

F.B.C. Care Homes Limited

Cherry Holt Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 August 2016 and was unannounced.

Cherry Holt residential home is situated in the market Town of Retford and is registered to provide accommodation for up to 52 people who require nursing or personal care. At the time of inspection 52 people were using the service, meaning that the home was full.

The service had a registered manager. 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.

The staff understood their role in keeping people safe. People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks were assessed and any accidents and incidents were investigated so that steps could be put in place to avoid reoccurrence. There were enough staff with the right skills and experience to meet people's needs. Medicines were stored, administered and handled safely and people received their medicines as prescribed.

People were supported by staff who had received the training and supervision they needed to support people effectively.

People had consented to the care that they received. The registered manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. People were asked for their consent before care and support was provided and this was respected.

People were able to choose what they ate and spoke positively about the food they received. When needed, people's food and fluid intake was monitored so they could be assured that they had enough to eat and drink.

People's healthcare needs had been assessed and were regularly monitored. The service worked well with healthcare professionals to ensure they provided effective care and support.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People were encouraged to be independent and had access to independent advocacy services should they have required this support. There were no restrictions on friends and relatives visiting their family members.

Staff were responsive to people's needs and people were supported to participate in activities. People and their relatives were involved with the planning of the care and support provided. Care plans were written in a

way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately.

A complaints procedure was in place and people felt comfortable in making a complaint if needed.

There was a positive atmosphere within the home and people's views were considered when making decisions to improve the service. People spoke highly of the registered manager. Processes were in place to check on the quality of the service and the registered manager had clear processes in place to continually improve the quality of the service that people received. The service had recently won awards acknowledging this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were supported to access advocates to represent their views when needed.

People's independence, privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised and responsive to their individual needs. They were able to participate in a range of activities which they enjoyed.

A complaints procedure was in place and people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Cherry Holt Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 3 August 2016 and was unannounced. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had 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 improvements they plan to make. We took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with nine people who used the service and ten friends and family of people who were visiting Cherry Holt, as well as one visiting health or social care professional. We also spoke with the owner and manager of Cherry Holt, operations manager, one nurse, the activities worker, the care co-ordinator, the cook and three staff members.

We looked at all or part of the care records of four people who used the service, as well as a range of records relating to the running of the service including two staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Is the service safe?

Our findings

Without exception everyone we spoke with said that they or their family member was safe in the home. One person we spoke with told us, "Oh yes, I'm quite safe, I'm very positive about that." One relative said, "[My family member] is safe here, they wouldn't be here otherwise". Another relative told us, "We no longer have to worry when we go home now that [my family member] is in here. They are safe from any external or internal threat."

Staff we spoke with were confident that people were protected from harm. One staff member said, "We are well trained and know what to do to protect people from abuse." Staff could describe the different types of harm which may occur. Every staff member was clear that they had a duty to report anything untoward that they saw or were told. They were also clear that the management at Cherry Holt would act to protect people if a concern was raised with them. Staff could tell us the names of those within the management structure that they would report anything untoward to, and were confident that they would act to protect people. We were also told by staff which agencies outside of the service, such as the local authority safeguarding team or CQC, they could speak to should they need to so that they could act to protect the person if needed.

Information was available for people on how they could maintain their safety and the safety of others. A safeguarding adults policy was in place which was also available in an accessible format for those living at Cherry Holt. Information was also available to staff and visitors on how to report any concerns or instances whereby people maybe at risk of harm. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported because risks were assessed and managed. People told us the doors were locked at night to keep them safe. One person said, "There is always someone [staff] around to help you if you need them to. I wouldn't want to be anywhere else." We spoke with relatives who were confident that their family members were being protected and had their freedom supported and respected because the staff knew them well. They told us how risks had been assessed and staff ensured that people received their care and support in a safe way. Relatives also told us how they were informed if their family member had sustained an accident, with a visitor telling us, "When [my family member] has a fall, they always ring me up and tell me."

Staff told us there were risk assessments in place which identified any risks that people may be exposed to and defined ways that staff were to work in order to minimise these risks. They told us, "Our risk assessments keep everyone safe. They are reviewed regularly and get updated if things change." Another staff member spoke about how, if an accident or incident had occurred, they were encouraged to reflect on why things may have gone wrong. This meant that their experience could be used to reduce the risk of future similar occurrence. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. They said they found the layout of the building with the various communal areas helpful for this.

The care records that we looked at showed that risks to people's safety had been assessed. Where needed, steps had been put in place for staff to follow to assist them in maintaining people's safety, for example when someone required lifting using a hoist, two staff were always present. Staff told us it was important for people to be able to be supported to do things at their own pace and not to be rushed, as rushing may cause people to sustain an accident. Accordingly, we observed that staff were patient with people when encouraging them to mobilise around the home enabling them to move at their own pace.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. We saw regular checks and routine maintenance of the inside and outside of the homes environment and equipment, which included the fire detection system, and water system to prevent the build-up of legionella bacteria. Equipment people used such as wheelchairs and hoists were also checked to ensure that they remained safe for people to use. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed. Our observations of the equipment used within the home supported this. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

There were sufficient staff to ensure that people received the support they needed and to keep them safe. People told us they felt there were enough staff employed by the service. One person told us that if they pressed their buzzer, "They [staff] are here like lightning in the day, just seconds really. At night, it just depends how busy they are, but there aren't any long delays." Relatives we spoke with told us that there always appeared to be enough staff when they visited. A visiting healthcare professional also told us that they believed there were enough staff at Cherry Holt for people to be safe and receive the care they needed.

Staff also told us they monitored peoples changing needs to ensure that there were enough staff available to keep people safe and to meet their needs. One staff member told us, "We aim to keep people happy, and there is enough staff for that." Another member of staff said that there were enough staff to meet people's needs, confirming, "If something unexpected happens, we work between the two floors to make sure there are enough staff." They reflected that however many staff there were, they could always use more staff so that they could spend more time with people, but felt confident that there were enough staff on each shift to support people well.

The registered manager explained how they used an electronic tool to evidence the deployment of staff against each person's need and assure themselves that they were employing sufficient staff. They also observed staff working at different times of the day and night to be sure that the rota that was in place allowed sufficient staff to meet people's needs. Additional staffing was planned around the activities and events in people's diaries so there were always staff available. People's needs were regularly reviewed to ensure there were enough staff. Sufficient staff had been recruited to ensure that no agency staff were needed as all shifts could be covered by the substantive staff team. This ensured that people always received support from staff who were familiar to them.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to work in an adult social care environment. This meant the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. This showed that the registered manager followed robust recruitment practices to keep people safe.

People's medicines were stored and handled safely. The people we spoke with confirmed that they received

their medicines as prescribed and in a timely fashion. One person told us, "My medication is brought to me at the right time and the nurse always makes sure I take it." Relatives we spoke with were confident that people were supported to take their medicines as prescribed.

Staff told us they were confident that people received their medicines as prescribed. They told us they had regular training to ensure they maintained best practice. This ensured they were safely administering medicines. We also heard from staff and the members of management team how the management at Cherry Holt undertook checks, audits and observations and saw how these had been used to be sure that people were receiving their medicines as prescribed.

Medicines were stored securely in a locked trolley. We observed staff administer medicines in a safe way. Staff were patient and used tact and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure they had taken their medicines. Staff correctly recorded the medicines they had administered to each person on the medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs we looked at showed that people's medicines had been administered as prescribed. These records were accurately completed. Information about each person contained in the medicine file included, what medicine they had been prescribed, their photo, the way they liked to take their medicines and whether they had any allergies.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff observing these when they administered medicines. In the clinic room the care needed to be taken to ensure that the safe temperature was not exceeded as this may hamper the effectiveness of medicines stored.

Is the service effective?

Our findings

The people we spoke with felt that staff were competent and provided effective care. They spoke positively about the staff who supported them. One person told us, "The staff here are very capable, they know what they are doing, they are caring and interested." A relative we spoke with told us that they visited the home frequently at different times of the day and always found the staff to be competent. They said, "They seem to be good on training here – they have lots of training. A visiting healthcare professional told us that they found the staff to have the skills they needed to support people well and that staff were keen to learn new skills.

Staff told us they received regular training and records confirmed this. One member of staff said "The training is good here. We get our training updated too." Another staff member said, "The management don't let us get in a rut with our training, there is always something new or different for us to learn about." A third staff member explained how reflection was also a method employed at Cherry Holt to ensure that staff had the knowledge and skills needed to carry out their roles and responsibilities effectively. They told us, "Sometimes when something had gone well, we are asked to think about why it went well and how we could make it even better. When things go wrong we might be asked why that happened and how we could prevent it happening again in the future."

People were supported by staff who received regular supervision and an annual appraisal of their work. All the staff we spoke with told us they felt well supported by the management team at Cherry Holt and had regular supervision. The records we saw confirmed this. We also saw how different members of the leadership team provided supervision to staff to maximise the potential for support and learning. We spoke with a member of the management team who spoke passionately about their role in expanding the skills of the staff team. They showed us some of the resources that they had developed to facilitate learning. These were often by way of small group discussion, focusing on particular areas to compliment larger classroom based training sessions, ensuring that staff have time to discuss and understand what they had learned.

People were able to be involved in making decisions about their care and provided consent where possible. Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

People were supported by staff who had a good knowledge and understanding of the MCA. Both staff and managers we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's

decision had been made which ensured that the principles of the MCA were followed.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed and any conditions set under the authorisation were being met. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. There was an up to date DoLS authorisation in place for this person. Staff told us that they received training in DoLS, so that they understood the requirements of these arrangements.

The operations manager had also made further DoLS applications for other people to ensure that they were not being deprived of their liberty unlawfully.

During our inspection we saw staff ask for a person's consent before providing care and support for them. One person told us, "All the staff always explain what they are doing and ask if it is alright." The people we spoke with also confirmed they had agreed to the content of the care plans. Relatives were also involved in decision making where the person was unable to be involved.

People were supported to eat and drink enough to keep them healthy and were wholehearted in their praise of the food provided. One person told us how they were only able to eat soft foods and said, "They [the staff] always make sure I have something soft to eat." Visitors we spoke with said that the food always looked to be nutritious and appetising and smelled good. One relative said that they would eat it themselves too, if they were invited to. We spoke with one person who told us that they were not keen on the food. However, their relative told us how the staff supported their family member to eat well, having the foods they wanted, when they wanted them. They were reassured that their family member ate well and was maintaining a healthy weight. Another relative told us "I was worried about [our family member] not eating much at all. The staff say things like 'We managed to get them to have a bit of ice cream today and it makes me feel so much better - they are better at getting [my family member] to eat than I am.'"

We observed the lunch time meal in the main dining area. The food was presented in an appetising way and presented to people as described in their support plan if required. People were able to choose from two options. They could also choose to sit in one of several places to eat so people were able to enjoy their meal with a small group of people or could eat in their room if they preferred. Suitable adapted crockery and cutlery were available to people where needed.

The menu was on display and showed the range of food that was planned for the week which gave a good balance of different types of food. We saw there was information in support plans detailing people's nutritional needs, for example, some people had diabetes and others needed fortified diets to maintain their weight. Staff were able to tell us about each person's likes and preferences as well as the support that they might need to eat and drink.

People were encouraged to eat together at breakfast time. This gave an identified start to people's day, when they were able to choose from a range of hot and cold options. A variety of different cold drinks were available and people were offered regular drinks and healthy snacks throughout the day. Between meals, jugs of cordial were available to people in their rooms and in communal areas. Hot drinks and snacks were also brought round during the day. Where needed, records were kept to ensure that each person had enough to eat and drink to reduce the risk of people becoming dehydrated. A visiting healthcare

professional told us that they found that staff always ensured that people had enough to eat and drink to sustain good health and sought advice when they had any concerns.

The cook told us how they had enough time allocated to them to prepare food to ensure that people ate well. When planning meals, the cook took account of peoples likes and preferences as well as any nutritional or cultural requirements. We were shown some food moulds that had recently been purchased to enable blended foods to be presented in an appetising way in an effort to encourage people to eat well. Each month people's nutritional needs were reviewed to ensure that any changes needed to their diet were made. This ensured that any changes to a person's diet could be accommodated to ensure that people ate sufficient food to keep them healthy.

People had their health care needs met at the right time by a variety of professionals such as an optician, dentist and GP. One person told us, "I couldn't hear a thing, until they took me to get my ears syringed and then it was much better." A relative said "The matron told me on Sunday that they weren't happy with how [my family member] was doing and that the doctor would see them the next day - and he did." Relatives also affirmed that they were told if the doctor, or any other professional, visited or was due to visit their family member. One relative said, "Oh yes, they always let me know if they have had to have the doctor out to [my family member]."

A visiting healthcare professional told us that they were always consulted appropriately and the advice they gave was adhered to and followed through. We were told by staff how they would have no hesitation in ringing a doctor for advice, or 999 for an ambulance, if they felt that this was required. We saw how a template for information was being developed to ensure that hospital staff had access to the important information about a person from their support plan in the event that they had to be admitted to hospital.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP or district nurse, on a regular basis. During our visit we saw several different healthcare professionals visiting the home. One of these professionals told us they felt that staff knew people well and called them when needed. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people for advice. For example, the falls team were contacted to provide advice and support where someone was noted to be at increased risk of falling. Staff told us how peoples care plans were always updated when they came out of hospital so that staff were aware of any changes needed to the way they supported the person.

Is the service caring?

Our findings

Without exception, people told us that staff were kind, caring and they had formed positive relationships with them. One person said, "The staff are just lovely. I have a bit of banter with the staff and we all get on so well together." Another person told us, "They [staff] are kind to us here, they [staff] really can't do enough for you." One relative told us, "The staff are very, very, caring." Another relative said, "They [the staff] always make me very welcome." A visiting healthcare professional told us that staff were always cheerful and caring in their approach to those they were working with.

Staff reflected to us how they thought about the people they worked with to ensure that they were caring in their approach. One staff member said, "Everyone who lives here had been young once, each with their dreams, families and jobs – they had not always been old people." They told us how important it was to sit and get to know people so that they could understand their needs and provide care in the way they wanted. One staff member explained to us, "This is what gives Cherry Holt a youthful outlook, because we are caring for people we see as people and not old people." Another staff member clarified what this meant for them by saying, "We each have to get to know people's likes and dislikes, ask people, talk to them and add it into the care plans if it is something we didn't know before so others will find out too." We spoke with a third staff member who told us that they have to leave their own lives at the door and make sure they smile and endeavour to make every interaction they have with a person fun to brighten the day of those they were providing care for. "Belly laughs are an important part of life at Cherry Holt!" they told us.

People were supported to make day to day choices such as where they wanted to spend their time during the day or whether they wanted to join in with activities. One person told us, "Things are done in accordance with my wishes and the staff are more than willing to cooperate with me." Another person said, "I have choices over what I wear, where I sit and what I have to eat." We spoke with relatives who told us how their family member had been involved in agreeing their care plans. Relatives told us how they were involved in writing their family member's care plans when they were first admitted and also in subsequent updates. One relative described to us how planning the care for their family member in the home was, "A team effort, and the staff always cooperate with us in any way they can. We are free to ask anyone questions about what is happening." Another relative said, "Staff always consult with us and share information."

Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished. People were encouraged into the communal areas during the day. Some people liked to sit in the same place each day and where this was the case, they were able to do so. Where people liked to watch particular television programs staff ensured that they were reminded when they were coming on. People told us that they were able to attend local places of worship if they wanted. They were also able to be supported to make their chosen religious observations within the home too if they wished as local ministers visited.

During our inspection we saw staff offer people support when required and also encouraged people to carry out tasks independently. For example one person described themselves as being, "Fiercely independent," and wished to move around the home independently despite having mobility difficulties. Staff did not hurry

them and were patient, providing support in a way that they found acceptable to keep them safe and maintain their independence.

The Provider Information Return (PIR) shows how Cherry Holt is registered with the Gold Standards Framework. This is an accreditation awarded to ensure that staff have the skills and plans are in place so that people are comfortable at their end of life.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known. No one was using an advocate at the time of our inspection. Information was provided in the service user guide that was given to them when they began using the service.

People were treated in a dignified and respectful manner by staff, and told us that staff treated them well. One relative told us, "It's the way they [staff] speak with people you can just tell that they care." Another relative said, "A smile flashes on [my family member's] face every time the staff approach them." A third family member told us how personal care was always undertaken in private and that they were always asked politely to leave the room when staff were providing support to their family member to protect their relatives dignity.

Staff demonstrated an awareness of how they needed to act to maintain people's dignity in their practice. We saw staff speaking to people discreetly when needed, for example if they were in one of the communal areas. We also saw staff supporting people to adjust their clothing to maintain their dignity. Occasionally, we heard staff use a term to describe the support they gave to some people to eat which was not respectful. Staff, however, were aware that this was not the term to be used and politely corrected each other. When we told the registered manager about this they were pleased that staff were heeding recent instruction about this matter.

Staff told us that while some people liked a laugh and a joke, other people had different expectations of those providing their care. They said it was important for staff to get to know each person individually and relate to them in the way that they wanted to be related to. One staff member told us, "We have to build a relationship with people and earn their respect before we can have a laugh and a joke with them." Another staff member told us how important it was that they knew each person, their likes and dislikes as this meant that they could talk about the things that interested them while providing care so that the person felt more dignified. Throughout our inspection we saw people being treated with dignity and respect by the staff supporting them.

We also saw that staff treated information confidentially and care records were stored securely. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. This meant that people's privacy, dignity and preferences were respected.

The registered manager told us they had nominated staff 'champions' within the service for areas such as dignity, dementia and safeguarding. These 'champions' had additional training and knowledge in their respective subject that they can share with other staff. For example, the 'dignity champion' is a staff team member who believes passionately that being treated with dignity is a basic human right, not an optional extra. They provide advice and feedback to other staff to improve the dignity with which people are treated.

Visitors were able to come to the home at any time and many people visited during the inspection. In addition to the main communal area, there was access to several smaller, quiet areas should people not

wish to sit in the main lounge. We spoke with one relative who told us that they visited often and at different times of the day. They said, "The staff always make me very welcome."

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. They told us how it was planned in accordance with their likes and preferences. One person told us, "If you need anything you just ask the staff or the manager and they will do their best to see that you get it." Another person told us how they were always encouraged to socialise with other residents and take part in activities in the home but were also able to enjoy the television programs they liked in their room. A visiting healthcare professional told us that they were, "Blown away," by the amount of work that staff put in to ensure that they responded to people's changing needs.

We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. For example, one person told us that they particularly enjoyed reading books. We saw that staff ensured that they had books available to them and would ask what they had been reading about to engage them in conversation. During our visit we saw that staff understood people well and provided reassurance to prevent any anxiety escalating. We saw staff explain to people who the inspectors were and why they were visiting in order to provide reassurance. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others, which staff were aware of.

A staff member had responsibility for co-ordinating the activities. They told us that as well as a programme of planned group activities there was an expectation that all people would also be provided with some dedicated one to one time each week to pursue an activity that stimulates them. Staff told us how the registered manager made funds available so that people were able to enjoy the things that mattered to them. They said there was, "Big freedom with money," and how no reasonable request was ever declined. If a request had been declined, staff always understood why this was. Details of the activities each person enjoyed and participated in were captured in an individual activity plan.

There was a programme of group activities arranged for each day. There was a programme of regular activities as well as some one-off 'special events' which may be held within the home, or take the form of trips out. We saw photographs of people enjoying these events such as a recent party held to celebrate the Queen's birthday. Wherever possible, mutual interests were built upon to match the interests of people with the staff that were supporting them. We also heard how some people were able to plan and run activities for their peers. For example, one person ran a regular quiz event which other people participated in. They enjoyed being able to have this responsibility which added to the sense of community at Cherry Holt. During our inspection we saw people engaging in group and one to one activities which they appeared to enjoy.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas as well as other staff who responded quickly when call bells were pressed. People told us that their call bells were usually answered quickly if they used them and they did not have to wait for unduly long periods of time for support.

The PIR stated that care was focussed on each person's individual needs, which are identified through a thorough assessment and review process. The PIR also stated that staff at Cherry Holt get to know people

and form appropriate, caring relationships that empower people to voice their opinions and speak-up if anything is failing them in any way. During our inspection, it was evident that staff had an understanding of people's care needs and how they had changed over time.

People's care records were written in a person-centred way and developed with the person and their relatives. Information about people's care needs was provided to staff in care plans as well as being written in communication books. A Care Co-ordinator ensured that people's care plans continued to be reviewed each month, providing people with an opportunity to express their feelings about their care and ensuring that anything that is impacting on their well-being is acted upon. Staff told us how they always involved the person in updating their records. People and their relatives told us that they were involved in this review too. One member of staff said, "We sit with the person and go through their care plans to update them – we'll ask other staff who are around too to make sure that they are right." Staff also explained to us how they involved relatives in ensuring each person's care plan was updated. Staff told us they had the time to read people's care plans as they were updated and were kept informed where there had been any changes.

People felt able to raise concerns and complaints. They told us they knew how to do so and would feel happy to speak up. Everyone we spoke with was clear that they would speak to the staff or the manager if they had a concern and every effort would be made to resolve the issue to their satisfaction. The relatives we spoke with also told us they would feel comfortable making a complaint and knew how to do so. One relative told us, "Once or twice over the years I have had a word with [the registered manager] and they saw to it straight away. They will do anything they can to make things alright." Another relative said, "I emailed a concern to [the registered manager] at about 9.00pm and received a reply within about 5 minutes, which I never expected - I thought it would be the following day before I heard from them."

People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. The complaints procedure gave links to key contacts at the Local Authority and at CQC which people were also free to speak to, to raise a concern.

Staff were clear and understood how they would manage concerns or complaints. They were confident that the manager would always act to resolve issues. One staff member told us how as a staff team they learned from any complaints and were supported to reflect on any feedback received whether positive or a complaint.

The complaints log showed that one complaint had been received in the last 12 months. This had been responded to in a timely manner and resolved to the complainant's satisfaction. Practice had also been reviewed in order to minimise the risk of a similar occurrence. The registered manager and staff felt that this low level of recorded complaints was due to them listening to small concerns and taking timely corrective actions.

Is the service well-led?

Our findings

Without exception, people told us that staff were kind, caring and they had formed positive relationships with them. People benefitted from the positive and open culture in the home. One person told us, "I think this place is well-run without being over-bearing." Another person told us they were confident that the manager took action if there were any issues. They said, "The carers here are second to none but if they do something wrong they soon know about it." Another relative said, "They [staff] always make me very welcome." During our inspection, we also saw lots of positive feedback from relatives who were delighted with the standard of care offered at Cherry Holt, the quality of life that this enabled their loved ones to enjoy and peace of mind this gave them. A visiting healthcare professional said that it was always a pleasure to come to support those living and working at Cherry Holt.

Staff we spoke with told us there was an open and transparent culture at Cherry Holt and they were comfortable raising concerns or saying if they had made a mistake. Staff we spoke with also told us how the registered manager supported them well. They set high standards and were quick to challenge poor practice, but equally quick to provide any support or purchase additional resources or equipment if needed. One staff member said, "We [the staff] have all been told off by [registered manager] at some point, but we have all been helped out by them, at work and in our personal lives too." They reflected that this built their commitment to Cherry Holt, and providing care to those that lived there.

We saw people felt comfortable and confident to speak with the staff who were supporting them and also to the registered manager. It was evident that the registered manager knew each person well, and they, in turn knew him. We saw people initiating conversations in passing with the registered manager when they saw him. We also saw photographs of people enjoying activities with the registered manager, which had been shared with the persons relatives to reassure them that their family member was in good spirits. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The people we spoke with and their relatives told us there was a good management team at Cherry Holt. A visiting relative told us that, "There are always 'senior staff' on duty and the manager is very approachable." The registered manager made himself available to people living at Cherry Holt and their relatives alike and all of them knew him by name. The words used to describe the registered manager were 'fantastic', 'really great' and 'a can-do sort of person'. We saw that the management team was visible throughout the inspection. People who used the service, relatives and staff were seen to freely and confidently approach them to talk and ask questions. All said they felt able to approach them – and other senior staff members of staff with queries. They were confident of a positive response and that any necessary action would be taken. A visiting healthcare professional was very complimentary about the registered manager and told us how they would always ask for help if needed and were keen to develop new practice at Cherry Holt.

Staff we spoke with told us how there was always support available from the management team. The

Registered Manager did not just work 'office hours' but was regularly present in the service at all hours of the day or night. This gave them a good understanding of whether staff were meeting people's needs, throughout the entire week and at differing times of the day and night. Other staff members told us about the arrangements that were in place for support in the event of an emergency when the registered manager was not at work. They had absolute confidence that the staff would receive the support they needed very quickly. The registered manager had also arranged for staff to be able to access other forms of support such as implementing a 'Take 5' initiative for staff to be able to take a short break if they have encountered a stressful situation at work, which staff told us was a helpful initiative.

The position of the office within the service meant that the registered manager was visible and accessible to those living at Cherry Holt and their visitors as well as those working in the service. The registered manager ensured that the office was tidy and well-ordered with everything easily to hand for staff so that they could locate and refer to information quickly if they needed to.

There was a clear staffing structure in place. The registered manager told us how they constantly kept the leadership at the service under review so the practice that was delivered by staff could constantly improve. For example, the role of an 'Operations manager' had been introduced over the last year with a focus on developing staff skills. The PIR details the support that this post provides to those working at Cherry Holt to oversee the clinical and nursing support that people have to ensure that they are receiving care based on best practice and good governance. For example some new 'enhanced learning' training resources had been developed to enable staff to increase their range of skills and competence. Staff told us that they found these sessions very helpful.

The conditions of registration with CQC were met. The service had a registered manager who had been in place since May 2011. They had a good understanding of their responsibilities. The registered manager was supported at the service by a leadership team who supported the registered manager to run and monitor the service. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received the required notifications in a timely way.

People were encouraged to give feedback on the quality of the service provided. Relatives we spoke with had recently filled in surveys about the care in the home. One relative said "Yes, I just put it in the box today. They send them out regularly." The registered manager told us how they used the feedback to inform them in the areas of the provision of care at Cherry Holt that needed to be reviewed. For example, in the 2015 survey, they identified that people would like some changes to the food at Cherry Holt. As a result of this changes were made to the menu. People living in the home were involved in trials of a new menu which was amended to take account of their feedback. Advice was also sought from external professionals to ensure that each person received the nutrition and hydration they needed.

We also heard about other informal opportunities that were created when they could speak to the registered manager. One relative explained, "From time to time, the manager does a curry night, and I have been to one of them. We enjoyed it." Another relative told us how they were running a stall at the Annual Summer Fete with their family member and felt this was a great way for them to contribute to the running of the home.

People could be assured that the service was of sufficient quality. A clear 'pathway' was in place to ensure that each person's needs were fully identified, assessed and monitored to ensure their safety and welfare as well as ensuring that they experienced a high quality of service delivery. Internal Quality Assurance processes ensured that standards were met and improvements needed were identified to ensure that the service complied with legislative requirements and promoted best practice. We saw that there was a system

of audits in place and these had been completed in areas such as health and safety, the environment, equipment, kitchen and medicines administration. Where improvements had been identified the registered manager took action as required.

The registered manager told us representatives of the provider visited Cherry Holt regularly to ensure that the home was running well. People who lived in the home and staff also told us these visits took place and they often spoke with the owner. External agencies such as Environmental Health, Infection Control and the Local Authority Contract Monitoring department also made regular visits to the home to check that the required standards were being met and that the service was of a high standard.

The standard of care at Cherry Holt and the individual contribution of a number of individual staff had been recognised by the local Care Commissioning Group. The home had won awards in five out of eight categories at their 2015 awards ceremony and had several nominations for categories in the 2016. The registered manager is also part of various groups and forums locally to share and develop best practice in care homes.

Clear communication structures were in place within the service. Staff we spoke with told us that the management team always kept them up to date. While there were no regular team meetings, the registered manager used other means and opportunities to deliver clear and consistent messages to staff, and for staff to discuss issues as a group. We heard from staff and from the registered manager that handover times may be used to discuss issues in small groups. Key messages would be sent out each month to staff in a letter with their pay slips and handover sessions were used to check staff understanding of the communication