

Homebeech Limited

Cherington

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 July and 1 August 2016 and was unannounced.

Cherington is a nursing home registered for up to 42 older people living with dementia or mental illnesses. At the time of this inspection there were 35 people accommodated. Everyone accommodated had some difficulty communicating with others in a meaningful way.

A registered manager was in post when we visited. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was present during our visit.

The registered manager and staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. However, DoLS authorisations for two people had expired but had not be renewed even though care reviews indicated there had been no change to their circumstances.

Staff confirmed they had been trained in how to identify and report any incidents of abuse they may witness.

Any potential risks to individual people had been identified and appropriately managed. For example, people at risk of pressure wounds had received appropriate nursing care to reduce the risk of their occurrence or recurrence.

People's medicines had been administered and managed safely.

There were sufficient numbers of staff on duty with the necessary skills and experience to meet people's needs.

Staff supported people to eat and drink if required. They ensured people at potential risk received adequate nutrition and hydration.

People were provided with support to access health care services in order to meet their needs.

Positive, caring relationships had been developed with staff to ensure people received the support they needed. They were encouraged to express their views and to be actively involved in making decisions about the support they received to maintain the lifestyle they have chosen.

The culture of the service was open, transparent and supportive. People and their relatives were encouraged to express their views and make suggestions so they may be used by the provider to make improvements.

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.

Risks to people had been managed safely. Records demonstrated, where risks had been identified, action had been taken to reduce them where possible.

People's safety had been promoted because staff understood how to identify and report abuse.

Sufficient numbers of suitable staff had been provided to keep people safe and to meet their needs.

Good 

Is the service effective?

The service was not always effective.

People's rights had been protected as the principles of the Mental Capacity Act 2005 (MCA) and requirements of the Deprivation of Liberty Safeguards (DoLS) had been followed. However, improvements need to be made to the management of DoLS authorisations to ensure that, where they have expired, appropriate action has been taken.

Staff received appropriate training to enable them to provide care skilfully and effectively.

They also received support and supervision on a regular basis to ensure they understood what was expected of them.

People were supported to have sufficient to eat and drink.

People had access to community healthcare services.

Requires Improvement 

Is the service caring?

The service was caring.

People were supported by kind and friendly staff who responded to their needs.

People or their relatives had been actively involved in making

Good 

decisions about their care and treatment.

People's privacy and dignity had been promoted and respected

Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs.

They felt able to raise suggestions or concerns and the registered manager responded to any issues people raised.

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Good ●

Is the service well-led?

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Staff were well supported and were clear about their roles and responsibilities.

Quality monitoring systems were in place to ensure in the quality of the service provided to people.

Good ●

Cherington

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. The inspection checked 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 inspection took place on 28 July and 1 August 2016 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed this and information we held about the service, including statutory notifications and previous inspection reports to help us to decide which areas to focus on during our inspection. Statutory notifications are specific incidents which the registered person is required to tell us about, such as injuries to people which require hospital treatment and incidents which involve the police.

We were unable to have meaningful conversations with people who lived at the service. This was because people lived with dementia. We, therefore, carried out observations of the care and support provided to people over lunch time. We used the Short Observational Framework for Inspection (SOFI). This is a specific way of observing care to help us understand the experience of people who were unable to talk with us. We observed care and support being delivered in the lounge and dining areas. We also spent time during the afternoon observing the activities provided. We also observed medicines being administered at lunchtime.

We spoke with a representative of the provider, the registered manager, a registered nurse, and four care assistants who were on duty. We also spoke with a visiting healthcare professional who was a member of the local dementia crisis team.

We reviewed a range of records relating to the management of the home and the delivery of care. They included care plans and medicine administration records (MAR) for six people. Management records included the provider's quality assurance records, staff rotas for a period of four weeks, minutes of recent staff and relatives meetings and the training and supervision records of all the staff employed at Cherington.

The service was last inspected on 4 and 5 June 2015 when an overall rating of 'Requires Improvement' was awarded. We found breaches with regard to Regulation 9 – Person Centred Care; Regulation 11 – Need for Consent; Regulation 12 – Safe Care and Treatment; Regulation 14 Meeting Nutritional and Hydration Needs; and Regulation 17 – Good Governance. The provider sent us an action plan which detailed the action they planned to take to make the improvement that were required.

Is the service safe?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to safe care and treatment. This was with regard to how identified risks to individual people had been effectively managed. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. There was a system in place to identify risks to people and the care they required to protect them from harm. For example, they identified people who were at risk of pressure sores, dehydration and malnourishment. We looked at the nursing care records for four people who were cared for in bed. They provided guidance for staff to follow to ensure identified risks had been reduced.

We observed people being helped with their meals during lunch. We also observed people being helped to sit down in the lounge after lunch, whilst others were helped to go to their rooms. Staff assisted people in a calm, friendly and professional manner. Our observations indicated people felt safe and comfortable when interacting with staff on duty.

People's safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us the different types of abuse that people might be at risk of and the signs that might indicate potential abuse. Staff also explained they were expected to report any concerns to the registered manager or a senior member of staff. This was in line with the provider's procedures and local authority guidelines. The provider's PIR advised us, 'All staff receive training in safeguarding procedures and every incident is recorded and referral to the safeguarding team is made if appropriate to do so. The home has a zero tolerance to any forms of abuse and disciplinary processes will be used to deal with any situation proven. If a concern is made known, rigorous investigations are commenced.' When we have received notifications of allegations of abuse from the registered manager and expressions of concern from the general public, the provider has demonstrated that they have been taken seriously and been subject to investigation to ensure people's safety and wellbeing have been protected.

Our own observations confirmed there were enough staff on duty. People did not have to wait before they were attended to. Staff did not appear to be rushed when providing care. Calls bells were not left unanswered for long periods. The visiting healthcare professional advised us that, in their view, Cherington was well staffed. They also commented, "The staff are always willing and attentive." The provider's PIR stated, 'Staffing levels are monitored weekly by the home and senior management team to ensure suitable numbers of staff and competency are available to meet the known needs of the residents. The use of agency staff is also monitored when used.'

At this inspection 35 people were accommodated at Cherington. We were advised, from 8am until 2pm there were seven care assistants on duty led by a registered nurse. From 2pm until 8pm there were five care

assistants and a registered nurse. One person had been funded to receive care and support on a one to one basis during the day, which was in addition to this. At night, between 8pm and 8am, one registered nurse supported by two care assistants were awake and on duty. Other tasks, such as cooking and cleaning, were carried out by separate catering and domestic staff. We were provided with rotas which covered a period from 18 July 2016 to 7 August 2016. They confirmed staffing levels had been maintained throughout this period.

There were effective staff recruitment and selection processes in place. Applicants were expected to complete and return an application form and to attend an interview. In addition, appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. Recruitment records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions.

The nurse in charge informed us only registered nurses were responsible for administering medicines to people. They informed us they were expected to check that the medicines to be administered were in accordance with the prescribing directions recorded on the Medication Administration Records (MAR). They also informed us they would observe that the person had taken their medicine before recording this. If the person did not wish to take their medicine, this would also be recorded. We observed the nurse on duty administer medicines at lunch time. We observed that practices were in line with what we were told and medicines had been administered safely. Storage arrangements for medicines were secure, maintained at appropriate temperatures and were in accordance with best practice guidelines.

MAR (Medicine Administration Records) sheets were up to date, with no gaps or errors, which documented people received their medicines as prescribed. There were also MAR sheets for people where they had been prescribed 'when required' (PRN) medicines. This documented how and when the medicine had been given with the reason why it was required. PRN medicines had been prescribed for pain relief and helping to manage behaviours which might challenge. However we found no written guidelines for staff to follow to ensure they knew when, how and why PRN medicines should be administered. This meant there was a risk that people may not receive their medicines when required. We brought this to the attention of the registered manager who agreed to address this. The provider's PIR stated, 'All staff undertake medication training and they are assessed by the management team to ensure they are confident and competent to administer medication.'

Is the service effective?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to need for consent. When people did not have the capacity to consent, suitable arrangements had not been made to ensure decisions were made in their best interests. Deprivation of Liberty Safeguards (DoLS) applications to deprive people of their liberty had not been made lawfully to ensure people's rights were protected.

We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

The CQC has responsibility for monitoring services to ensure they have been working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager confirmed that 32 people had been assessed as lacking capacity to make decisions for themselves. There was also evidence that, where necessary best interest decisions had been made on behalf of those considered not able to make specific decisions for themselves. They included the involvement of family members who had been granted Power of Attorney (PoA) and were legally responsible for making decisions on their relative's behalf. Staff we spoke with confirmed they understood the principles of the MCA, and were able to describe how they related to the needs of individuals. Of those people assessed as lacking capacity to make decisions, DoLS applications on behalf of 10 people had been sent to the local authority, and had been granted. Care records included appropriate documentation which gave the reason for the restriction and the length of time they would be place before a review was required. The provider's PIR advised, 'Staff also receive training in respect of MCA and DoLS and appropriate measures are in place to ensure assessments are completed and referrals to DoLS made.'

However, DoLS authorisations granted with regard to two individuals had expired three months ago. In each case it had been identified that, if the individual left the premises unaccompanied, they would be at risk of harm. There was evidence that care records had been reviewed in May, June and July 2016. Although, after each review, there had been no changes made to care plans there was no evidence that further DoLS applications had been made. This meant that their liberty may have been deprived without lawful safeguards. We brought this to the attention of the registered manager, who confirmed this had not been picked up on.

The evidence above indicated this was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to meeting nutritional and hydration needs. People were supported to have sufficient to eat. However, drinks were not always available which left people at risk of dehydration. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. We found that, during the course of the day, staff served hot and cold drinks to people. In addition, jugs of water and squash were available in people's rooms and in communal areas. This meant people who were able could help themselves or staff could help provide drinks to people who required them.

People who were risk of dehydration and malnutrition had been identified clearly within care records and had fluid and food charts in place so that intake and output could be monitored for any changes. Fluid and food charts examined, particularly for those people who had been nursed in bed, were up to date and had been consistently completed. Care records also enabled individual people's weights to be monitored. Where people were at risk of losing a significant amount of weight there was evidence this had been quickly addressed, and the trend reversed. The support and interventions required for each had been appropriately recorded and were in line with advice and guidance provided by healthcare professionals.

People in the care home were observed enjoying their meal. One person told us, "The food is really good!" There were sufficient numbers of staff available in the dining room to ensure everybody was served their meal whilst it was still hot. People who needed assistance were provided with sufficient time to enjoy their meal. Specialised equipment, such as non slip mats, adapted cutlery, beakers and straws were provided to enable people to be independent at mealtimes. When some staff went to serve meals to people in their rooms, one member of staff remained to assist people who needed this. When the member of staff spoke with a person, they knelt down so that they could listen to what was said and also to have eye contact with the person who was speaking. Where necessary, staff encouraged people to ensure they had enough to eat and drink.

The provider's PIR confirmed, 'Dietary needs are assessed to ensure that suitable and nutritious meals and drinks are available to avoid the risk of dehydration and to encourage healthy eating programmes for all. Meal times are encouraged to be a social occasion and staff are reminded to engage residents' interests during mealtimes when assistance is needed. Choice and preferences for meals are recorded and made known to catering staff as are any food allergies.'

Staff on duty confirmed the training they had received. This included moving and handling, first aid, fire safety, health and safety and infection control. Staff told us they received training specific to the needs of people using the service. For example, staff training included how to provide care to people living with dementia. In addition they had been awarded the Diploma in Health and Social Care at Level 2 or Level 3. This is a nationally recognised award for staff who worked in registered care homes. Staff also confirmed that the training provided enabled them to understand what was expected of them and they how should provide the care and support people required. Training records we looked at confirmed staff had received this training.

When we asked about their role, one member of staff told us, "We look after the residents and we give them the best care we can." Staff also demonstrated they were knowledgeable about the needs of individual people, their wishes and preferences with regard to how care was to be delivered. We were informed, "(Person's name) is nursed in bed on a permanent basis. We must check on them every two hours to make sure they are alright. There is no problem with the encouraging them to eat or drink, but we must use thickener for them. They have fragile skin so we must use cream to prevent pressure areas. (Person's name) prefers to listen to music so we leave the radio on for them. Their husband is a frequent visitor."

Staff confirmed they received individual supervision from the registered manager or a more senior member of staff. They found this provided them with the support and guidance they needed to carry out the work that was required of them. Records we looked at confirmed this support had been provided every three months.

The provider's PIR advised us, 'All staff follow an induction period that involves an essential training day that includes infection control, health and safety, food hygiene, first aid, and safeguarding vulnerable people. Moving and handling training is completed as soon as possible on commencement. Service specific training such as, understand mental health conditions, understanding acquired brain injuries and understanding behaviours that challenges, is also delivered as soon as possible.' It also identified an area for improvement during the next 12 months, 'Training needs of staff to be reviewed to help ensure that care practices will continue to be effective.'

When we asked their views about the competency of staff, the visiting health care professional commented, "I view Cherington as a resource which is able to manage people with very challenging needs, including nursing and mental health care needs. The staff appear to have a level of confidence in this area. They are happy to get people over a crisis. They have developed an expertise in this. "

People were supported to maintain good health by having regular access to health care services. The registered manager advised us they would contact the GP on each person's behalf if they needed an appointment when they were unwell. Arrangements would be made for GPs to visit the person at Cherington, or, if the person wished, appointments would be made to visit the GP at their surgery. The registered manager confirmed arrangements would be made to accompany the person if this was required. We saw that visits made by the GP to people had been recorded together with any treatment prescribed to ensure any support or assistance necessary could be provided by staff.

Is the service caring?

Our findings

As we were unable to ask people about their views of the service we spent time observing interactions between them and the staff on duty. This took place at lunchtime and just afterwards. There was a warm and relaxed atmosphere in the home. We observed staff being caring and attentive during our visit. Staff were observed smiling and talking with people as they went about their work. One person had fallen asleep and had not touched their meal. Initially, staff attempted to rouse them, by gently calling their name. When this did not work, they called the nurse of duty to find out if there was anything wrong with them. After the nurse had established that the person was asleep the staff were advised to take the person to their room and to keep their dinner safely in case they wanted to eat it later. During this interaction the nurse and the staff displayed a positive caring attitude towards the person and behaved in a manner that protected and maintained their dignity.

We asked staff how they were expected to develop positive relationships with people. One member of staff told us, "We are expected to spend time and talk with people and their families. We ask the family about the person's past to help us get to know them better." The provider's PIR commented, 'All staff are encouraged to interact appropriately with the residents at all times.'

The registered manager demonstrated how people had been supported to express their views in order to be actively involved in making decisions about their care, treatment and support. There was evidence in care records of discussions with the person, where possible, or their relatives with regard to their care needs and their wishes. For example, one person's GP had advised the family that they now required end of life care. Their care records we looked confirmed that the person's wishes and preferences had been discussed and agreed between them, the family, the GP and the registered manager.

Members of staff were able to explain what they were expected to do to ensure people's privacy and dignity had been respected. This included shutting the bedroom or bathroom door when helping someone to undress. One member of staff said, "If I knock on someone's door I will wait to be invited in." From our observations we found all staff were polite and respectful when speaking to people. They also knocked on people's doors and waited to be invited in. Doors were kept shut when personal care was being provided. The provider's PIR confirmed, 'Dignity, respect and person centred focus are embedded in the ethos of the home. When supporting with personal hygiene needs, or behaviours that challenge, staff are regularly reminded to ensure that the resident's dignity is maintained whilst delivering effective support.'

Is the service responsive?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to person-centred care. The care and treatment provided to service users had not always been appropriate, and did not consistently meet their needs or reflect their preferences. Care and treatment had not been designed with a view to ensuring service users' needs were met. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and that the breach had been met. The registered manager advised us they had developed a booklet entitled 'This Is Your Life' which had been designed to capture information about each person. This included information about their family, early home life, their school days, their working life and important events in their lifetime. This information had been used to develop care plans which were person centred and reflected something about the individual. For example, information in one person's records indicated they were Roman Catholic and had originated from the Caribbean. The person's family had shared this information with the registered manager.

The registered manager showed us their care plan which demonstrated how this person's specific spiritual and dietary wishes had been catered for. Arrangements had been made to ensure a member of the local Roman Catholic church visited to provide them with communion each week. Each morning, the person had been provided with a breakfast of their choice which reflected their cultural background. Staff we spoke with demonstrated they knew about each person in terms of their life story and family background.

Care records we looked also included information for staff to follow with regard to ensuring people's skin integrity had been maintained, and what to do if people were at risk of malnutrition or dehydration. Care records included a repositioning chart, a record of food eaten and of fluids. One person required repositioning every four hours. Records indicated that care staff had ensured this had taken place to reduce the risk of the person's skin breaking down. In addition, the registered manager demonstrated that, where they were in use, pressure relieving mattresses had been checked at least each month to ensure they were effective. We also saw that, where people were at risk of malnutrition or dehydration, each person's weight, food and fluid intake had been recorded so that this could be monitored. Records demonstrated, when required, further advice and guidance had been sought from nutritionists and dieticians with regard to what care or treatment would be necessary to reduce the risk of further weight loss. Care plans were then reviewed and amended accordingly.

When we asked about the provision of person centred care at Cherington, the visiting healthcare professional advised us, "The manager and her staff are very attentive to individual people's needs. They are very good at providing a calming influence for people who are very confused and very agitated."

The provider's PIR commented, 'The care plans are based on personalised support practice to help ensure a positive outcome for the individual. It is reviewed regularly to help ensure the changing needs if any are

quickly recognised and plans are amended where necessary. The care plans are shared with the residents, their relatives where applicable to do so and a joint approach to the support is maintained.'

We also identified at the inspection in June 2015 that there were insufficient activities provided. This meant people, particularly those who had been cared for in bed, may be at risk of social isolation. From direct observation activities provided appeared to be limited; we only saw staff throwing a ball to people in the lounge area. However, the registered manager provided us with copies of posters which advertised events and activities which had taken place over the last few months. This included a barbecue which had been organised for people, their families and friends to enjoy and a visiting entertainer who had put on a musical show entitled 'The Good Old Days.' The registered manager informed us that staff were expected to ensure that people who were in bed could also take part. They were expected to take up food from the barbecue to people who wanted this and to arrange for musicians and entertainers to visit people in their rooms. Daily care records demonstrated that this had taken place. Records also demonstrated staff on duty had interacted with people in their rooms on an hourly basis during the day. This included providing care or treatment and spending time with people. We observed staff visiting people in their rooms during this inspection. This meant that the risk of people being socially isolated had been reduced.

The provider's PIR advised us, 'Activities are arranged to help promote choice and enable the development of life skills and maintenance of pastimes, hobbies and interests. We recognise that the choice of activities will be dependent of the mental health of the individual and It is acknowledged that not all our residents are motivated to develop their skills at the same pace and we need to work at their speed. It is also acknowledged that some people prefer to observe others rather than participate in an activity. Birthdays and anniversaries are always celebrated as are festive occasions.'

The provider has arranged meetings each month where people or their relatives have been provided with an opportunity to voice their opinions of the service provided and offer suggestions with regard to how the service may be improved. We were provided with a copy of the minutes of the last meeting, which took place on 6 July 2016. Items discussed included the appointment of a new member of staff, plans to redecorate the premises and the relocation of the suggestions box. A relative raised a safety issue regarding the premises. Although this had not been documented, we were advised this had been taken up with the maintenance team and resolved. The provider's PIR identified improvements planned in the next 12 months. This included, 'The Quality Assurance (QA) questionnaire will be redesigned to help capture more information from residents and relatives. Relatives/staff meetings will be themed based in the next 12 months as part of our information and sharing ethos.'

The registered manager confirmed that a written complaint procedure was made available to people and their relatives. This was also on display in a communal area of Cherington. We were also advised that people or their families would be provided with opportunities to discuss any concerns they may have. We noted that, within the minutes of the last relative/resident meeting referred to above, those present were advised that, 'The letter box for any compliments and complaints has been moved to the front porch. (Registered manager) will check this daily and act on letters sent.' We saw a record of complaints that had been kept, which indicated complaints received had been appropriately dealt with and to the satisfaction of the person who made the complaint.

Is the service well-led?

Our findings

We found evidence at the inspection in June 2015 which demonstrated a breach to regulations with regard to good governance. The systems and processes which were in place to enable the assessment, monitoring and improvement of the quality and safety of the service were not sufficiently robust. We issued a requirement notice in respect of the identified breach and we asked the provider to take action to make improvements where required. The provider provided us with an action plan which advised that the breaches had been addressed.

At this inspection we found evidence which demonstrated that improvements had been made and the requirement notice had been met. The registered manager provided us with documentary evidence that demonstrated how the quality of the service had been monitored. They included routine health and safety checks and maintenance of the environment, the management of medicines and infection control. There were also regular audits of complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from. In addition care records and staff recruitment records had been routinely checked to ensure they had been kept accurately. Each audit included an action plan which identified when the work needed to be done by, and by whom to ensure compliance.

The provider's website described the culture of Cherington. It stated, 'Based on our core value of dignity through respect, we understand how important it is to remember that a person with dementia is still a unique individual. We therefore endeavour to ensure that we do everything we can to help the service users retain their sense of identity and feelings of self-worth; to be treated with respect and valued for who they are. Our approach to care is to recognise that service users will have their own experiences of life, their own needs and feelings, likes and dislikes. In our care planning we take account of service users' abilities, interests and preferences and aim to respond flexibly and sensitively. We focus on what the service user can do rather than what they cannot do. Our primary goal is to rebuild the service users' self-esteem, self-confidence and the restoration of personal dignity leading to an improved quality of life.'

We asked the visiting health care professional about the views of the leadership of the service. They told us, "Cherington's expertise is in dealing with the more challenging end of dementia care. This is very difficult to do and to do very well. I have no concerns about the care provided here. The staff are always unfailingly helpful and polite. The registered manager provides a calming influence. The registered manager is very good when interacting with agitated and confused people."

When we asked them about the culture of the service, a member of staff explained, "We are expected to provide a good service to the residents who live here. Another member of staff said, "I always feel I can talk with the manager. They are really open and helpful I can talk about anything with them." They also confirmed they felt well supported by the manager. They told us they had received adequate training and supervision so that they knew what was expected of them.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	The registered person had not ensured that care or treatment for service users had not been provided in a way that includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint. Regulation 13(4)(b)