

R G Care Ltd

Cherry Tree

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Cherry Tree is a residential care home providing accommodation and personal care for up to seven people with learning disabilities, autistic people and people with mental health and physical health needs. At the time of this inspection six people were living at the service. People living in the home had their own bedrooms and there were shared communal spaces, including lounges, a kitchen and a garden area, all on one floor.

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

We found improvements had been made in the service following our last inspection.

Right support

The provider had made improvements following our previous inspection, to make the home safer. Systems were in place to protect people from the risk of abuse. Risks to people's health were assessed so staff could support them safely. People's medicines were managed safely but staff did not always record the temperature of refrigerators, which stored some medicines. The provider told us they would follow this up. Staff were recruited appropriately to ensure they were suitable to work with people. Staffing numbers in the home were sufficient so people could be supported and their needs met. Systems were in place to prevent and control infections. Lessons were learned following accidents and incidents in the home. People had control of how their care and support was arranged. People were supported to go out and visit the local community.

Right care:

Processes to assess people's needs to determine if the home was suitable for them were in place. People received care and support that was personalised for their needs. Staff were trained to carry out their roles and received support with their development. People attended health appointments with professionals to help maintain their health. They were supported to maintain a balanced diet and their nutritional and cultural needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture:

The values and attitudes of staff and managers in the home enabled people to be as independent as possible, feel empowered in their daily lives and achieve positive outcomes. Managers took action to ensure

staff understood their professional responsibilities to support people in the right way. The management team learned lessons when things went wrong in the home. However, people's dignity, privacy and human rights were not always respected. We discussed this with the manager as part of ongoing improvement actions. We have also made a further recommendation for the provider to follow best practice with using effective communication tools for people.

People were supported to follow their interests inside and outside of the home. For example, we saw people go out to a day centre and take part in their preferred activities. Systems were in place to manage and respond to complaints. Feedback was sought from people and relatives to help make continuous improvements to the home.

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

Rating at last inspection

The last rating for the service was Inadequate, (published on 24 May 2022) and there were multiple breaches of regulations. We issued warning notices to the provider for breaches of Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing).

We issued requirement notices to the provider for breaches of Regulation 9 (Person-centred care), Regulation 10 (Dignity and respect), Regulation 11 (Need for consent), Regulation 14 (Meeting nutritional and hydration needs) and Regulation 15 (Premises and equipment).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 29 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as Inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures and no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Tree on our website at www.cqc.org.uk

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Cherry Tree

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines 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.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager of the service had submitted their application to register and this was in progress at the time of the inspection.

Notice of inspection

The inspection was unannounced on both days of the inspection.

What we did before the inspection

We reviewed the information we already held about the service. This included the last inspection report and notifications. A notification is information about important events, which the provider is required to tell us about by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make

We used all of this information to plan our inspection.

During the inspection,

We spoke with the manager, the deputy manager, a senior support worker, 5 support staff and the director. We carried out observations of people's care and support and spoke with 2 people for their feedback on the home. We spoke with 2 relatives by telephone for their feedback.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 6 people's care plans and 4 staff training and recruitment files. We looked at other documents such as those for complaints, incidents, safeguarding, medicine management, quality assurance and infection control audits. After the inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider was failing to assess, record and mitigate risks to people's health and safety and learn lessons from incidents. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection in May 2022, we found robust risk assessments were not in place to ensure people received safe care. People were not being appropriately protected against risks and action had not been taken to prevent the potential for harm because risk assessments did not contain sufficient information for staff to follow.
- At this inspection, we found risks relating to people's health and care needs were assessed more thoroughly. Risk assessments had been improved and contained detailed information about specific risks to people for staff to be aware of.
- These included risks related to people's personal care, their mental and physical health, and included any health conditions such as epilepsy and diabetes. Risk assessments for each person included the triggers which could lead to a person being angry or upset. For example, one person's assessment stated, "[Person] does not like physical contact unless [person] initiates it. There must always be arm's length distance between staff and person for safety reasons." Positive Behaviour Support plans for people were developed. These included details of the interventions to be taken to de-escalate situations for each person, which could lead to them harming themselves, other people or staff.
- Details of people's food allergies and risks around their physical environment and personal care were assessed for their care plans. For example, one person's risk assessment included details of their eating disorders, because some people liked to put non-food objects in their mouths.
- Other risks that were assessed included medicine allergies and dietary needs. As identified at the last inspection, one person was allergic to a specific fruit but there was no risk assessment for this at the time. At this inspection, this issue had been addressed and the allergy was clearly included in their risk assessment. This showed the provider had taken action to ensure risks were being monitored and mitigated against to keep people as safe as possible.
- At our last inspection we noted some people liked to walk around the home in bare feet, as this was their personal choice. However, there were no risk assessments in place to protect people from the risk of infection or injury. At this inspection, we saw these risk assessments were now in place. This showed the provider had taken action to ensure risks were being monitored and mitigated against to keep people as

safe as possible.

- There were procedures for the recording of incidents and accidents. Records showed the manager or other senior staff investigated accidents or incidents and action such as reviewing a person's risk assessment was taken. The management team drew some lessons from incidents they investigated and shared these with staff, for example if there was an incident between two people in the home. This meant the provider had systems to learn lessons when things went wrong in the home.

At our last inspection the provider did not maintain a safe and secure physical environment. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At the last inspection we found the garden for the home was not well maintained and was overgrown with weeds and nettles which meant people were at risk of trips and falls.
- At this inspection, the garden was in an improved condition and was being maintained. The grass was cut and any hazards such as weeds and nettles were mostly removed.
- Gas, water, electrical and fire safety systems for the premises had been serviced by professionals. Each person had a personal emergency evacuation plan, in the event of a fire or other emergency.
- People and relatives told us the home was safe. Relatives felt that action had been taken by the provider to improve the safety of the home. One relative said, "The home has been improving lately."

Staffing and recruitment

At our last inspection, the provider had not ensured that sufficient numbers of suitable, experienced staff were deployed to meet people's assessed needs, which placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection staffing levels in the home were inadequate to meet the needs of people because some people required 1 or 2 members of staff to support them throughout the day. However, we found some people without the required the numbers of staff.
- At this inspection, we saw there were enough staff to support people in the home. The provider had assessed the staffing levels needed and had implemented a rota, so that the numbers of staff required in the day and at night were available at all times.
- Agency staff were used to cover absences or gaps in the rota. However, this was at a reduced level compared to our previous inspection. For example, agency staff were needed for 1 day a week instead of 4 days a week. Staff told us there was enough staff and that this had improved after our last inspection. The manager said they used regular agency staff who were familiar with the home and who understood how to support people the correct way and according to the provider's policies.
- We saw people that required 2 staff to support them when they went outside, had 2 staff accompany them.
- The provider carried out appropriate recruitment checks to ensure applicants were safe to work with people. This included criminal background checks, obtaining references, proof of identify and the applicant's eligibility to work in the UK. However, we noted some information was missing due to records

being transferred between the previous provider and the current provider. Records showed the manager had identified this and they were working on getting the information up to date.

Using medicines safely

At our last inspection medicines were not managed safely, which put at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we found gaps in medicine records. Medicines such as Controlled Drugs (CD) were not managed safely because some of these medicines were missing and had not been accounted for. Processes for topical medicines, body maps, risks related to people's medicines and the disposal of medicines were not effective to ensure medicine practice was carried out safely by staff.
- We found significant improvements at this inspection and only found one area we identified as needing further improvement. We noted staff were not monitoring the temperature of the medicines refrigerator, in line with best practice. We judged this was unlikely to have affected the medicines being stored. However, we discussed this with the manager. They told us that improvements would be made to how the temperature would be monitored and recorded.
- Otherwise, we found staff ensured that medicines (including controlled drugs) were stored securely. They followed robust systems and processes to administer medicines safely. People were supported by trained and competent staff to take their medicines. Medicines were ordered and disposed of correctly and safely. Staff told us they felt confident supporting people with their medicines.
- Medicines care plans and risk assessments enabled staff to provide person-centred medicines support. There were protocols for medicines to be taken 'when required.'
- Systems to check the medicines each person was taking were correct were in place.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. We saw that care plans directed staff to try non-pharmacological methods where possible before using medicines.
- Topical medicines administration records provided staff with information and body maps on where and when medicines needed to be applied.
- Staff sought guidance from healthcare professionals about people's medicines and shared this information appropriately with all members of staff and the management team.
- Medicine stock balances were calculated correctly to ensure all medicines were accounted for. The management team took action to resolve any discrepancies.
- The provider had systems for managing medicines incidents and safety alerts.

Systems and processes to safeguard people from the risk of abuse

- There were systems to protect people from the risk of abuse. We reviewed safeguarding procedures and records. The manager ensured they promptly raised alerts and records showed they complied with recommendations set out by local authority safeguarding teams.
- Appropriate action was taken to investigate incidents and the management team discussed concerns with staff to ensure lessons were learned and staff understood their responsibilities to keep people safe from abuse.
- Staff had received training in safeguarding people from abuse. Staff were able to describe the procedures they would follow should they identify people at risk of abuse. This included whistleblowing to external

agencies such as the local authority or the police, if they were unable to report concerns about people's safety to the provider.

Preventing and controlling infection

- At our last inspection the provider was not always preventing visitors from catching and spreading infections because staff did not always follow infection control protocols for visitors. This had improved for our return inspection and the provider followed the latest government guidance to ensure visitors and professionals were protected from the risk of infection when they entered the home.
- Personal Protective Equipment (PPE), such as gloves and aprons were used effectively and safely. The provider had assessed the risk of infection and the needs of people to determine where PPE is used.
- Staff told us they washed their hands thoroughly before and after providing personal care.
- Safety through hygiene and cleaning practices of the premises was promoted.
- The provider was accessing testing for COVID-19 for people using the service and staff when needed. There were systems in place for infection outbreaks to be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with current government guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider did not always carry out appropriate assessments to ensure the service could meet people's needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we found people's needs were not assessed in line with good practice guidance for people with learning disabilities and autism. For example, the provider had not carried out appropriate assessments to ensure staff had the information needed to support people experiencing distress.
- Assessments were carried out when a person first moved into the home to determine if the home was a suitable place for them. Although, there had been no new admissions of people since our last inspection, the manager had developed a more thorough assessment process for use. People's needs, choices and desired goals would be assessed so that people could receive effective care that led to good outcomes.
- The new process included an assessment of people's specific needs and the possible impact on themselves, the staff and the overall impact on the service. If there were triggers which could lead to a person reacting in a certain way or getting angry or distressed these were assessed to check if the person would be able to settle in the home. The manager provided an example of a recent case where they used the new format to assess a potential new person moving into the home.
- The assessment contained details of the person's health conditions and diagnosis, equality and diversity needs, communication needs and any risks relating to their medicines, behaviours and mobility.
- The manager confirmed that should people move into the home, they and their representatives would be involved in the assessment and any decisions made about the level of support they received.

Staff support: induction, training, skills and experience

At our last inspection the provider did not ensure staff received the appropriate training, support, supervision and appraisal necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection, we were not assured all staff had the skills, competency and support they needed to perform their roles effectively. The provider did not have robust systems to check staff understood and applied training and best practice. At this inspection, we found improvements.
- Staff were supported with suitable training to provide people with safe care. Their competency and performance were assessed by the management team. Staff told us they felt supported and they had received training either from their recruitment agency or from the provider. Records showed staff were up to date with their training and schedules showed further training courses had been booked for staff later in the year.
- During our observations we noted staff supported people in a respectful way and knew of the techniques required to support them effectively. For example, one staff member explained to us the 'dos and don'ts' for one of the people in the home, what signs they look for when the person is agitated and how they de-escalate behaviours or situations. This information confirmed what was written in the person's care plan and indicated that staff had knowledge of how to support people according to their assessed needs.
- Staff had been trained in a range of topics that included autism awareness, epilepsy awareness, positive behaviour support, preventing and managing violence, safeguarding adults and children, oral health, mental capacity, communication using Makaton and PECS (Picture Exchange Communication System), medicines and nutrition. The training was a combination of online and practical courses.
- Staff told us the training helped them develop their skills to support people safely and effectively. Staff completed an induction and training after they were recruited and would receive refresher training to update their knowledge. They also told us they were now receiving more regular supervision meetings with the manager or other senior staff to discuss their work and any issues.
- Records showed the manager supervised staff and held supervision meetings for staff. A staff member said, "There has been a huge improvement. I feel supported and I know how to raise any issues. I feel comfortable raising any matters with the manager."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to uphold people's rights within the basic principles of the Mental Capacity Act 2005 is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we found people's care plans contained conflicting and confusing information about their mental capacity. There was also little evidence to support best interest decisions were being made in line with the MCA (2005) Code of Practice.
- This issue had now been addressed. People's ability to consent to decisions made about their care were assessed and recorded. This included aspects of their care, such as their medicines, finances and personal care.
- People's care plans included the involvement of the person, their relatives or other representatives to ensure such elements like their planned activities, and care and treatment provided by the service and other professionals was delivered with their consent.
- A system for best interest decisions had been implemented and records showed if people required decisions to be made in their best interest. Best interest decisions that had been made for people were recorded and showed they were made with the assistance of people's relatives or their advocates.
- Where applicable, the provider had ensured authorisations for DoLS were in place for people whose liberty was being deprived. DoLS applications for each person were more up to date along with restrictions and conditions for people's personal safety. The manager kept a log of DoLS applications that had been made, were in progress or had been approved.
- Staff understood the principles of the MCA and had received training. They told us they asked for people's consent at all times before providing them with support.

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

At our last inspection records showed that people might not have been provided with suitable food and drink. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection there was a lack of information in care plans about people's nutritional needs, preferences and support needed to maintain a balanced diet and good health. Care plans did not record people's preferences on food and drink. People were not being supported to have food and drink of their choice and preference. Mealtimes were not a positive experience for people and there was a risk of people being served food that did not meet their dietary requirements.
- At this inspection, this had all been improved. Menus were on display around the home to show people what meals were available to them on each day of the week. The menus were designed in consultation with people and alternatives were also offered to ensure people's allergies and tolerances were considered. Although mealtimes were not a collaborative experience, where people sat together on prepared dining tables, we observed people enjoying their food and staff supporting them.
- The manager told us people had their own specific preferences for when and where they liked to eat and this meant people sat in different parts of the home and at different times. However, the kitchen area contained information about people's dietary requirements and we saw that people had been involved in choosing their meals for both lunchtimes and the evening.
- People's preferences and choices were clearly set out in their care plans and staff were able to tell us about them. Staff monitored people's dietary needs and risks, such as those related to their fluid intake, weight, diabetes or choking. If there were concerns about people's nutrition and hydration, they were referred to relevant professionals. We observed staff encouraging people to make healthy meal choices in a way that was engaging and interactive.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to maintain their health and were referred to health services such as the local GP, district nurses, and dentists. Staff supported people to attend face to face healthcare appointments.
- Care plans included the contact details of health professionals or agencies involved in their care. Contact details also included those for other social care professionals such as social workers who were involved in the person's support. The staff and management team worked well with health professionals to ensure people were in the best of health.
- People's health and wellbeing was monitored. Records showed people attended health care appointments. Staff told us they could identify if people were not well and knew what action to take in an emergency.
- Staff supported people with their oral health to ensure their teeth and gums were healthy and records showed people had yearly health checks due to their needs and disabilities.

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

- At our last inspection, there was a lack of visual stimulation around the home and it was not easy to identify where people's rooms were, as they were not personalised. This had since improved and we found people and staff had created artwork to put on their doors which displayed their names and their interests. People were also able to personalise or decorate their rooms with items of their choosing, such as their favourite characters from books and television shows.
- Cherry Tree is situated next to other care homes managed by the provider in a large area of land. There was a garden and open space for people to spend time and walk around.
- Although the location was remote but within the local area, we saw that people felt comfortable and happy in the home. The design and decoration of the home was suitable for the people who lived there and there was enough space for people to have privacy.

Is the service caring?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; equality and diversity

At our last inspection, the provider failed to ensure people were treated with dignity and respect and their privacy was maintained. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we observed incidents which did not show people being treated in a way that was respectful and understanding towards them. People's right to privacy and dignity was not always respected. At this inspection we observed that staff were attentive to people and treated them with respect. However, further improvement was needed to ensure people's dignity was respected at all times.
- During our inspection, we observed that a door to one of the communal bathrooms was not always kept closed when people used it, which could mean they had no privacy. The manager told us that some doors were left open for the safety of staff but said they would look at ways of managing this to ensure people's dignity was protected.
- At one point during our inspection a staff member did not manage a situation appropriately and did not support a person in the way set out in their care plan. Senior staff spoke with the staff member about their conduct and supported the person in a calm and caring way. The manager said, "We take discipline seriously. All staff must show people dignity and respect and be able to support them the correct way. We need staff to have the right temperament and the right skills."
- This demonstrated how the management team and provider took action to ensure people were well treated at all times, and staff were reminded of their responsibilities. However, due to different staff being recruited to fill the duty rota at certain times, there was continued risk of people not being supported appropriately. For example, some staff were seen not to always be paying attention to people.
- People and staff spent time with each other during the day and staff engaged with people. Staff told us they had got to know people well and had positive relationships with them.
- A staff member explained that they treated residents with care, respect and dignity and understood their needs. They had learned from the training they received on dignity in care and through reading people's care plans.
- It was clear that engagement and interaction between people and staff had improved. The more staff

knew people, the more they could engage with them in a meaningful activity that the person enjoyed; for example, a television programme they wanted to watch.

- We found some agency staff had yet to establish the same type of relationship with people. However, we found most agency staff who worked regularly in the home showed an awareness of people's likes and dislikes. Some agency staff less familiar with the home were not always able to tell us about people's likes and dislikes. The manager told us this would likely improve the more times they worked in the home and got to know people.
- We noted that people were well dressed for the day and records showed their personal care needs were met. When personal care was provided to people in their rooms, staff ensured they closed the doors. A staff member said, "We always make sure to close the door before supporting them with personal care."
- People's confidential information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).
- People required at least one member of staff to be with them at all times and we saw staff were kind, patient and attentive. Some people could get impatient, frustrated, speak loudly or become angry but most staff demonstrated they had the skill to de-escalate any situations and gently encourage people to relax or move away from others.
- Relatives and one person we spoke with told us staff were caring and respectful. We observed one person smiling, holding hands and kissing one staff member's hand, which demonstrated they felt comfortable and happy in the company of staff. One relative said, "I must admit since the new team have been there, [family member] has been happier."
- Staff understood the provider's equality and diversity policies and what it meant for people's protected characteristics such as their gender, race, religion, disabilities and sexuality. Staff told us they respected people's individual characteristics. Care plans included people's sexual needs or sexual preference and how they could be supported.
- People's cultural or religious requirements were recorded and understood by staff. For example, staff supported people to eat traditional food and meals from their cultural background or food that was permissible according to their religious beliefs. This showed there was an understanding of people's diversity needs in the home.
- A staff member said, "Equality and diversity is very important. Everyone is respected as a person, they all have needs and we don't judge them on their religion, colour or sexuality. We have to be very respectful and understanding."

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

- People and their relatives were involved in decisions about their care. People's consent was recorded in their care plans. Relatives told us they felt more involved with the service. One family member said they had asked for some of the furnishings in their family member's room to be removed due to their lack of cleanliness. The manager told us they were aware of this request and would follow it up.
- Staff told us they encouraged people to be independent and make choices about their day to day care and how they spent their time. Where they were able to, people were observed expressing their views and making decisions. For example, about what they wanted to eat. However, it was not always clear how staff supported people to make choices about their activities on the day because we did not see staff discuss this with people.
- Records showed people had review meetings with their key worker, which is a staff member who spends time with them and ensures their needs are met. Meetings enabled people to go through various aspects of their care and for them to express their views and choices, for example by using cards and symbols.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has changed to Requires Improvement. This meant people's needs were not always met.

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

At our last inspection, the provider did not have arrangements to ensure that people received care that was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection we found people's care plans were not always personalised to include their preferences in key areas such as communication, mental capacity, meal preferences and activities. These areas had been improved at this inspection.
- Care plans were comprehensive and descriptive which gave a person-centred profile of the person. They provided detailed information about people's health care needs, their preferences, interests, hobbies, communication abilities and relationships. Other details included the person's background, their physical and mental health needs, and things that made them feel better. For example, one person's care records stated, "[Person] loves cricket and football, watch TV, use [video website], sing songs and talk to staff. [Person] also likes to go for walks, run around the house and being involved with others playing a game or singing."
- Planned outcomes were also in place for each person, including what kept them calm and how best to support them. These ranged from their communication needs, their mental capacity, medicines and the support they needed when in the community. There was vital information and guidance for staff to follow to ensure people and staff remained safe.
- Care plans were reviewed frequently and updated with changes to people's preferences or health. Staff told us they communicated with each other to ensure people received the support they needed.
- Handover meetings took place so staff could update incoming staff, such as night staff, of how people were and any issues. Digital systems and devices used by staff meant that people's records could be updated and viewed by other staff immediately. A staff member who had just started their shift told us, "I read the handover notes on my device and speak with the staff member who was supporting [person] before my shift. It really helps me to support the person."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection systems were not in place to ensure people had the opportunity to have a say about their care preferences due to the lack of communication systems in place. People did not have access to information in formats they could understand. Staff had not received training in communication and this meant staff were not always able to communicate with people effectively. These issues had mostly been resolved at this inspection.
- During our inspection, we observed a pictorial chart showing household chores for people to be involved in, such as laundry, washing up and meal preparation. Housework days allocated to people were written using their initials in a large colour typeface, but it did not include the full name of the person. There were pictures of each person included in a separate display with the day of the week that it was and pictures of what tasks they were scheduled to do. However, it was not always clear how people would know or recognise what day they would be involved in these chores and how they would be supported. A staff member we asked about the chart was not sure how this was communicated to people.
- Some people had visual timetables for their activities, which were displayed behind a protective screen. The pictures were small and overcrowded. For people with a learning disability, it may not always be easy to see what the activities were or when they were to take place. However, the manager explained people used different types of activity boards to suit their needs and preferences and engaged with them in different ways. The manager provided us some examples of these after our inspection.
- We also noticed that some staff could speak with people using over complicated language and speech.

We recommend the provider follows best practice guidance for utilising visual and spoken communication tools for people with learning disabilities and autism.

- Otherwise, people's communication needs were set out in their care and support plans.
- Staff had been trained in communication techniques such as Makaton or PECS. Staff told us they followed the person's communication plan. For example, when asked how they involved people in decisions about their care, staff could explain that some people were non-verbal but used either Makaton or images to help people communicate their needs and make decisions for daily activities. These were recorded.
- People did have some access to information in easy read and colourful formats. We saw food menus on display in a picture format and there were some bright, colourful and large notices and signage on display around the home.

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

- At our last inspection people were at risk of social isolation because they had limited opportunity to try new experiences or develop new skills to promote their independence. There was little in the way of activities in the home.
- We saw a different atmosphere at this inspection. People were being supported to develop and maintain relationships with their family and friends. This helped to avoid people feeling isolated or lonely.
- People were supported to follow their interests that were socially and culturally relevant to them. Each person had their own individual weekly activity plan. They were supported to go about their daily lives as much as possible and follow their own individual hobbies and interests. For example, going to the day centre next door, arts and crafts, days out to the shopping centre, watching cars and transport outdoors, going for walks, playing games and printing.
- We saw staff spending time with people and engaging with them. The management team told us group activities for all people were rare because people did not always like mixing and had their own individual

interests and preferences.

- The provider also arranged parties and events to celebrate birthdays or significant holidays.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the home should people and relatives not be happy with the service.
- Records showed the manager investigated complaints and followed the provider's complaints policy to resolve and respond to concerns within the timescales set out in the policy.
- Records showed outcomes and actions from the complaint were put in place to ensure improvements were made in the home.

End of Life care and support

- The service did not support anyone needing end of life care at the time of our inspection. However, there were systems for people's wishes for end of life care and support to be explored and respected in the event of changes in their health. The management team told us they would discuss people's wishes with them and involve their relatives.
- Staff had received training in end of life care, which would help to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

- At our last inspection, the provider's systems to assess, monitor and improve the quality and safety of the service provided were not robust and put people at risk of harm.
- At this inspection, we saw the provider had acknowledged the shortfalls we found and had made improvements. For example, risks to people were assessed thoroughly and medicines were managed safely. People's care plans were detailed, and staff had received training to carry out their roles. However, some further work was needed to ensure all the issues from the last inspection were addressed and sustained. For example, staff were not always recording information about people's fluid intake and we found some information about people's health checks had not been updated in all their records. Staff did not always support people correctly and some visual displays for people were not always easy to follow.
- During our inspection we found the management team to be proactive and they had already identified some of these areas for improvement. We discussed them with the manager and were assured that these and other outstanding areas would be addressed and completed.
- Following our last inspection, the provider appointed a new manager who had previously worked at the home as deputy manager, and therefore knew people and some staff well. They were still currently registered to manage the sister service next door but the manager told us they had applied to register as the manager of Cherry Tree. We saw this was in progress at the time of the inspection. They told us they were well supported by the provider to help manage and improve the service. "I am very well supported. I have implemented a few things and [director] has invested in the home and provided what we need. Lots of things had gone wrong last time and we have worked really hard to turn things around."
- The manager carried out audits and checks to ensure the quality and safety of the home was being improved and maintained. These included infection control, medicines and health and safety checks. Care plans, complaints and staff training records were monitored.

- There was a system for continuous learning and improving the service. The management team met regularly to review incidents and learn lessons. Trends from repeated incidents were identified and reviewed, for example those involving challenging behaviour and self-harm to keep people as safe as possible and raise any issues during team meetings or care review meetings.
- Staff told us they were clear about their roles and responsibilities and were encouraged and supported by the manager to perform in their roles. One staff member told us, "[Manager] is really nice and very supportive."

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

- The provider notified the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police, as they are legally required to do.
- The manager was open and transparent, on behalf of the provider, with people and relatives when things went wrong. Records showed they had notified and liaised with the local safeguarding authority regarding concerns of abuse.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- We identified a more positive culture in the home. Staff told us there was an open-door policy and could approach the management team with any issues. One member of staff explained that there has been a huge improvement with the new management team and there had been positive changes. They told us staff and people were a lot happier.
- People and relatives were engaged with the home and were kept informed and updated on any changes in the home and with regard to complaints. A relative said, "I get an e-mail every week from the service."
- People were given the opportunity to take part in meetings with the management team. Items discussed included food and menu choices and activities.
- Staff meetings were used by the management team to share important information and discuss any issues. Topics included infection control, safeguarding, training, professional conduct and following policies and procedures.
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.
- The provider sent out surveys and questionnaires to people and relatives for their feedback about the home. The manager analysed the feedback to make any adjustment or improvements to the home.

Working in partnership with others:

- Due to the range of people's needs and learning disabilities in the home, the provider worked with other social care agencies and learning disability professionals, GPs and pharmacists to maintain people's health and wellbeing. They had connections within the local community to provide services and entertainment to the home.
- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.