Cherry Trees I.W. Limited

Cherry Tree 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

About the service:
Cherry Trees Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 25 people. There were 23 people living at the home at the time of the inspection.

People's experience of using this service:
People were happy with the care they received from the staff at Cherry Trees Care Home.
People and family members told us that safe care was provided.
Staff were well trained and received appropriate support and supervision.
People received their medicines as prescribed and infection control risks were managed effectively.
Individual and environmental risks were managed appropriately, and people were protected from avoidable harm.
People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation.
People were supported to access health and social care professionals if needed.
People's dietary needs were met and people were provided with enough to eat and drink.
Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy.
People knew how to complain and were confident that if they raised concerns, the management would act promptly to address these.
People and staff were fully engaged in the running of the service.
The management team were open and transparent. They understood their regulatory responsibilities.
A quality assurance system was in place to continually assess, monitor and improve the service.

The service met the characteristics of Good in all areas. More information is in the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:
The service was last inspected in April 2018 where we undertook a full comprehensive inspection (report published June 2018). It was awarded a rating of Requires Improvement.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
There is no required follow up to this inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Cherry Tree Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by two inspectors 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 Tree Care Home is registered to provide accommodation and personal care for up to 25 people. At the time of the inspection 23 people were living at the home. 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:
We did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we gathered information from: Nine people who used the service and four relatives of people who used the service. We also spoke with the provider's representative, the registered manager, the deputy manager, the head of care, five members of care staff, the cook and the activities co-ordinator. We viewed seven people's care records and records of accidents, incidents and complaints, together with audits and quality assurance reports.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the previous inspection, in June 2018 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to prevent and control the risk of infection, safely manage medicines and to ensure risks relating to the safety and welfare of people using the service are assessed and managed. At this inspection, we found appropriate action had been taken in relation to the concerns highlighted at the previous inspection. Therefore, the service was no longer in breach of this regulation.

Using medicines safely:
- People were supported to take their medicines safely.
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medicines administration records confirmed that people had received their medicines as prescribed.
- Full stock checks of medicines were completed monthly to help ensure they were always available to people.
- Medicines subject to additional controls by law were stored in accordance with legal requirements.
- Safe systems were in place for people who had been prescribed topical creams.

Assessing risk, safety monitoring and management:
- All individual risks to people had been considered and were managed effectively. Risk assessments had been completed and these demonstrated that least restrictive measures were put in place, to promote independence and safety of people.
- Risk assessments identified possible risks to people, along with actions staff needed to take to reduce the risks. For example, one person was at risk of choking and their risk assessment highlighted that fluid should be given at a thicker consistency and they should be provided with a soft diet. Throughout the inspection we saw that food and fluid was provided as highlighted within the risk assessment.
- Risk assessments were in place for people at risk of developing pressure injuries. Clear information for staff about how to support the person, with regular changes in body positioning was recorded. Additionally, detailed information was provided to staff about the type of equipment they should use to support the person to change their position safety.
- Other risk assessments in place included areas such as, moving and positioning, mobility, medicines management and the use of bed rails.
- Staff had a good knowledge of potential risks to people and how to mitigate these risks.
- Equipment such as hoists and bath seats were serviced and checked regularly.
- Environmental risk assessments and general audit checks of the home were done regularly and health

and safety audits were completed.
● There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly.

Preventing and controlling infection:
● We found the home to be clean and tidy.
● There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate.
● One person commented, "They [staff] always wear gloves and aprons for personal care; everything is done properly and its very clean here."
● The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised. For example, there was a dirty to clean flow which helped to prevent cross contamination.
● Infection control audits were completed regularly by the management team and we saw that action had been taken where required.
● The staff were trained in infection control.
● There was an infection control policy in place, which was understood by staff.

Systems and processes to safeguard people from the risk of abuse:
● All the people and relatives we spoke with told us they felt that the service was safe. A person said, "Oh yes, I do feel safe here." Relatives comments included, "She's [person] definitely safe", "Safe? very much so and well looked after. To me, it's perfect and I have no concerns" and "I am happy [person] is safe."
● Staff had received training in safeguarding and knew how to identify, prevent and report abuse.
● A staff member said, "If I have any concerns about residents I will speak to the manager, there is no problem and I know she will get things sorted." Another staff member told us, "I would report any concern that put people's safety at risk to the manager. If they did not do anything, which I'm sure they would, I would go to safeguarding."
● There were processes in place for investigating any safeguarding incidents. Where safeguarding concerns had been highlighted, they had been investigated robustly and reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment:
● There were sufficient numbers of staff available to keep people safe and to meet their personal care needs. A person said, "There is always help available when I need it." A relative told us, "I never get the feeling that anything or anyone is rushed which is very reassuring." A staff member said, "I feel there is enough staff and don't feel I have to rush people."
● Staffing levels were determined by the number of people using the service and the level of care they required.
● The registered manager told us that they observed care, spoke with staff and people, worked alongside staff and completed staffing level audits, to ensure that staffing levels remained sufficient. They also told us that staffing levels would be increased if required.
● People were supported by consistent staff. The registered manager told us that a member of the management team, existing staff members or staff members from a neighbouring home also run by the provider would cover short term staff absences if needed.
● Recruitment checks had been completed before staff were appointed. However, we found that not all staff had provided a detailed employment history before being allowed to work unsupervised. Detailed employment history of staff is required to help ensure suitable staff were appointed to support people. This was discussed with the registered manager and provider's representative who agreed to review all staff files

and obtain staff employment history where required.

Learning lessons when things go wrong:
● There was a process in place to monitor incidents, accidents and near misses. Incidents, accidents and near misses were recorded, acted upon and analysed.
● Monthly audits for all incidents and accidents that had occurred were completed. This helped to ensure that any trends or themes identified could be acted upon to help mitigate risk and prevent reoccurrence.

Good

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.

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:
- People and their relatives felt that the care was effective. A relative said, "I don't feel like I need to be here, I am very confident that [person] is going to be safe and well looked after."
- Comprehensive assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.

- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- Where appropriate, there was guidance for staff in people's files which reflected good practice guidance. An example of this was advice from the speech and language therapists when people were at risk of choking.

Staff support: induction, training, skills and experience:
- Throughout the inspection staff demonstrated they had the necessary knowledge, skills and experience to perform their respective roles.
- Staff had undertaken appropriate training in areas such as, first aid, health and safety, moving and positioning, infection control, safeguarding and end of life care.
- A staff member said, "We get lots of training. I get refreshers each year like safeguarding, moving and handling and medicines." Another staff member told us, "The training is really good, and you can ask anything. We have had smaller group sessions with just one or two newer staff if we need it." A relative said, "They keep up with their training, I've seen that first hand and its good and very thorough."
- New staff completed an induction to the service and a probation period before being permitted to work unsupervised.
- Staff received a session of supervision every eight weeks. Supervision sessions included, group supervisions during team meetings, observations and one to one meetings with a member of the management team. These supervision sessions gave staff an opportunity to discuss their progress and any concerns they had and were recorded in detail. Staff told us they felt well supported by the management team, who they could approach at any time.

Supporting people to eat and drink enough to maintain a balanced diet:
- People were complementary about the food and told us they had enough to eat and drink. Comments from people and relatives included, "The food is very good", "The food is good and you get a choice", "I can have my dinner wherever I like", "They manage Mum's specialist diet really well" and, "The food I've seen is very good and home cooked and I've noticed people have different dinner."
- People were provided with a choice of two main meal options, however could request alternatives if

required.
● Efforts had been made to make meal times a sociable and relaxed experience for people, as much as the environment allowed. For example, although dining tables were in the lounge, which was the only communal area in the home, tables were nicely laid with flowers and tablecloths.
● Where required, people were provided with specialist cutlery and plates to help them to eat their meal independently.
● Staff were observed to have a good understanding of people's dietary requirements and meals were provided according to people's preferences.
● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
● Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively.
● Menus were personalised to people's needs and preferences and people received a balanced diet.
● A choice of drinks was available and accessible to people throughout the day and we heard staff encouraging people to drink often.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care:
● All people spoken to responded in agreement when asked if they thought that their health needs were being met.
● A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.
● Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists.
● The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. The registered manager said that the person would be sent with all relevant information about the person which included, information about their needs, the level of support they required, medical information and current concerns. Additionally, receiving services would be provided with a verbal handover, either face to face or over the telephone.
● One person had been supported and accompanied by staff to attend regular hospital appointments out of area.

Adapting service, design, decoration to meet people's needs:
● Cherry Trees Care Home is a large domestic house converted into a residential home. As it is consistent with conversions of this type, the rooms vary in size and aspect and some corridors were narrow.
● There is only one communal area available to people, which was used as both a sitting and dining room. This was also where activities were provided. Although the room was large and a pleasant space it provided little opportunity for privacy or choice about if they took part in activities. Additionally, on the first day of the inspection people received chiropody treatment in this room while other people were going about their daily activities. Although the people receiving chiropody may have consented to having this done in this area; people within this area did not have an alternative place to go if they didn't want to be present during this, other than their bedrooms. The relatives we spoke with commented that only having one communal area did make it difficult to spend quiet time alone with their loved one during visits. Furthermore, a person told us that the noise in the lounge/dining room area was sometimes too much, they said, "The noise is a bit wearing, I can go up to my room when I want but I must wait for help." The limited space for privacy was discussed with the provider's representative and the registered manager who told us that the environment had been reviewed; however, due to the building and outside space no options were available to increase

space to include additional communal areas. The provider's representative and registered manager agreed that people receiving chiropody in this area was not appropriate and said they would address this.
● People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
● Some adaptations had been made to the home to meet the needs of people living there. For example, some signs were used to helped people to find the bathrooms and their bedrooms.
● Staff made appropriate use of technology to support people. For example, pressure mats were used to alert staff of the need to support people when they moved to unsafe positions. Special pressure relieving mattresses had been installed to support people at risk of pressure injuries and an electronic call bell system allowed people to call for assistance when needed.
● Computerised equipment was used to support people to communicate where required.
● Wi-Fi had also been installed to allow people to connect to the internet.

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 were supported by staff that understood the principles of the MCA.
● Records of mental capacity assessments and best interest decision meetings were recorded in people's care plans.
● Most people living at Cherry Trees had the capacity to make decisions about all aspects of their care. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.
● People's right to decline care was respected.
● All staff were observed to ask people for consent before they were moved or disturbed in any way.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.

● Applications for DoLS had been submitted to the appropriate authorities by the management team, as required. However, on the first day of the inspection we found that these had not been followed up in a timely way by the management team. This was discussed with the registered manager who agreed to review this process and contact appropriate authorities for updates on these applications. By the second day of the inspection we found that action had been taken by the registered manager.
● The registered manager and staff understood their role and responsibilities in relation to the MCA and DoLS.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
● People told us they liked living at Cherry Trees and spoke positively about staff and the care provided. Comments from people included, "They [staff] are always happy to help", "They [staff] are all good, very patient", "They are all friendly and I'm happy here" and "I couldn't be happier, they are friends as well as carers." People's views were echoed by their relatives. A relative told us, "Without exception staff are always kind and patient."
● The atmosphere in the home was calm and friendly and staff were observed talking to people in kind and genuinely affectionate ways. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff checking with people frequently that they were comfortable, warm and happy.
● Staff spoke fondly of the people they cared for. Staff comments included, "I'm not ready to stop working yet, as I would miss the residents too much", "I wake up and come to work happy and always leave happy; I treat everyone how I would want my family to be treated" and "I wouldn't accept poor care for my mum, so it has to be like you would treat your own family."
● People were supported in a patient and caring way, for example, when helping people to mobilise.
● The service respected people's diversity. Staff were open to people of all faiths and belief systems. People were protected under the characteristics of the Equality Act. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care records included information about their individual characteristics which had been identified as part of their needs assessments. For example, we saw that where people had religious beliefs, they were supported to maintain their faith.

Supporting people to express their views and be involved in making decisions about their care:
● People and their relatives were involved in the planning of their care as much as possible.
● Staff ensured that relatives and others who were important to people were kept updated with any changes to the person's care where appropriate. A relative said, "I am very much asked my opinion about [persons] care and they listen." Another relative said, "I know they would call me if there was anything I need to know."
● The registered manager was aware of the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial.
● Where needed, people were supported to access advocates. An advocate is someone who can speak up on behalf of another who is unable to do this for themselves.
● Staff understood people's communication needs. Peoples care records highlighted the communication

needs for people, however did not always provide staff with clear guidance how to best communicate with them. For example, one care record stated, 'When I am tired my speech can be slightly slurred' and another said, 'poor- no communication, but did not give staff any additional information of how to communicate with these people. This was discussed with the registered manager who agreed to review people's care files and add additional guidance to staff where required.

Respecting and promoting people's privacy, dignity and independence:
● Staff treated people with dignity and respect and provided compassionate support in an individualised way.
● Some people told us they preferred a staff member of a particular gender to support them with personal care and said this was respected.
● With the exception of receiving chiropody in the communal area of the home staff respected people's right to privacy in the delivery of personal care, such as washing and dressing, which was completed in the privacy of their bedrooms and bathrooms. Staff were seen knocking on bedroom and bathroom doors before entering.
● People said they felt that they were treated in a dignified way and that their privacy was respected. Comments included, "They [staff] always knock", "I know when they are going to come in as they [staff] call me" and "They [staff] are always very respectful."
● The provider ensured people's confidentiality was respected. People's care records were kept confidential, staff had their own password logins to access electronic records.
● Not all people's care plans provided detailed information for staff about what people could do for themselves and where additional support may be required. However, staff understood people's abilities well and were able to describe how they supported people to remain independent and make choices about their care. For example, one staff member told us, "I offer [name of person] choices. If they were deciding what to wear I would show them different things from their wardrobe that they could choose from."
● A comment in one person's care plans read; 'If handed the flannel and towel I am able to wash my face and hands when prompted.' This information gave staff clear information about the persons abilities which would support them to remain independent.
● Where required, people had been given special plates and cutlery to make it easier for them to eat independently or provided with appropriate mobility aids to support them to walk independently.
● The lack of information within some people's records about their abilities was discussed with the provider's representative and registered manager who agreed to review people's care records and ensure that they reflected people's abilities.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People told us their needs were fully met. A relative said, "The staff are always responsive; I only have good things to say and would recommend the home 100%."
● Care plans had been developed for each person. However, we found that some of these plans lacked person-centred detail to enable staff to provide support in a personalised way, including what people could do for themselves and information in relation to their life histories. For example, one plan viewed stated, 'I am missing some teeth' but did not provided information of the level of support the person required to care for their remaining teeth and mouth. Another person's file did not contain any information about their life history or likes and dislikes. This information is particularly useful for staff to engage with people, using topics of conversation people have a particular interest in. The limited person-centred information within people's care files was discussed with the provider's representative and the registered manager on the first day of the inspection. By the second day of the inspection some action had been taken to address this and plans had been put in place to review all people's care records.
● Care plans were reviewed regularly and changes were made promptly when needed. A family member confirmed this and said, "Reviews are conducted regularly and I've been called several times to ask my opinion."
● People's daily care records confirmed that care and support had been delivered in line with people's needs and preferences.
● Staff knew the people they supported well and could describe how they wished to receive care. A relative said, "They know mum's needs and are very caring."
● People were empowered to make their own decisions and choices, including when they got up and went to bed, when and what they ate and how they spent their day. A staff member told us how they had supported one person to choose what they ate. They said, "If a person can't really understand or is struggling to make a decision I show them things; like two different yoghurts."
● Staff responded promptly to changes in people's needs. People confirmed that if they felt unwell staff would be immediately available to assist and would listen to them. Several people told us that if they ever felt unwell then a GP would be called without delay.
● Throughout the inspection we observed that staff responded quickly when people asked for assistance.
● People had access to a range of activities. These included games, quizzes, music, dancing, exercises and bingo. An activities co-ordinator was employed by the service and other activities were provided by an external company who visit the home to provide music and reminiscence.
● On viewing the minutes from the recent 'resident and relatives meeting', we saw that discussions had taken place which involved people in making decisions about future activities.

Improving care quality in response to complaints or concerns:
● The provider had a robust complaints policy in place which was understood by staff.

● One formal complaint had been received since the previous inspection. The registered manager was able to demonstrate that this was currently being investigated robustly and in a timely way. They were able to describe what action would be taken following the completion of the investigation, depending on the outcome.
● Information on how to make a complaint had been provided to each person when admitted and was displayed within the home.
● People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively.
● People and relatives all said they had not had a reason for complaint but if they had a problem they would be able to talk to any of the staff or the manager. A relative said, "The complaint process is displayed but any comments and the manager is very open and responsive. They really listen to any concerns."

End of life care and support:
● The provider had an up to date end of life policy available; however, staff were not supporting anyone with active end of life care at the time of our visit.
● Not all care plans contained information about people's individual end of life wishes. We discussed this with the provider's representative and manager who were aware this was an area they needed to develop and agreed to update care plans to include people's end of life wishes or demonstrate that this had been discussed with people or their representatives, where appropriate.
● Although care plans were not detailed in relation to people's end of life wishes, the registered manager was able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death.
● Staff had received training in end of life care.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous inspection, in June 2018 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider had failed to ensure there were effective processes in place to monitor the quality and safety of the service. At this inspection, we found appropriate action had been taken in relation to the concerns highlighted at the previous inspection. Therefore, the service was no longer in breach of this regulation.

Quality performance, risks and regulatory requirements:
- People and their relatives felt the service was well led. A relative said, "They [staff and management] listen to me and I have no problems talking with the manager at all."
- The registered manager demonstrated an open approach and encouraged staff to do the same. Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.
- The previous performance rating was prominently displayed in the reception area and on the provider's website.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Policies and procedures were also regularly shared with staff.
- There were quality assurance procedures in place to support continual improvement. These processes included the completion of audits for care plans, cleaning records, medicine administration, environmental audits, training and infection control.
- Where completed audits highlighted issues or concerns this was discussed with the provider's representative and action plans were formulated as required.
- The registered manager felt supported by the provider's representative who visited the home regularly.

Managers and staff being clear about their roles; Planning and promoting person-centred, high-quality care and support:
- There was a clear management structure in place, consisting of the provider's representative, the registered manager and the deputy manager; each of whom had clear roles and responsibilities.
- Staff understood their roles and were provided with clear guidance of what was expected of them at each shift. Staff communicated well between themselves to help ensure people's needs were met.
- Staff understood the provider's vision for the service. Management and all staff expressed an ethos for providing good quality care for people.

● The provider's representative and registered manager were very much involved in the day to day running of the service and were available to staff, people and relatives. All people and relatives spoken to said that the registered manager would listen to them at any time and was usually available.
● All issues identified during the inspection were responded to promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
● Staff felt listened to and spoke positively about the management. They told us they felt fully supported by management and that they enjoyed a good working relationship with their colleagues. Staff comments included, "The manager works really hard", "If I'm not sure [about something] I can always ask someone, everyone is helpful", "The manager is very good, they are very approachable" and "There have been a few changes and things are better."
● The providers representative and registered manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.

Working in partnership with others:
● The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
● Staff supported people to attend local community events and to access activities and support from external agencies.
● Further links had been developed with the community, including with local churches, schools and charities.

Continuous learning and improving care:
● There was an emphasis on continuous improvement.
● The registered manager monitored complaints, accidents, incidents and near misses and other occurrences on a monthly basis or more frequently if required. If a pattern emerged, action would be taken to prevent reoccurrence.
● Staff performance was closely monitored by the management team.
● All learning was shared with staff during staff meetings, handovers and supervision.