Somerset County Council (LD Services)

Cherrytrees

Inspection report

Cherry Grove
Frome
Somerset
BA11 4AW

Tel: 01373452965

Date of inspection visit:
10 January 2017

Date of publication:
22 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 10th January 2017 and was unannounced.

Cherrytrees is a residential care service for six people who have a learning disability. People who live at Cherrytrees may also be living with other physical and mental health conditions. The service is run by Somerset Council (Learning disability services).

A registered manager was based at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to 2013 Cherrytrees had provided a respite care service for people who lived at home with their family. In 2013 the service changed to a full time residential facility and people who had been using it for respite moved in on a full time basis. The registered manager and staff supported people and their families with this transition, which for some had involved big changes in their care and lifestyle. The registered manager and staff said they have continued to work closely with families to support them and people in the service as their needs, lifestyle and opportunities changed and developed. We were told further changes were planned in the service, which would have some impact on the way care and accommodation was provided to people. We saw this stage was at a transition phase and people, staff and relatives had been kept well informed and involved in the process. The registered manager felt changes to the service would have a positive impact on people and would give them greater choice and control over their care and lifestyle. It was too early for us to see the impact these changes would have on people, however they would be considered as part of on-going inspections of the service.

Staff knew people well and were able to tell us in detail about their needs and how they were supported. However, people's care plans did not in all cases provide a sufficient level of detail about people's needs or about how they chose and preferred to be supported. The absence of this written information could mean people's needs might not be met consistently or in a way they wanted and preferred.

We saw people partaking in different activities inside and outside the home and staff told us about people's interests and different ways people liked to occupy their time. However, the home's recording systems did not always include sufficient detail about how people had spent their time or if activities had been enjoyed. Systems were in place for staff to record daily how people had spent their time and how they had been supported. However, we saw this recording was in many cases very brief and did not provide a clear and accurate summary of the person's day. The absence of good quality, meaningful records could mean the service would be unable to have an overview of how people's needs were being met.

There was a positive culture in the service. Staff spoke about people's achievements and encouraged people to develop their skills and be as independent as possible. Throughout the inspection we saw staff smiling

and looking happy as they supported people, comments from staff included, "It is a good place to work, people are happy and have a good life".

We saw staff were respectful and cared about the people they supported. Staff knew people well and were able to respond promptly if they showed signs of being uncomfortable or anxious. One person became anxious when someone they didn't know visited the home. The staff were very aware of this and provided them with gentle words of reassurance throughout our visit.

Relatives and other agencies were positive about the service. Comments from relatives included, "I can only speak highly of the staff. They have been like an extended family, I have been on my own so it has been so important to have their support and know I can trust [….] is being well cared for", and " Nothing is too much trouble for them, I went into hospital and I didn't have to worry". Other agencies said they had been impressed with how organised management and staff had been when planning a hospital admission. They said the staff knew the person very well and helped other professionals understand what the person could find difficult and how to support them.

There were sufficient numbers of skilled staff to support people and to keep them safe. Staffing levels were regularly reviewed and planned in line with people's daily routines to help ensure they were able to do what they needed and wanted. The provider had clear and effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. People were protected by staff who knew how to recognise signs of possible abuse. Staff said they believed reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Relatives said they trusted and felt confident people were safe and well cared for.

Staff were well trained and said training was relevant to their role and was kept updated. The organisation offered all staff the opportunity to undertake training specific to the needs of people they supported. For example, one person had very specific needs in relation to living with diabetes. Staff had attended diabetic training, blood glucose monitoring training, and also had specific advice and guidance from the diabetic nurse involved in the person's care. Another person had also been diagnosed with early stage dementia and was being assessed as part of the health authorities Dementia Pathway. Staff had attended dementia training and plans were in place for dementia champions from within the organisation to visit the home and advise staff of best practice and care for this person. Dementia Champions are staff specifically trained in areas of best practice to support people living with Dementia.

Staff said they felt well supported by management and their colleagues. Staff meetings, supervision and handover meetings provided staff with opportunities to share ideas, reflect on practice and keep updated about important information.

Staff asked for people's consent as they provided care. They were able to describe how they supported people to make decisions and choices and were involved in completing capacity assessments. Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made, involving people who knew the person well and other professionals, when relevant.

People had their medicines managed safely. Staff undertook training and understood the importance of the safe administration of medicines. People were supported to maintain good health and when required had access to a range of healthcare services. People were involved in decisions about what they would like to eat and drink. Staff understood any risks associated with eating and guidelines were in place in relation to

choking hazards and special dietary needs.

The building had been purpose built, and provided sufficient space and level access for people using the service. Recent refurbishments within the service had taken into consideration feedback from relatives as well as people's current and changing needs. For example, relatives had said the communal areas sometimes felt institutionalised. The hallway, kitchen and dining area had been re-decorated with colours, pictures and personal items added to give a more homely and personalised feel. The kitchen area and laundry had been refurbished to increase space and to add appliances suitable for people with physical and mobility needs.

The registered manager used effective systems to monitor the quality of the service, and had on-going plans for improving the service people received. Learning from quality audits, incidents, concerns and complaints were used to help drive continuous improvement across the service.

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 by staff who understood how to recognise and report signs of abuse or poor practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

The service managed risks appropriately and recognised people's rights to make choices and maintain their independence.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective.

People were supported by a skilled and motivated staff team. Induction plans for new staff were thorough and all staff received regular and effective supervision and support.

People's rights were promoted and protected. Staff and management had a good understanding of the Mental Capacity Act 2005 and how this applied to the people they worked with.

People were supported to have their health and dietary needs met.

People had access to an environment that was well maintained and met their needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who promoted their independence, respected their privacy and maintained their

dignity.

Staff had a good knowledge of people they supported and had formed positive and caring relationships with them.

People were supported to maintain relationships with people who mattered to them. Relatives trusted that staff cared and felt listened to and valued.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

People's support plans did not in all cases reflect the care being provided and did not include sufficient information about how people chose and preferred to be supported.

It was not possible to see if social and leisure opportunities met people's needs and preferences as they were not documented or monitored.

People's changing and diverse needs were recognised and responded to appropriately and promptly.

Systems were in place for people to raise concerns about the service. Procedures helped ensure any issues were dealt with promptly and in a way that would drive continuous improvement across the service.

Is the service well-led?

Requires Improvement

Although most aspects of the service were well-led, the records in the service did not in all cases provide a clear account of how people spent their time or how their needs were being met.

There was a positive and open culture with the service. The registered manager provided good leadership and led by example.

Staff understood their roles, and felt valued and supported by management and the staff team

People, relatives and staff were included in decisions about the service and were kept well informed of any changes.

Good systems were in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement. □

Cherrytrees

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 the 10 January 2017 and was unannounced. One Inspector undertook the inspection.

Some people were able to talk a little with us but most people were unable to verbally communicate with us about their experience of the service. We spent time observing people as they went about their day and observed the interactions between people and staff supporting them. This helped us gain a better understanding about people's lives at Cherrytrees and helped us make a judgement if people felt safe and had their needs appropriately met.

We gathered and reviewed information about the service before the inspection. The provider had completed a 'Provider information return' (PIR) and we looked at this information. 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 also looked at previous inspection reports and notifications the provider had sent us. This is information about important events the provider is required to send us by law.

During the inspection we met all the people who were living at the service. We spoke with the registered manager who was present throughout the inspection as well as five members of the staff team.

We looked at three records relating to the care arrangements of people in the home. This included support plans, risk assessments, health records and daily diaries. We looked at three staff files, which contained recruitment records, training plans and supervision records. We also looked at a range of records relating to the running of the home, such as health and safety reports, quality audits and environmental risk assessments.

Following the inspection we spoke with two relatives and two professionals who had involvement with

people in the service. This included a speech and language therapist and a specialist learning disability nurse.

Good

Is the service safe?

Our findings

Relatives and other agencies told us they believed people were safe living at Cherrytrees. A relative said, "Yes, I think people are safe. The staff are all very good, I would definitely know if something wasn't quite right".

We saw people looked to the staff supporting them to provide reassurances and to make them feel safe. One person became anxious if someone visited the service and particularly if they thought the visitor was in a position of authority. We saw they went to staff for reassurance and smiled and relaxed when staff provided gentle words to let them know everything was okay. This demonstrated people felt safe and trusted staff who were supporting them.

People were protected by staff who knew how to recognise and report incidents or signs of possible abuse. Staff said reports of abuse or poor practice would be taken seriously and acted on appropriately by the manager and organisation. Staff had completed safeguarding training and this was regularly discussed and updated as part of staff training and in-house meetings. The training helped ensure staff were up to date with any changes in legislation and good practice guidelines. Detailed policies and procedures were in place in relation to abuse, safeguarding and whistleblowing procedures. Staff knew who to contact externally if they thought concerns had not been dealt with appropriately within the service.

Staff recognised people's rights to make choices and to take everyday risks. Assessments had been carried out to identify any risks to people in relation to their care and lifestyle choices. Assessments included information about any action needed to minimise the risks of harm to the individual or others, whilst also recognising the need to promote and maintain people's rights, choices and independence. For example, one person had known risks associated with eating. The risks had been assessed as high as the person would choose to eat items and objects which were non-edible and potentially unsafe. A plan was in place to reduce the amount of non- edible items available to this person, as well as ensuring they had access to their own food cupboard where they could store and choose food which was safe. Another person had known risks associated with epilepsy. A plan was in place to help ensure this person remained safe. The plan included, regular checks by staff at night as well as the use of a listening device, which alerted staff to any concerns, whilst the person slept or had private time in their room. This had been agreed as part of the person's plan of care to be the least restrictive was of keeping them safe, whilst also allowing them their privacy and independence.

Assessments had been carried out in relation to risks associated with people's care and the environment. One person had been assessed as being at risk of falling out of bed. Soft cushions had been placed on the floor next to the person's bed and night staff checked on them every half an hour through the night. Records confirmed a referral had been made to the occupational therapy department for consideration of appropriate equipment to help manage this risk. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency such as a fire. This information was detailed and provided guidance in relation to people's needs at different times of the day and night. A fire risk assessment was in place, and regular checks were undertaken of fire

safety equipment. Some people needed specialist equipment to support their daily needs, such as specialist baths and hoists to help ensure they were moved safely. Contracts were in place for this equipment to be checked and maintained regularly. These arrangements helped ensure equipment remained safe and fit for purpose.

The registered manager made sure there were always enough staff to keep people safe and to meet their needs. Staffing levels had been organised for each person dependent on their assessed needs and contracts were available within people's files confirming these arrangements with the local authority or service commissioning and organising the placement. During the inspection we saw there were enough staff available to support people in different parts of the home. Enough staff were available to take people out and attend to routine tasks, such as picking people up from their day placement, and preparing meals. One member of staff said, "Staff levels do feel safe and there is nearly always enough staff to take people out and do the things people want to do".

Staff were recruited safely. Recruitment processes were thorough to make sure staff were suitable to work with vulnerable people. Written references were obtained and checks had been completed to make sure staff were honest, trustworthy and reliable. This included the completion of an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in any previous employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services. Some of the staff recruitment records were held centrally within local authority offices. The registered manager was informed by email when information and checks had been received and had access to this information when required. It was discussed that a checklist should be held at the front of each staff file with confirmation of when checks were requested and received. This would help ensure the registered manager had the information required to be confident that all staff had completed the required recruitment process and were safe and fit to be working in the service.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People's care records had information regarding their medical history and current prescribed medicines as well as how they needed and preferred these to be administered. Each person had a key support team who had responsibility for overseeing a person's care as well as management of their medicines.

When medicines arrived in the home a booking- in chart was used to check medicines were correct and as prescribed. Medicines were then stored either in people's own bedrooms or a separate medicines room if appropriate. We found these storage arrangements were safe and met best practice guidelines. Medicines which required low temperature storage were stored appropriately.

A safe system was in place for documenting when people had been administered their medicines with a colour coded system for recording any medicines refused. Records confirmed one staff member would sign to confirm they had administered the person's medicines and another signed as a witness. The two signatures helped ensure people received the correct medicines at the time required and helped reduce the risks of errors.

Clear systems were in place for recording when people took medicines out of the home, for example when they visited family or went on holiday. Information was clearly available for staff about people who were prescribed as required (PRN) medicines. These protocols helped ensure staff understood the reason for these medicines being administered as well as how and when they should be given. The application of prescribed creams/ointments was clearly recorded and these types of medicines were appropriately stored. Arrangements were in place for the return and safe disposal of medicines and excess stock was kept to a

minimum.

Staff undertook training and understood the importance of the safe administration of medicines. Staff said they undertook regular competency checks to test their knowledge and to help ensure their skills were up to date and in line with best practice.

Good

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. The PIR stated, 'All staff have been taken through a Skills Profile to establish they have the required skills and flexibility to meet the needs of the people they support this is also undertaken at the point of recruitment and forms part of the selection process'.

Staff confirmed they undertook a thorough induction when they started work in the service. A full induction programme was in place, which included shadow shifts, introduction to policies and records and completion of the Care Certificate. The Care Certificate is a nationally recognised training course for all staff new to the care industry.

Records and certificates of training demonstrated a wide range of learning opportunities were available to staff. These included areas such as, Health and Safety, Mental Capacity Act and Safeguarding Adults. The organisation also offered staff the opportunity to undertake training specific to the needs of people they supported. For example, one person had very specific needs in relation to living with diabetes. Staff had attended diabetic training, blood glucose monitoring training and also had specific advice and guidance from the diabetic nurse involved in the person's care. Another person had also been diagnosed with early stage Dementia and was being assessed as part of the health authority's Dementia Pathway. Staff had attended dementia training and plans were in place for Dementia Champions from within the organisation to visit the home and advise staff of best practice and care for this person. Dementia Champions are staff specifically trained in areas of best practice to support people living with Dementia.

The organisation had also offered an apprenticeship scheme, which staff spoke about with interest and enthusiasm. One staff member told us, " One person has recently completed their apprenticeship, and has been employed as a full time member of staff, it has been wonderful to see them grow and flourish. They will be a great addition to the team".

Staff had one to one supervision meetings with the registered manager. All staff said they felt well supported by management and the staff team, comments included, "We get very good support, I am never in a position of having to do something I am not confident with, I would always be supported".

Staff understood the importance of gaining people's consent and enabling people to maintain control over their lifestyle. Staff had a good understanding of the Mental Capacity Act 2005 (MCA). MCA provides a legal framework for making particular decisions on behalf of people who lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training in relation to the MCA and were fully involved in assessing the mental capacity of people they supported. Staff said this training and involvement really helped them consider people's rights when planning and providing care. Best interest meetings had been held when required and people had access to advocacy services and other people outside the service to help them make decisions and consider issues about their care and lifestyle.

Staff were aware of people's rights and supported people where possible to move freely and safely around their environment. For example, a gate had been fitted at the entrance to the service. This meant people could access the garden area safely and if possible without the support of staff. One person liked to go out into the garden on their own without staff, but in the past the front door had needed to be locked to alert staff when they were leaving and staff also needed to be with them due to the access onto a busy road. The secure garden area meant this person could go into the garden on their own when they wanted. The registered manager said, "We have tried to create an environment for people with the least restrictions possible".

Some people had been assessed as requiring constant supervision and were unable to go out of the home without staff supervision. The registered manager was aware of the need to consider people's ability to consent to these arrangements within the legal framework of the Mental Capacity Act 2005 (MCA) People can be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of this process and had made applications for authorisations under DoLS when they were required.

People were involved in decisions about what they would like to eat and drink. The kitchen area had been refurbished and included a separate room with individual cupboards for people to store their own food and drinks. Staff said this meant people were able to purchase and store items of food they needed and preferred and also knew where their food was located. People assisted with meal preparation and were able to make decisions in relation to mealtimes and the menu. People were able to access the kitchen area independently and received support from staff when required. Staff understood any risks associated with eating and guidelines were in place in relation to choking hazards and special dietary needs.

People's health needs were met. People were supported to maintain good health and when required had access to a range of healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. Staff knew people well and were able to use this knowledge to recognise and respond appropriately to changes in people's health. For example, one person had a history of regular infections, which could result in them requiring admission to hospital. Guidelines were in place to help prevent the infection occurring, such as regular fluids, as well as signs for staff to be aware of so they could act quickly if signs of infection did occur.

The building had been purpose built, and provided sufficient space and level access for people using the service. People's bedrooms were large and bright with ensuite bathroom and toilet facilities provided. A large communal bathroom was also available with a range of specialist equipment such as an electronic bath, ceiling track hoist and range of slings. The registered manager said a number of recent changes had been made to the environment, which had included a refurbishment to the kitchen area and redecoration of all communal rooms, including the sitting room and hallway. They said feedback from relatives that the home did feel "a little institutionalised" had been taken into account as part of this planning. The hallway and sitting room had been decorated with the addition of pictures and furnishings, which we saw did give a more homely and personalised feel. The kitchen area had been well planned with plenty of space and some new adjustable appliances added for people with a physical disability to access. The registered manager said these changes would be important as people's needs changed due to their age and specific conditions. Consideration had also been given to increasing the space in the laundry area to allow people using wheelchairs to access and partake in laundry tasks.

Good

Is the service caring?

Our findings

Relatives and professionals from agencies involved with the service said they felt staff cared about the people they supported, comments from a relative included, "I can only speak highly of the staff. They have been like an extended family, I have been on my own so it has been so important to have their support and know I can trust [….] is being well cared for", and " Nothing is too much trouble for them, I went into hospital and I didn't have to worry".

Due to people's limited verbal communication they were not able to tell us about their experience of care at Cherrytrees. However, we were able to spend time observing people being supported and saw a number of positive interactions between people and staff. One person was anxious about visitors in the home they were unfamiliar with. Staff were very aware of how this person presented when they were upset or worried and provided gentle words of reassurance throughout the day. This support helped the person relax and feel safe and comfortable in their home. Another person wanted to prepare a morning snack in the kitchen. Staff encouraged them to do this as independently as possible, whilst providing guidance and words of praise when appropriate. These interactions helped create a warm and friendly atmosphere in the home, whilst clearly pleasing the person being supported.

Staff had a good knowledge of people they cared for. They were able to tell us about people's likes and dislikes and how they communicated. We saw staff spent time with people and responded promptly to their requests for support. For example, one person wanted to tell us about their family and recent birthday celebrations. Staff shared their enthusiasm and helped them explain to us how they had celebrated their birthday and with whom. This event was clearly very important to the person and evoked memories, which made them laugh and smile. Staff supporting them were very aware of how important family members were to this person.

Staff spoke positively and with compassion about the people they supported. For example, one staff member said, "I know the job is important to me, but the people are the most important and we put them first. If I make people smile it makes me happy". During the inspection a visitor arrived who worked for the organisation and had previously worked in the home. They said they liked to visit and regularly popped in to say hello. People were clearly delighted to see this person who they knew well and everyone enjoyed catching up with lots of friendly conversation and laughter.

People's privacy and dignity was respected. Some people were out doing planned activities at the time of our inspection. We saw their bedroom doors were locked and staff said they would wait and ask their permission before showing us around. We saw staff knocked and waited before entering the rooms of people who were at home.

Staff recognised the importance of people's family and friends. Most of the people in the home had previously lived at home with their parents and had used the service for respite care before moving in on a full time basis. The registered manager said this had for some people been a difficult transition as people and their parents had been used to living and making decisions together. They said, "It has been important

to support relatives and to recognise that they are still important and their role is still valued". The registered manager also said they had been working with families to help them start considering plans for the future. They said this was an on-going and sensitive piece of work, which included helping relatives to consider their own needs and feel confident that their son or daughter is being well cared for when they attend appointments or need time away from home for other reasons.

Requires Improvement

Is the service responsive?

Our findings

Relatives and other agencies provided mainly positive feedback about the service and said they felt staff responded appropriately to people's individual needs.

Staff had a good knowledge about people's needs and were able to tell us in detail about people's daily routines and how they liked to be supported. Each person had a written support plan, with headings to document areas needs such as, personal care, health, well-being and finances. However, this information did not in all cases reflect the level of care being provided or describe how the person preferred and chose to be supported. For example, one plan stated a person needed total support with personal care, but did not describe how this support should be delivered or any of the person's specific preferences or wishes. Although staff who had worked in the home for many years said they knew the person well and care was provided in line with their preferences and wishes a failure to reflect and document this within a personalised plan could mean people's preferences, choice and control would not be promoted and maintained.

Support plans also included a section about people's relationships. In some cases this section had not been completed. Although staff we spoke with recognised the importance of family and friends the absence of this information as part of a person's care plan could mean their needs and wishes were not met consistently and in a way they chose and wanted. Throughout the inspection we saw people had the opportunity to occupy their time in the home as well as being supported to attend regular planned activities. For example, one person was enjoying watching a film in the home's sensory room. The room had a large cinema screen as well as sensory lighting and comfortable seating to help people relax. Some people were attending a local day centre, which was within walking distance of the home. Staff supported people to walk to the centre and then collected them at the end of the day. Staff told us about other activities people enjoyed such as swimming, movie nights, visiting local parks and places of interest. However, information about people's social and leisure needs had not been included as part of their plan of care, therefore it was not possible to see if they had been planned in line with people's specific needs and wishes.

A review process was in place to help ensure information was up to date and accurate. Staff also met regularly and had an opportunity for a handover between shifts to ensure any important information and changes were shared. The registered manager said support plans and information from other agencies and relatives would be used to inform the review process. We saw people had been involved in the review process where possible. We saw the minutes of a recent review, which stated that the person and family had been asked if they were happy with their care arrangements and talked about what was important to them now and in the future. The review stated the person had made some new friends, enjoyed a number of day trips out and was also planning to decorate their bedroom.

The service was responsive to people's changing and diverse needs. For example, one person had been diagnosed with Dementia. Plans were in place to take photographs each time the person went out so the staff could start making a memory book of important events and places. Another person had been demonstrating signs of not enjoying attending the local day centre as they had done for many years. The

staff reviewed the person's plan and introduced new activities in the home and local community. The registered manager said this change had enhanced the person's well-being and social opportunities. Staff had also noted through daily monitoring and knowing a person well that they had been moving around constantly in their wheelchair, and making sounds, which were different to their usual communication. This monitoring had prompted staff to take action and make a referral for an occupational therapy assessment with a view to purchasing a new wheelchair for the person concerned.

A complaints policy and procedure was available and outlined clearly the action the service would take if concerns were raised. Relatives said the staff and management responded promptly to any issues, which they felt prevented situations and concerns from escalating. At the time of the inspection the service had received no recent complaints.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us the service was in the process of going through a period of change. This would involve some changes to the way care and accommodation was organised and delivered. They said people, relatives and other agencies had been kept well informed, and any changes had been carefully planned to help ensure minimal disruption to people and their daily routines. We saw some records were in the process of being amended to reflect planned changes in the service. However, as the changes were at an interim stage it was not possible to see how they would impact on people who used the service. Relatives told us the staff and registered manager were very approachable and kept them well informed of any important information.

We saw records were in the process of being reviewed and updated to reflect changes that were taking place in the service. Some of the records and recording procedures we looked at did not provide a sufficient account of people's care arrangements or demonstrate how people's needs were being met by the service. For example, staff completed a daily report for each person about any significant events and how the person had spent their day. A separate diary was provided for each person in the home, which staff used for this daily recording. We looked at one person's daily diary which said for one particular day the person had slept well. There was no other written information about how they had occupied their time or the support they received. We looked at a sample of daily diaries, which had a similar amount of recording. A relative we spoke with said they did think activities were arranged but it was not always easy to see in records what people had done. The absence of written documentation could mean the registered manager would not have an overview of how people's needs were being met by the service, or be able to demonstrate that needs were being met consistently and in a way people chose and preferred.

There was a positive culture in the service. Staff spoke about people's achievements and encouraged people to develop their skills and be as independent as possible. Throughout the inspection we saw staff smiling and looking happy as they supported people, comments from staff included, "It is a good place to work, people are happy and have a good life". The registered manager said they felt the planned changes in the service would have a positive impact on people and give them greater choice and control over aspects of their care and lifestyle.

Relatives and other agencies said they felt the service was well- led. Comments included, "We are always able to speak to the manager and staff about anything", and "We were impressed how supportive the management were when making arrangements for a person to go into hospital, they knew the person so well and had everything in place and organised".

The registered manager took an active role in the running of the service and had a good knowledge of the people they supported. Most of the people living at Cherrytrees had previously lived at home with their parents and used the service when it provided respite care. The registered manager and staff had supported people and their relatives when they moved into the home on a more permanent basis and continued to work closely with families to consider people's current and future needs.

The registered manager maintained their own professional practice by attending training and keeping updated with best practice issues. As part of their role as registered manager for Cherrytrees they also attended regular senior management meetings with Somerset County Council. These meetings provided an opportunity to share ideas, discuss best practice and keep updated with changes within the organisation. The registered manager said attending these meetings currently was very important to help ensure they kept staff updated with imminent changes within the service and how this could affect them and people being supported.

Information was used to aid learning and drive improvement across the service. Accident and incident forms were analysed by the registered manager to look for any trends or patterns, which could require action or a change in practice. The registered manager continued to explore ways to develop and improve the service. Feedback from relatives had helped to inform plans for recent changes to the environment. The registered manager said, "we listened to what people and relatives had to say and used these views to help us plan the renovations to the building and people's personal space".

Staff were encouraged and supported to reflect on practice and to be clear about their roles and responsibilities. Staff meetings were held to provide a forum for open communication, and daily handover meetings helped staff keep up to date with important information. Staff said they felt valued and were involved in discussions about the service and people's needs. Comments included, " There has been lots of change recently, but we have been made to feel part of the change and kept well informed", and " We have been involved in completing capacity assessments for people, this involvement and responsibility has really made us think about people and the support we provide".

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager understood their legal obligations, and had correctly notified us of any significant events and any action taken. The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.

There was an effective quality assurance system in place to drive continuous improvement across the service. Checks and audits were carried out regularly of the environment, records, medicines and personal finances. In addition to the regular checks and audits completed by the registered manager and staff in the home a quality lead for the organisation also undertook an annual quality audit with an action plan of any areas requiring improvement.