

Nottingham City Council

Cherry Trees Resource Centre

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Cherry Trees Resource Centre is a residential care home providing personal care to 44 people at the time of the inspection. The service can support up to 45 older people, some of whom may be living with a dementia related condition in one purpose-built building with five wings.

People's experience of using this service and what we found

People received exceptional care and support from a staff team who valued and celebrated individuality and diversity. Care was provided in a highly respectful manner which put people at the heart of all that was provided. Visitors commented on the exceptional care and support they received, as well as their loved ones.

Staff worked exceptionally well together to involve people, and their family members in the planning and delivery of care. Staff used innovative ways to communicate with people. This involved developing individual communication methods, speaking in people's known dialect and getting involved when one person taught them key words in their own native language.

People's cultural diversity was supported and people were encouraged to attend specific day support services which specialised in meeting people's cultural needs. Specific events such as themed Jamaican nights and annual Lesbian, Gay, Bisexual, Transgender events were held to both celebrate diversity, share knowledge and support people with new experiences.

Diverse activities and events were arranged which provided people with meaningful occupation. This included gardening and growing fruit and vegetables, shared events with local schools and involvement with volunteers from the local community.

There was a shared culture of inclusion, engagement and continuous improvement which led to people feeling valued and in control of their support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership of the home was commented on as being outstanding and everyone we spoke with said they would recommend the home. Staff commented that it was the best place they had worked and wanted their loved ones to move in.

People had access to a range of healthcare professionals and were able to use an online system to have video-consultations with healthcare professionals. This had been effective in reducing hospital admissions and supporting people to remain at the home.

Menus had been developed with involvement from people and specific dietary needs were catered for. One

person had all their meals prepared off-menu to meet their needs. Snack stations and fresh fruit was available to people and visitors at all times.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 15 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Cherry Trees Resource Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people, three relatives and one visiting professional. We also spoke with the registered manager and nine members of staff including care team leaders who have day to day operational management responsibilities, care and support staff, activity leads, cook and kitchen assistant and housekeeping staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records including two people's care records, medicine records and records relating to recruitment and staff supervision and a range of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff attended local authority safeguarding training and understood how to report any concerns. One person said, "I'm not worried or frightened because there are always staff (here) even at night time."
- Effective safeguarding systems were used. Concerns were addressed promptly, and appropriate referrals made to the local safeguarding authority.
- We discussed the requirement to notify the Commission of any allegations of abuse as well as any incidents of actual abuse.

Assessing risk, safety monitoring and management

- Premises and equipment safety was well monitored. Appropriate checks and servicing had been completed.
- Specific risks, such as moving and handling and skin integrity were assessed and steps taken to minimise occurrence including referrals to specialist falls team and district nurses. More general risks were managed through effective and robust care planning. A member of the management team said, "We are conscious of risk but don't want it to be risk averse, we adapt the service to the people living here at the time."
- A visitor said, "They take safety really seriously here. [Person] hasn't had any accidents or falls here."

Staffing and recruitment

- A visitor said, "I think there is enough staff and have never thought they need more. They do a lot with the people not just their basic care needs."
- Observations were that people did not need to wait for any support and staff were able to spend with people in a relaxed and unhurried manner. If additional staffing was needed the management team were able to organise this in a very short timeframe, especially if one to one support was needed to reassure people who were becoming distressed.
- Robust recruitment procedures continued to be used to ensure appropriate people were offered employment.

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- Staff administered medicines in a respectful manner taking time with each person and asking those with 'as required' medicines if they were needed.
- Regular medicine audits were completed. It had been identified that two medicines were slightly overstocked due to a recent change in pharmacy. This was being addressed.
- Staff attended regular training and competency checks and observations were completed. A visitor said, "I

have never been made aware there has been a mistake with his medication."

Preventing and controlling infection

- The environment was clean, hygienic and there were no malodours.
- Housekeeping staff said, "We have access to all we need and we make sure there is time to do everything we need to."

Learning lessons when things go wrong

- Incidents were analysed to identify any trends or triggers, so things could be improved.
- It had been identified that some falls were happening overnight when people were getting up to use their en-suite bathroom. To minimise risk, people had been involved in decisions to have commodes in their rooms overnight. This had resulted in a reduction in falls. Dignity was maintained as commodes were removed during the day.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager explained the local authority pathway for care. They said, "It's to keep people at home first. People don't move in direct from hospital and become permanent residents. Initially it's a short term, respite stay. We promote independence and advocate independence initially before people are assessed as long-term residents."
- A staff member said, "We get information from the person ideally, and their family or friends. We use it to assess needs and develop care plans. We use the person's history and life story to arrange activities that mean something for people." Visitors confirmed assessments had been completed before their family member moved to the home.
- Handovers were detailed. Each person's needs were discussed to ensure they received appropriate care and support. Records were kept electronically for effective communication between staff and robust quality monitoring.

Staff support: induction, training, skills and experience

- A visitor said, "They (staff) are well trained and cope with every situation." Visitors also confirmed they felt staff were well trained and able to meet people's needs.
- The management team worked well together to ensure there was an appropriate skill mix amongst the senior care staff and team leaders.
- A robust programme of induction and shadowing of experienced staff was in place for newly recruited staff. This involved completing the care certificate, which provides an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff told us they were well supported and had regular meetings to discuss performance, strengths and areas for development.

Supporting people to eat and drink enough to maintain a balanced diet

- People had been involved in planning the new menu based on their likes and dislikes.
- Off-menu meal choices were available for people if they wanted something that was not on the menu.
- Specific dietary needs were well catered for and the chef was knowledgeable about people's needs and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A range of healthcare services were appropriately involved in people's care. Assistive technology was used to enable people and staff to have video consultations with healthcare professionals. The registered

manager said, "It's been really beneficial to prevent unnecessary hospital admissions, especially for end of life care as people want to be at home and should be cared for at home."

- Any change in people's health were discussed in the handover so staff were aware of people's needs and any healthcare appointments that had been arranged.
- A healthcare professional said, "Staff have positively engaged, and I've seen a significant improvement in [person]. Staff work together and have good instincts. If [person] is distressed the staff behave well, allowing one person to take the lead."

Adapting service, design, decoration to meet people's needs

- Dementia friendly signage was used throughout the building to support people to orientate around the home. Some people had very individualised information near their rooms to support them to identify it as their space.
- An accessible, safe garden area was available for people to use as they wanted. It was very clear that people had been involved in planning and planting the garden. One person said, "I enjoyed planting, we have vegetables and some tomatoes."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were well documented and the least restrictive options had been considered and implemented.
- DoLS applications had been made and 'holding' letters received from the managing authority due to a delay in assessing applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were exceptionally caring and person centred. They were highly motivated to deliver care that was compassionate and kind. Staff spoke with people sensitively, kindly and gently. There were no preconceptions about people and staff respected and valued people's diversity, individuality and personal identity. A person said, "Staff are very good, very kind and caring. They are like part of my family." Visitors confirmed this saying, "I am in awe these girls are amazing. So caring, kind, patient, nothing is too much trouble. They are very kind to me. They are family to me now."
- Staff prioritised getting to know people, and their family members. Relationships were meaningful and based on mutual trust and respect which resulted in open and honest communication and genuinely caring relationships.
- We were told of numerous examples where staff cared for people and their family members in ways which went above and beyond the expected norm. We were told about times when staff had supported people to attend family weddings and special events and times when staff had provided additional support when people and their family members were distressed and in need of comfort. Family members were very complimentary of the care and support provided describing it as "outstanding" and "exceptional."
- Staff were particularly sensitive to times when people were distressed, showing them empathy, care, compassion and reassurance. One person said, "They are good and if they can do anything for you they will." A visitor said, "They are caring and nothing is too much trouble. They are always pleasant and look happy at work. They are friendly, upbeat, happy and kind to everyone."
- People's personal stories and cultural histories were recorded and used in meaningful and valued ways. Staff were culturally aware and there was a shared understanding of people's needs. Events and activities were offered and supported so people could maintain their cultural identity.

Supporting people to express their views and be involved in making decisions about their care

- Several people, and staff, had different cultural backgrounds or had a first language which was not English. People's individual communication needs were assessed, and a range of communication methods had been used to support people to share their views and be involved in making decisions. This included using video messaging, so people could contact family who lived further afield, using translator services and technology to translate information for people whose first language was not English. We observed one person teaching staff their native language and staff speaking with people in their native dialect to ensure understanding and involvement. A visitor said, "Staff know what they are doing and are so inclusive."
- If people were not able to communicate verbally staff used a range of picture cards, signs and symbols alongside their knowledge of people to interpret their body language, facial expressions and gestures to

gain an understanding of the person's opinion. In this way people were able to make their needs known and be involved in decision making about their care and support. A visitor said, "They give [person] choices by showing him things to choose from. Staff have excellent communication skills and cannot be faulted."

- People, and their family members had been fully involved in making decisions about the provision of care through the vast range of communication methods that were used by all the staff. One visitor said, "I've been involved in everything including care plans and activities. I was so upset at Christmas because I couldn't have [person] home but I spent Christmas here and we had a fabulous time together, everyone was marvellous."

Respecting and promoting people's privacy, dignity and independence

- Maintaining people's independence, privacy and dignity was at the heart of everything the staff did and was fully embedded in the culture. There was a fully inclusive approach to supporting people's privacy and dignity which led to positive outcomes for people.

- Staff identified opportunities for people to maintain their independence and feel valued. It had been recognised that some people enjoyed gardening and housework. The garden was fully accessible and people were encouraged to get involved in planting and growing fruit and vegetables. Housekeeping stations were being developed so people could continue their interests in housework and help with dusting and vacuuming with lightweight, cordless vacuum cleaners, similar to those people would have used in their younger days.

- The layout of the building supported people to maintain their independence with a large café style area where people and visitors could help themselves to drinks and snacks. Each unit also had snack stations for people to help themselves.

- There were plenty of cosy areas where people could sit quietly or spend time with visitors, as well as having access to a very pleasant garden area with ample seating, sensory planting and a water feature. Private spaces had been developed for some people where it was recognised as a specific need to provide reassurance and comfort.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used their in-depth knowledge of people's needs, wishes and cultural diversity to provide exceptionally personalised care and support which placed people and their families in control. Some people who were easily distressed were supported with empathy, professionalism and confidence. Staff were seamless in their approach providing comfort and distraction immediately so distress to the person, and others was minimised. One visitor said, "[Person] has been very challenging but they have been so good with them, patient and treated like an angel."
- We observed numerous examples of personalised care which evidenced excellent understanding of people's needs relating to their care and preferences as well as social and cultural beliefs and backgrounds.
- Innovative ways were used to make sure people and their family members had choice and control over the care and support they received. For example, by the vast and varied communication methods employed by staff to ensure people could make meaningful decisions about their care. Assistive technology was used to support people to be involved in health care decisions by way of video calls with healthcare professionals. A visitor said, "I am involved with [person's] care plan. We look at it after they've been in hospital for example to check if it meets needs. I also attend the annual review. Systems are not bureaucratized."
- Care records were very personalised and included people's preferences and areas where they were independent and did not require support. Snapshot sheets provided excellent summaries about people's care needs, night-time routine, life history and relationships. As people's needs changed, care plans were reviewed and updated to make sure they reflected people's needs, beliefs, equality and diversity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assistive technology, such as translation applications had been used so staff and people could verbally communicate in people's first language. The aim was to support people and staff to have meaningful conversations in the persons first language to enhance involvement and maintain cultural identity. Some signage was available in people's first language and one person had taught staff some of their native language.
- A staff member was observed speaking Patois to one person and their family. This is an English dialect generally spoken in the British Caribbean by people of African descent. Staff had also learnt ways of communicating with other people who did not communicate verbally by way of key phrases and gestures.

- Staff had worked well with the local library who provided people with audio and talking books. Some Portuguese music had also been sourced which we were told the person loved and other people enjoyed the experience of listening to the music as well.
- Information was available in large print and picture cards and pictorial menu supported people's involvement in decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's life and family history was used to identify and provide activities and social events that were meaningful and culturally relevant for people. Important dates and events, like birthdays and anniversaries were remembered and celebrated. People were supported to buy gifts and cards for loved ones which visitors told us was "so touching and thoughtful, it really means a lot."
- There was the opportunity for people to attend culturally relevant day support services. There were also themed nights where people's cultural heritage was celebrated.
- People were supported to attend a charity event for care homes in the area which was held at the local nightclub. A great deal of thought had gone into the preparations for the day to make it a special event for people. The hairdresser was doing people's hair for the occasion and staff had set up a make-up bar so the ladies could have their nails and make up done if they chose to. Everyone looked beautiful and were full of smiles and memories on their return. Many memories had been brought back for people and their family. One person said, "I met my husband in the queue there," and another person said, "My dad worked on the doors, so I couldn't get up to any mischief!"
- There was a focus on meaningful fun, engagement and reminiscence. Old fashioned sweets were available and served to people in paper bags. Every Saturday was 'party night' where people enjoyed socialising and a buffet and a few drinks if they chose to. Local schools were involved in events and people were supported to maintain interests and hobbies.

Improving care quality in response to complaints or concerns

- An accessible complaints policy and procedure was in place and was shared with people and family members as part of a welcome pack. A staff member said, "We are very open and have monthly meetings with residents and invite relatives, some may have a little gripe about something which is dealt with straight away so they are happy with it."
- Comments from people and visitors were that they had nothing to complain about but if they did they were confident they could speak to anyone and their concerns would be addressed. A visitor said, "I would know how to make a complaint but I haven't needed to. You can leave forms to compliment or complain but I haven't used them. I can't sing the praises of this place highly enough, they do a marvellous job"

End of life care and support

- A member of staff said, "Some people have funeral plans, we have advance care planning for people. This includes details of preferences for burial, cremation, who to contact, any specific hymns or flowers people want. Some people don't want to discuss it so we record it and revisit it with people". Visitors confirmed they, and their loved one, had been part of end of life care plan discussions with staff and if they did not want to have the conversation at that time it was respected.
- Staff spoke with us with about the care and sensitivity that was offered at times of bereavement. A staff member said, "We need to be sensitive to the experience of death, and the little things that make a big difference, if you know what people want they should have it." There was a room family members could use or they were made comfortable in their loved one's room so they could remain close if they chose to do so.
- People could choose to have their funeral cortege leave from the home and there was a private space which could be used for wakes if appropriate. There was also a memorial tree for someone in the garden

area and staff were very respectful when speaking of how they supported people, family members and each other at such times of loss.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefited from an exceptionally strong leadership team who promoted an open, inclusive culture which promoted outstanding care. The registered manager said, "I want it to be friendly, open and fun. We don't want it to feel like a traditional care home, we want it to be inspiring, for it to have a lovely atmosphere, family can come in anytime they want."
- Visitors repeatedly told us how exceptional and outstanding they thought the home was. One visitor said, "I would rate it outstanding, it's fantastic, homely. The kindness, care, respect and dignity to people and me and family is exceptional. Nothing is too much trouble, things get done. It's the best thing we've done to get [person] here. They are safe, it's the best place we could have chosen. I've got peace of mind."
- There was a shared focus on ensuring people received high quality, individual care and support which met their needs, promoted independence and did not restrict people's freedom. People's cultural heritage was respected and celebrated and people were supported to maintain their identity.
- There was a clear strategy to deliver high quality, sustainable care. The registered manager said, "Our vision is to provide a service that exceeds expectations, where staff want to work, and to be the first on the list for other professionals to recommend." This was a shared vision and a staff member said, "We want to break down the barriers and stigma of life in care homes. Just because you live in a care home doesn't mean life stops, we want people to have meaningful, valued lives where they can contribute to society."
- Staff were incredibly proud of the service and there was very low turnover of staff which was testimony to the exceptional leadership and management. One staff member said, "It's friendly, homely, like a home from home, nothing is regimented, it's the best, I would want my parents to live here it's incredible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager said, "It's about being open and honest, transparent, we pride ourselves on approachability. We are open to learning and if we make a mistake and there are actions to be made, that's fine, we'll do it."
- Visitors commented on how exemplary the communication was if their loved one was feeling unwell. One visitor said, "Communication is really good, they let me know if [person] is poorly or stressed, let me speak to them and tell me they have rung the GP."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance was well embedded in the management of the service and there was a strong focus on accountability, continuous improvement and exceeding expectations.
- A range of audits were completed and quality assurance visits were welcomed by the management team who had a constant eye on improvements and sustainability. Improvements included the updating of systems and the efficient use of technology to ensure people's needs were effectively monitored so timely action could be taken in response to changes. The systems also allowed immediate access to vital information.
- There was a focus on performance management and feedback was regularly provided to staff with a clear purpose of promoting effective team work and improve care.
- One person said, "[Registered manager] is a good boss." A visitor said, "[Registered manager] is a good manager from what I've seen. There are different duty managers and I feel able to talk to any of them. I would recommend here without any shadow of doubt. I'd put my name down [to live here]. They have a no profit motive and this contributes to the high quality care." We were also told, "I can't see anything I would change to make it better. I would recommend here to other people, I have no issues and would rate it as five out of five, outstanding."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were consistently high levels of engagement with people, visitors and staff. Each unit completed surveys and developed 'you said we did' information to evidence actions taken in response to feedback, which was overall very positive. Feedback had included people asking to go to culturally specifically day services so their cultural needs could be met and others wanted to go to a hydro therapy pool These resources had been researched and people were now attending their preferred activities. Suggestion boxes were available and regular meetings were held with people and their family members.
- Equality and diversity was fully respected, promoted and celebrated. People had access to events and activities which met their diverse cultural and religious needs.
- Events were held to promote people's rights and educate on different cultures. An annual event raising awareness of Lesbian, Gay, Bisexual and Transgender was held and informative posters were on display throughout the home. This was managed sensitively and respectfully.
- Staff worked incredibly well to promote people's human rights, their cultural diversity and to ensure people had a valued and meaningful presence within the home and the community. Staff understood the importance of people's identity and worked to ensure this was valued and understood. The management team worked together to ensure people's right to live in a safe environment were their needs were appropriately met were maintained.

Working in partnership with others

- Staff engaged with a local group within the council, promoting positive behaviour support. Feedback included how receptive staff had been to advice and support that was given which had resulted in significant improvements for people including increased understanding of people's needs and how to support them which had resulted in exceptionally personalised support and a reduction in incidents.
- Positive feedback was received from external professionals in relation to partnership working and the exceptional care and support provided by the staff team. Comments included, "Staff positively engaged with the programme and I have seen a significant improvement in [person]" and "When [person] is distressed staff respond incredibly well allowing one staff member to take the lead which settles the person well."
- Cherry Trees Resource Centre was an important part of the community and staff had developed mutually beneficial links which reflected the needs of people and the local community. Including links with local churches and schools. Events were held during school holidays, so school children could visit and engage in activities with people at the home. People from the local community volunteered at the home, including some people with learning needs who offered support in the café area or in the garden. There was an aim

that the experience would support people in gaining meaningful employment.