what people wanted for their evening meal. One person supported the registered manager to go shopping to the local shops.

Most people had verbal communication and could express their needs and wishes. Where people had no verbal communication staff responded well to other forms of communication, such as gestures and body language to understand and act on people's needs and wishes. We asked if other communication methods were used such as Makaton (a form of sign language) or signs, symbols or photographs, but we were told people did not need this support.

People received opportunities to express their views and be actively involved in making decisions about their care. People told us they were aware of their care plan and received opportunities to discuss and review the care and support they received. One person said, "My care plan is in the office so it's safe and

private. I can read my care plan but not other people's." We saw some examples of people signing their care plans as a method to confirm they had been involved in discussions. Relatives we spoke with felt informed and involved in their family member's care.

People had access to information about independent advocates. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of the inspection, no person had advocacy support.

Staff had also received training in dignity and demonstrated an awareness of the importance of respecting people's privacy and dignity. A staff member said, "We speak to people about any personal information in private and respect confidentiality. We also respect people's personal space and knock on people's doors and wait to be invited in." The home manager told us about dignity audits they completed with the support of people who used the service. This included observations of staff practice, this was to review how well they demonstrated dignity throughout their work. This was then discussed with staff if areas of development were required.

People's independence was promoted. People told us they were encouraged and supported to develop their independence. There was a job rota on display in the kitchen. Each person living at Cherry Tree Cottage were given designated jobs to be done in the mornings and afternoons. Some people told us about the jobs they did which was important to them. We observed one person doing some domestic jobs in the kitchen such as washing the dishes and wiping down the worktops. We also observed a person cooking their own meal and others making themselves drinks.

People's care plans were focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support. This meant the management team were clear about the standards of care people should expect from staff.

People's personal information was stored securely and staff were aware of the importance of confidentiality. The registered manager told us the provider had a policy and procedure that complied with the Data Protection Act.

People's relatives were able to visit them without any unnecessary restriction and this was confirmed by people who used the service and relatives.

Is the service responsive?

Our findings

People, who used the service and relatives we spoke with, raised concerns about opportunities of community activities and support to pursue interest and hobbies. One person who was able to go out independently told us, "There isn't enough activities. I go out about three times a week but the others (people who used the service) don't do much. I do think of the others stuck indoors while I'm out enjoying myself." A relative said, "[Name of family member] is supported to do activities but there aren't enough (activities). We think that [name of family member] gets bored."

On the day of the inspection, one person went to their work placement in a nearby village. One person went to the local shops with the registered manager, one person was collected by their relatives to go on a home visit and two other people remained at Cherry Tree Cottage. One person told us they could access the community independently but said, "I can come and go as I want but we're in the middle of nowhere." On duty was one support worker, the home manager, and the registered manager attended due to our inspection. Throughout the day, people were left to do as they pleased; whilst staff engagement with people was relaxed and friendly, no activities were offered to people. We asked about activities and the home manager showed us an activity plan they were developing that included known activities people enjoyed, including accessing local community opportunities.

We reviewed people's daily records, which recorded how people had been throughout the day including what activities people had been supported with. We noted staff frequently recorded 'one to one interaction' without any explanation as to what this meant. Activities recorded over an eight day period included a drive to the shops and a meal out. This did not represent recorded activities that people enjoyed such as swimming, trampolining, walks and arts and crafts. This confirmed people received limited and restricted opportunities.

Cherry Tree Cottage is situated in a rural area outside of a village. It is situated on a bus route but the bus service is limited. The service had a mini bus and up until recently a car for staff to use to support people to access the community. However, staff and people who used the service raised concerns about the suitability of the mini bus describing it as being, "unreliable" and "There are problems engine wise. Not very good, we need a new one. We had a car but that has gone. The car was rubbish as well."

We raised concerns about the transport available to support people and the importance of having suitable and reliable transport being significant due to the remote location of the service. Following our inspection, the registered manager forwarded us information confirming the mini-bus and second vehicle would be replaced. We were also advised bus passes would be obtained for all people who used the service to access public transport.

People had a variety of support plans for each identified need. This was to inform staff of how to meet people's needs and considered any health conditions including physical, mental health and wellbeing needs. People's routines, preferences, cultural and religious needs, interests and hobbies.

Relatives told us they were involved in review meetings and discussions to talk about their family member's needs. We saw an example of a person's annual review meeting. People who used the service told us they had meetings with their keyworker where they talked about the care and support they received. A keyworker is a member of staff that has additional responsibility for a named person. The management team told us they had plans to develop keyworker meetings. They wanted meetings to be more frequent and an opportunity to discuss with people what their hopes and future aspirations were and how these would be achieved.

We found support plans were reviewed at regular intervals and any changes to a person's needs were recorded to ensure staff had up to date information.

Examples of people receiving a responsive and supportive service included a person who had been supported to individualise their bedroom. This person invited us to see their bedroom which reflected their own tastes. This included photographs of people from their favourite daily Soap, as well as memorabilia from their football team. The home manager told us about a person who had a wish to be reunited with a family member, which they had been supported to achieve.

We checked to see if the Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw communication support plans provided staff with information about people's communication and sensory needs to support communication. We noted that people's support plan was not presented in an easy read format to support people to understand what was recorded about them. We did see that people had access to the provider's complaint policy and procedure and this was presented in an easy read format to support people's communication. We also noted on display for people was information presented in easy read formats such as The Mental Capacity Act, Equality Act and safeguarding. In addition, health information fact sheets were also available in easy read; these included testicular cancer, diabetic eye screening and bowel cancer screening.

People told us they would speak with staff if they had any concerns. One person said, "If I was worried I would talk to staff. I would know how to complain." The provider's complaint policy and procedure had been made available for people. The complaints log showed there had been no complaints received since our last inspection.

Whilst no person living at Cherry Tree Cottage was at end of life care, people's end of life wishes had been considered and where this had been discussed with the individual and or their relative this was documented.

Is the service well-led?

Our findings

Systems and processes in place to monitor and improve the quality and safety of the service were found to be ineffective. Shortfalls we identified at this inspection had not all been identified by the registered persons.

Whilst there were systems in place to audit and check on health and safety, these had not been kept up to date or completed. This included the audits in place for medicines. The process in place to check the stock controls of medicines had not been completed as required and in accordance with the provider's policy and procedure. When medicines were handwritten by staff on the medicine administration record (MAR), they were not always signed by two staff to confirm they were checked for accuracy of transcription. The last medicines audit completed by the home manager was August 2017 and a medicines check by the home manager was completed in February 2018. Shortfalls in the management of medicines were identified during the inspection, some of which had already been highlighted by a visiting pharmacist in 2017 but had not been acted upon. This meant there were insufficient processes in place to check medicines were managed safely.

The last monthly managers audit log was completed July 2017 and the provider's audit was August 2017. Staff had not received training in learning disabilities or mental health. Staff had not received supervision meetings at the frequency the provider expected. Daily records were found to lack details and there were no checks in place to ensure these documents were being completed as required. This meant people may have been at potential risk of harm or their needs not fully understood or effectively met due to a lack of oversight of the service.

Some aspects of safety in relation to the environment and premises had not been appropriately responded to. The external environment had not had sufficient health and safety checks and risks had not been assessed and planned for. The lack of risk assessments could have impacted on people's safety. Infection control measures to reduce the likelihood of the spread of infection had been reduced because of the lack of paper towels and liquid soap

There was no analysis of people's behaviours, incidents or accidents to reduce further reoccurrence. There was a lack of activities and stimulation for people, opportunities for people to achieve their hopes and aspirations lacked consideration and planning. Transport to support people to access the community was unreliable. This meant people had limited meaningful activities and opportunities.

We found staffing levels had not been sufficiently monitored to ensure people's dependency needs were met during the day and night. Whilst the registered manager took action to make improvements following our inspection, shortfalls in staffing should have been met earlier.

These examples show there was a lack of leadership, accountability and oversight of the service. This shows a lack of governance of the service and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The provider sent feedback surveys to people who used the service and relatives annually. The home manager told us the next planned survey was due in April 2018. The home manager said the last survey feedback was positive and no actions were required. Records confirmed what we were told.

The registered provider was aware of their responsibilities as part of their registration with the CQC to ensure we were informed of any reportable incidents. These include reporting serious injuries, allegations of abuse and events that could stop the service running appropriately. The ratings for the last inspection were displayed on the provider's website and at the service. A registered manager was in place.

The service had worked with external organisations such as health and social care professionals to support them to meet people's needs. The management team told us how they kept their knowledge and awareness of latest research and best practice guidance up to date. They did this by receiving notifications and alerts from recognised organisations such as the British Institute of Learning Disabilities and CQC.

Communication systems were in place within the staff team. Staff meetings and handover meetings were in place to support the exchange of information with staff. Staff we spoke with understood their roles and responsibilities and demonstrated an understanding of the provider's vision and values.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system to regularly assess the quality and safety of the service and monitor against risks relating to the health, safety and welfare of people who used the service.</p> <p>Regulation 17 (1)</p>