

Cherryfield Homes Limited

Cherryfield House

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was carried out over two days on the, 27 and 28 of November 2017. Our visit on the 27 November 2017 was unannounced. At the last inspection on 28, 29 September 2016 we rated the service as requires improvement overall. We identified two regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration and systems to monitor the safety and quality of the service were not effective.

This inspection was to check satisfactory improvements had been made and to review the ratings. The provider sent us an action plan that detailed how they would make improvements to become compliant with the regulations. At this inspection we found improvements to the service had been made and the requirement notices had been met.

Cherryfield House is situated in a residential area of Stockport. It provides accommodation and personal care for up to 29 people. It has 21 single and four shared rooms. There are 18 bedrooms that have an en-suite with shower and the remaining rooms have washing facilities. The home is a two storey detached property located in the Edgeley area of Stockport. It has a small front garden and is situated in a residential area within walking distance of a local park. The home was registered to provide nursing care. Car parking spaces are available to the front of the building and public transport links to Stockport town centre are nearby. We found nursing care had not been provided at the home for some time, and the home did not employ nursing staff. Following our inspection the provider submitted an application to cancel their registration for 'treatment of disease, disorder or injury.'

A registered manager was in place. 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.

From our observations of staff interactions and conversations with people living at the service, people told us they felt comfortable and happy living at the service.

There was an established staff team in place, with low levels of turnover. This meant that staff knew the people they provided care and support to very well. There were sufficient numbers of staff on duty to meet people's needs in a timely way. The registered manager worked 'on the floor', which they told us helped determine the required staffing levels and helped to provide good management and support to the staff team.

Staff were recruited following a safe and robust process to make sure they were suitable to work with vulnerable people.

The home was clean and well maintained and we saw staff had access to personal protective equipment

(PPE) to help reduce the risk of cross infection.

Procedures were in place to minimise the risk of harm to people using the service. People received their medicines safely and as prescribed by their doctor. The registered manager audited medications procedures. They took action during the inspection regarding the services policies for the safe administration of medications not being appropriately followed by a staff member.

Risk screening tools had been developed to reflect any identified risks and these were recorded in people's support plans. The risk screening tools gave staff clear instructions about what action to take in order to minimise risks for e.g. for falls.

People's health needs were monitored, care plans had been developed to incorporate a lot of individual information relevant to each person. People had access to healthcare services including a district nurse and chiropodist. We received positive feedback from professionals who worked with the home, including a district nurse and a social worker. We saw a range of health professionals had been involved in people's care. Staff spoken with understood the need to obtain verbal consent from people using the service before support was provided.

Staff were receiving regular supervision sessions and appraisal. This meant that staff were being appropriately guided and supported to fulfil their job role effectively. Staff received regular training and support to ensure they had the necessary skills and updates to fulfil their roles and meet people's needs.

Activities were provided by the staff and visiting entertainers. The service utilised the supply of games and activities to help provide access to events throughout the week. We received mixed responses when we asked people whether there were sufficient activities to keep them occupied.

We saw there was a complaints policy accessible to each person living at the service. The people living at Cherryfield House and visiting relatives we spoke with told us they had no concerns or complaints.

The food looked and smelled appetising and was attractively presented with good size portions. People told us they enjoyed the food but didn't know what choices they had on offer.

There were systems in place to monitor the quality and safety of the service. We saw appropriate actions were taken in response to any accidents/ incidents and the service had investigated them to consider potential causes of any injuries, and how they might reduce any future potential risk.

During the inspection we noted a capacity issue for the large amounts of historical confidential papers. The registered manager and the registered provider took immediate actions to arrange more suitable storage. With the help of their sister home they transferred records to this home which had larger capacity to archive and safely store their records.

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 felt safe and staff knew how to keep people safe. Risk assessments were clear regarding actions they take to reduce and remove risks. Any accidents were recorded and investigated when required.

Medicines were being managed safely and regularly audited.

Recruitment procedures were robust to minimise the risk of unsuitable staff being employed to work with vulnerable people.

Is the service effective?

Good 

The service was effective.

People's needs were met by a suitably skilled and trained staff team.

Staff accessed appropriate professional healthcare support and guidance when required. Other health and social care professionals gave positive feedback about the service.

Staff understood their role in maintaining the principles of the Mental Capacity Act 2005 to make sure people's best interests could be met.

Is the service caring?

Good 

The service was caring.

People living at Cherryfield House told us the staff were kind and caring. We observed positive interactions between staff and people who lived at the service.

Staff told us they would be happy for family or someone they knew to move to the service because of the care provide by the team.

Is the service responsive?

Good 

The service was responsive.

We saw that people's needs were assessed prior to admission to ensure the service could meet their individual needs.

Staff knew people well and reported any concerns or complaints raised with them to the relevant support manager.

People told us they would be confident to raise a complaint if needed.

Is the service well-led?

The service requires improvement in well led.

The registered provider had not effectively submitted the required information to CQC in relation to changes to the service prior to the inspection.

At the time of this inspection the manager was registered with the Care Quality Commission (CQC). Staff told us that they were supported by their manager/provider to provide a high standard of care and support to people living at the service.

Systems in place in order to monitor the quality of the service were being fully utilised. The quality assurances systems were very detailed. The provider acknowledged further work to increase their staff team's actions in the administration of medications, developing activities and in ensuring appropriate storage of confidential records.

Requires Improvement 

Cherryfield House

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 was carried out over two days on the 27 and 28 November 2017. Our visit on the 27 November 2017 was unannounced. The inspection team consisted of one adult social care inspector a bank 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.

Before the inspection we reviewed information that we held about the service and the service provider. This included safeguarding and incident notifications which the provider had told us about. Statutory notifications are information the provider is legally required to send to us about significant events such as accidents, injuries and safeguarding notifications.

Since the last inspection we had been liaising with Stockport local authority quality assurance team and we considered this information as part of the planning process for this inspection.

On this occasion, we had not asked the service to complete a Provider Information Return (PIR) because we requested and received a completed one within the last 12 months. This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who may not be able to tell us.

We walked around the home and looked in all communal areas such as the kitchen, lounge, dining room, medication room and a sample of all other rooms such as bedrooms and bathrooms.

During the two days of inspection, we reviewed a variety of documents such as, policies and procedures relating to the delivery of care and the administration and management of the home and staff. This included four people's individual care records and a sample of medicine administration records. We examined four staff personnel files to check for information to demonstrate safe recruitment practices were taking place. We also looked at staff supervision and appraisal records, training records and records relating to the management of the home such as environmental safety checks and quality assurance systems.

We spoke with ten people living at Cherryfield House, three visitors, the providers, one area manager, the registered manager, six care workers, one cook and one maintenance person. We spoke with one district nurse and a social worker to gain their feedback about the service.

Is the service safe?

Our findings

At our previous inspection in September 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in relation to medicines. At this inspection, we found there had been sufficient improvements and the registered provider was meeting the requirements of this regulation.

People we spoke with were positive about how medications were managed and people living at the service and their relatives told us they felt safe. Comments included:

"Yes I feel safe. My medicines are given on time. They can be delayed sometimes", "The staff make sure I take my medication" and "I can have painkillers if I need them." People living at Cherryfield House who we asked told us they felt safe and well cared for. Relatives told us, they had not seen or heard anything of concern. They told us: "Absolutely, very safe" and one visitor told us "My (relative) is looked after well. I feel it is safe. (My relative) has their own room their things are safe."

We looked at a sample of recent medication audits carried out by the registered manager and provider to ensure that people received their medication safely and as prescribed by their GP. We carried out a sample tablet count of the medicines for four people including checks on controlled drugs and found no discrepancies. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. There was a safe system in place for recording the temperature of the medicines fridge, temperature of the medicines room and the management of the receipt, administration and disposal of medications.

We observed the staff arranging for return drugs to be sent back to the chemist. Staff audited everything in their returns book. They did not have access to return drugs bins. By day two of the inspection the registered manager had promptly obtained medication bins from the chemist and these were made accessible to staff. The bins provided improved transfer of returned medications to the local chemist.

Staff we spoke with told us they were confident in their abilities to support people with medicines as they had received appropriate training and had the right skills to do this safely. The training records we looked at supported this. During this inspection we observed one member of staff administered medications for more than one person at the same time and in breach of the services own training and guidance. The registered manager took appropriate actions to ensure safer procedures were in place. The manager arranged for one staff member to have updated medication training and competency assessments to improve their practice in line with the services guidance for safe administration of medications. A competency assessment is considered good practice to ensure staff are safe and competent to administer medication.

People told us they found the environment was kept clean and tidy at the home. During the inspection we observed staff using personal protective equipment (PPE) such as gloves and aprons when required. The home was clean, tidy and well maintained. All bathrooms and toilet areas were clean and contained liquid soap and paper towel dispensers. There was hand washing guidance displayed throughout the service. Staff told us they were always provided with gloves, aprons and bags for washing soiled clothing. One staff member told us, "We are provided with a good supply of items for infection control".

During this inspection, we looked around the kitchen and the food storage area. We saw the kitchen was clean and well managed and in the process of being refurbished with new equipment. There were large varied supplies of food in stock. We found that safety checks had been regularly undertaken, including the recording temperatures of food served, fridges, freezer's and maintaining cleaning schedules.

The home employs a maintenance person who was responsible for environmental health and safety checks. They showed us around the building and provided evidence of well managed safety checks within the service such as in house checks for the call bell system, water temperatures, fire alarm and environment.

We saw evidence of up to date maintenance checks and overall management and auditing of health and safety within the service. Environmental risk assessments were in place relating to the health and safety of the premises and of any equipment used to support people, such as hoists, legionella checks, infection control, fire risk assessment and the control of substances hazardous to health (COSHH). The provider showed systems to ensure all contractor checks were in place and up to date including: portable appliance testing (PAT) for electrical equipment, lift checks, fire alarm testing, gas safety checks and a recent electrical installation certificate. This helped to make sure that any environmental risks to people were minimised and the environment was well managed to ensure it was safe for everyone.

We saw people living at the home had personal emergency evacuation plans (PEEPs) in place. PEEPS give staff or the emergency services detailed instructions about the level of support a person would require in an emergency situation such as a fire evacuation.

We looked at a sample of four staff personnel records which confirmed that they had robust recruitment procedures in place. We found that staff had been recruited in line with the regulations including the completion of a disclosure and barring service (DBS) pre-employment check and at least two recent references. These checks helped the registered provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable adults.

Systems to help protect people from the risk of abuse were in place. The service had a safeguarding policy and procedure which was in line with the local authority's 'safeguarding adults at risk multi-agency policy'. This provided guidance to staff on identifying and responding to the signs and allegations of abuse. We looked at records which showed the provider had suitable procedures to help make sure any concerns about people's safety were appropriately reported. The provider's safeguarding log showed that appropriate actions were taken in response to any safeguarding concerns to help ensure people were kept safe. One person living at the service disclosed some concerns of a safeguarding nature during this inspection. The registered manager took prompt, appropriate actions and immediately reported the allegation to the local authority following their safeguarding procedures. This helped to ensure the safety of the person concerned.

Staff we spoke with told us they knew how to keep people safe. Staff told us, "I know how to raise a safeguarding alert and we have been given contact numbers to raise any safeguarding issue", "I have loads of training such as safeguarding, Mental Capacity Act (MCA), medication training, dementia awareness and fire safety. We have refresher courses every 6 to 12 months."

Training records showed that training had been provided in how to recognise various types of abuse and how to keep people safe from the risks associated with abuse. Staff were able to describe the action they would take to make sure people were kept safe and the process they would follow to report any concerns. We saw there was a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report

poor practice.

Risks to people's health and well-being had been assessed. Care records we examined contained an individual support plan which identified any known risks that might compromise the person's safety. People's care records had been regularly reviewed. Risk screening tools had been developed and included areas such as keeping people safe, falls risk assessments, moving and handling, skin integrity, choking and dietary risk. The risk screening tools we examined identified the actions for staff to take in order to minimise risks. This ensured people's safety within the service was maintained.

A district nurse we spoke with was positive about how the service managed people's pressure care and told us, "This was one of the better homes, they seem to keep on top of things and report any concerns straight away they seem to keep on top of pressure care."

An accident and incident policy was in place. Records of any accidents and incidents were recorded and analysed to check if there were any themes. Notifications in relation to accidents or incidents had been made to the Care Quality Commission (CQC) and the local authority adult social care safeguarding team where necessary. Documents showed the potential cause of any fall had been investigated and measures to reduce any future risk had been identified and put in place.

During the inspection we saw there were sufficient numbers of staff to meet people's needs in a timely manner. We tested the emergency call system and a member of staff responded immediately to the alarm bell being pressed. This helped to demonstrate that people living in the service were helped when assistance was requested. We received mixed comments from people living at the service, most people offered positive comments stating, "Always staff around. I have a call bell", "I use my call bell, staff come when I do", and "I have a call bell. I use it if I need anything."

However two people told us, "On the whole staff are good, not enough at night" and "Staff are busy, could always do with more." We shared people's comments with the registered manager for their review to discuss and feedback to people living at the service.

We reviewed the staffing rotas for the last month and saw that the staffing levels were consistent with what we had been told. Staff told us the manager carried out observation checks on the standard of care and regularly worked on the floor providing care and support alongside them. During our inspection we did not observe anybody having to wait long periods of time for assistance. There was an established staff team at the service with some of the staff having worked there for over 20 years. This meant people were cared for by staff they knew them well and who had a good understanding of their needs and preferences. The registered provider had developed a dependency tool to help them assess the staffing levels needed to meet the overall dependency needs of people living at Cherryfield House.

Is the service effective?

Our findings

People living at the service and their relatives offered positive comments about the care and support provided. They told us, "I think staff know me well. I can please myself when I get up or go to bed", and "Staff are good, they ask me first before doing anything."

Two relatives were positive and told us, "When (my relative) first came in here. I was involved with their plan of care. Staff always keep me informed of everything, professionals everything" and "Yes we are kept informed. (My relative) can have a bath when they want, no worries there."

We looked at a sample of four care files of people living at the service. Records showed a range of health professionals had been involved in people's care. This included district nurses, hospital staff, GPs, podiatrists and dieticians. People were also supported to attend hospital and doctor appointments. This information helped to show how people's health needs were assessed.

Records showed that people who had been identified as being at risk of poor skin integrity were supported to re-position. This was in-line with guidance in their care files and good practice in managing pressure area care. Appropriate equipment for people with decreased mobility such as profiling beds and alternating mattresses (air mattress that are placed on top of a regular bed mattress) were in place to promote skin integrity and to prevent skin breakdown.

We saw records of people's weights being regularly updated. Where any weight loss was identified, the records indicated that staff had contacted other professionals such as a dietician or general practitioner (GP) for advice if required. Care records included information about each person's nutritional needs. This meant people's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions. SALT provides treatment support and care for people who have difficulties with communication or with eating, drinking and swallowing.

We spoke with a district nurse who was very positive about the service. They told us, that staff regularly asked for input and advice from the district nurses, and acted on any advice or instructions given. They felt confident that the staff reported any issues that needed their review. They felt they had good links and good communication with the staff team.

We met the cook who had a good understanding of people's personal preferences, including their dietary likes and dislikes and any special diets such as diabetic soft diets/pureed or thickened fluids. They had a detailed planner with people's individual choices and specialised meals for the people they prepared meals for. We noted that there were tablecloths on tables, napkins and condiments.

We observed the mid-day meal during our inspection and saw that people received the support they required to eat and drink and at a pace that was suitable to the individual. The portion sizes were good and the food looked and smelt appetising. Although the food served was hot the plates were cool and not warmed on serving. Everybody looked like they were enjoying their meal. Two people were heard saying,

"This is very tasty" and "Delicious, lovely. " Everyone in the dining room ate all of their lunch.

We received a mixture of comments about the food and menus on offer. Some people were positive and told us, "Food is alright. Tea and dinner is set you can choose breakfast. You only know when it comes what it is"; "There is plenty of food. I'm not sure what is for lunch", "I choose to an extent" and "Food is ok." One person told us: "You don't ask for what you want, you get told what the (Food) is."

Two relatives offered their opinions and told us, "(My relative) enjoys the food, she says so. I think she is asked what she wants" and "(My relative) likes breakfast as she gets what she wants. They don't really have a choice." Comments were shared with the registered manager for them to review people's comments and feedback with them directly.

We were shown a detailed staff supervision and appraisal schedule/planner for 2017 which included the names of each staff member. All staff had received supervision and annual appraisals and in total they received four supervisions a year. The planner gave the provider and registered manager a good visual record to help them monitor the effectiveness of their supervision and appraisals to all staff. Staff told us they felt they received good support and had received supervision where they could discuss anything with senior staff. Staff felt they were receiving appropriate support and guidance to enable them to fulfil their role effectively. Staff supervision provides the worker with the opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

An induction protocol and check list were in place which identified the training provided for new employees. The inductions showed detailed information to help new staff be orientated to the homes layout, policies and procedures. Staff we spoke with confirmed that they had received an induction and they said it was invaluable in helping them when they started working at the home.

A system was in place to monitor staff training to ensure essential training was completed each year. An e-learning programme was in place supported by face to face training which was monitored by the registered manager and the registered provider. We saw an overall staff training matrix (record) that detailed all of the training available. A staff training programme was in place and included topics such as, Health and safety, equality/diversity, safeguarding, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dementia, moving and handling, dignity in care, end of life, nutrition, diabetes, duty of care, medication, epilepsy, falls, stroke and communication. Updated records showed that staff had appropriate qualifications, competence, skills and experience to meet the needs of people living at the home. The staff we spoke with told us they felt well supported in their roles and were happy with the training on offer. The registered provider had organised customised training in November 2017 provided by the local GP to discuss information around diabetes and epilepsy. Feedback was positive around this additional support and specialised training provided to everyone.

We looked at a sample of four care files in which we saw evidence of the use of consent forms to record people's wishes. The forms asked people for their consent regarding assisting them with their medication and in taking photographs for identification purposes when needed. Consent was obtained and records were stored in the care file to recognise each person's views and rights.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty

Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether Cherryfield House was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made applications to the local authority to deprive people of their liberty with explanations why this was needed for each person's best interest. The Care Quality Commission (CQC) had been formally notified where authorisations had been granted. The registered manager had developed a that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

Is the service caring?

Our findings

People living at the service told us they were happy and felt well cared for. They offered various positive comments such as: "Yes they are caring, if they wasn't I would say so", "Very kind yes. Knock on my door before coming in. Very good with me", "Very kind if they have time. I do feel respected"; "They are respectful and professional. I can do things myself, they do encourage you", "and Staff are good I will say that" and "I like them, can't speak for anyone else."

Three relatives told us: "They are good with (my relative) she would tell me if not. She is really settled. I've seen her being treated properly, and others", "Staff are kind and good" and "Staff are very nice, polite. Very welcoming when I visit."

We carried out a short observational framework inspection (SOFI). During our SOFI we saw that people sat in the communal lounge were relaxed. We observed staff interactions with people and we saw staff were good at respecting people's privacy and dignity and the visiting relatives we spoke with confirmed this. For example we saw that if personal care was needed, staff protected people's privacy by closing doors when providing support. During the inspection we observed staff supporting a person using a hoist. We saw the staff communicated what they were doing clearly to the person and offered them reassurance throughout the transfer. Staff told us they supported each person with as much choice as possible, such as what time they wanted to go to bed, when they got up.

Staff we spoke with told us, "I love working here, I treat everyone as though they are my own family", "I always knock on a person's door, before entering", "I always ask a person what they want and offer choices, for example in what clothes to wear", "When providing personal care, I am always discreet and promote privacy. For example I ensure a person is covered with a towel" and "I always treat people with respect, follow their wishes and don't make choices for people".

Discussions with staff showed they had a good understanding of the individual needs of each person using the service. They were able to demonstrate how they supported and cared for people in a dignified way and their privacy when providing and supporting them with personal care tasks. The service had two dignity champions and the area manager had developed training covering dignity and training competencies they had put together. They had updated the competencies to include, "How are service users privacy maintained." This was a positive document that added to the extensive training in place and helped to identify examples of dignity in care for all staff who attended the training.

In walking around the building whilst we saw that all bedroom windows were fitted with curtains, we noted that bedrooms had no coverings/blinds or net curtains in place. This meant that windows were exposed and the inside of people's bedrooms could be viewed by the public when the curtains were open, especially rooms located on the ground floor. The registered provider responded quickly and ordered blinds for each window to help improve privacy for people when in their bedroom.

We saw that people's records and any confidential documents were kept securely in the services office.

These records could only be accessed by designated staff and no personal information was on display. However we noted a large amount of archived records stored in a very small unlocked cupboard. Staff told us they were restricted for space and storage in the building. During day one of the inspection they organised for the archived records to be transferred to a more suitable and secure storage based at their sister home locally. This ensured that confidential records were stored more appropriately to ensure they were safe.

Is the service responsive?

Our findings

People and visitor we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the management team to discuss anything. People made various comments such as, "I've no complaints about anything else", "any complaints or concerns. I would say if I did", "I've no complaints at the moment" and "I've no grumbles." The main topic was in response to our questions about social support and activities. People gave feedback about their thoughts but in response to having any complaints they told us they did not have any complaints.

During the inspection we reviewed the services complaints policy, which was included in the 'resident information pack' and was on display in the main reception area. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager and the providers. The registered provider had developed a pictorial format for their complaints procedure which helped some people to better understand how to raise their concerns and queries. The complaints log detailed any complaint made and the actions taken to address the concern appropriately. There had been few formally raised complaints. However, we saw that where someone had raised a formal complaint, the provider had investigated the complaint, provided a response and issued apologies where appropriate.

The service had also captured positive comments and complements and openly displayed them on their notice board. The comments were overall very positive about the service and included statements such as, "We would like to thank the staff for the care of (our relative) over the past 4 years. Could not have found a better place", "Always treated (our relative) with respect and dignity", "Cherryfield always had a welcoming feel when we visited, which was a great help to us", "The care to (our relative) has been excellent over the past six years and the support to myself has been appreciated" and "To all the staff, cannot put into words how grateful I am for the way you have befriended (our relative) and helped make her life at Cherryfield as good as it can be."

Care plans were comprehensive and provided staff with the information they needed in order to provide people with care and support in accordance with their needs and preferences. Information about their individual likes and dislikes, hobbies and interests and religious beliefs was present in people's care files. Some care files had been adapted with the use of pictures. This helped some people to better understand the information developed for them. This personalised information helped staff to better understand the individual.

However people we met felt they didn't have much support socially and most people wanted more to do on a daily basis. We looked at the activities file for 2017 and saw evidence of previous parties that had taken place for Halloween, bonfire night, and birthdays. Additional activities held included, music nights, tv/newspapers current affairs, crosswords, bingo, shopping, pub lunch, trips out with family, regular visits from the hairdresser and from the local minister. The manager showed us the results of a quality questionnaire that was carried out in July 2017. They had received feedback stating 50% of people were happy with the activities on offer. Following the questionnaire they developed an action plan to offer people access to a

suggestion box, develop their welcome pack and develop and carry out a survey covering meals/ menus and offered access for people to meet the manager to discuss their comments further. The registered manager advised that no one took up her offer to meet her to discuss their comments and suggestions.

The registered manager was trying to review and develop more activities in house and submitted Christmas festivities planned following our inspection. They developed posters to advertise to everyone at the service what events, parties were planned for December. The registered manager told us that they were in the process of appointing a dedicated activities coordinator.

People spoken with said, "There is not much goes on at all, (activities)", "There are parties that sort of thing, but nothing regular. I can go out if I want", "Not much to do. Could do with more going on" and "Not a lot of activities. They are busy all the time."

Two relatives told us: "I've not seen any activity plans. I don't see any activities going on for (my relative). I've no complaints about anything else. But it could do with more going on" and "There are no activities. There is not enough staff to do them. I feel (my relative) is treated as an individual. Just nothing goes on". Two people told us: "I wash the dishes, clean staff cars to keep me busy" and "I go out because nothing goes on."

We saw pre-admission assessments were completed to help the service determine whether they were able to meet a person's needs prior to them moving in. We looked at the care records of four people who lived at the home. During our discussions with the registered manager and staff they described the care and support provided as detailed in each person's care file. We saw plans of care were in place for topics such as, nutrition, falls, personal care, communication, mobility, and health conditions such as incontinence. Care plans had been regularly reviewed to ensure they reflected people's current needs. They gave a lot of meaningful information to help staff to know what was important to each person they were supporting. For example care plans gave specific details about people who were at risk with their health conditions such as having behaviour that challenged and mental health needs. The plans gave clear information to help support each person with their condition.

Care plans had been regularly reviewed and audited by the registered manager and the providers. Care reviews helped to monitor whether support plans were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

Is the service well-led?

Our findings

At our previous inspection in September 2016, we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014) in relation to governance. At this inspection, we found there had been sufficient improvements in this area to meet the requirements of the regulation.

Feedback from people living at the service and their relatives was positive about the manager. They made various positive comments including, "I know her by face. I could talk to her if I wanted to" ; "She is the manager. We have a laugh. They always ask how I am", "I would speak to the manager", "She is approachable" and "Office is always open. You can catch up there if necessary."

The provider had a detailed auditing system which was overseen by the providers and the quality and compliance manager. They had fully engaged with anything necessary to make the home safer and well managed with medications. We observed one staff member administering medication without following the services procedures. The registered manager and provider took appropriate actions to show they had safely averted any further risks from inappropriate practices.

We found there were formal systems for auditing all areas of the service including people's care records, staff training and recruitment, supervisions, health and safety, environmental risk assessments, safeguarding, complaints, infection control, pressure care and nutrition. The provider had developed oversight and evidence of detailed auditing records to show they had good systems in place to monitor the standards and governance of the service.

Some areas noted within the inspection needed continual oversight and governance to ensure appropriate systems were in place. Those areas included: Ensuring all staff adhered to medication policies and procedures, to continue with reviewing activities in discussion with people living at the service and their relatives, to review and develop appropriate storage facilities for confidential holding of records.

The registered manager shared with us copies of the services policies and procedures such as, safeguarding adults, health and safety, confidentiality, food safety, infection control, medications, staff recruitment, training, whistleblowing and equal opportunities. They had been regularly reviewed by the provider ensuring staff had access to the most updated information relevant to their job roles.

The registered provider had produced development plans for Cherryfield House. It was very detailed and covered plans to develop online training, replace flooring in various areas of the home, upgrading of telephones and the internet facilities, updating the kitchen facilities, introducing dementia friendly signs, to improve the activities provisions and to purchase further additional equipment such as the purchasing of new armchairs, replacing privacy screens in double rooms and developing lockable storage space for records. Some of the developments noted on inspection had been included and captured in their development plan for 2018.

Visiting relatives told us that staff shared information with them and kept them up to date. People we spoke

with made positive comments about the service, the staff and the providers. Two people told us, "It's a good home, they are good people."

A registered manager was in place at the time of our inspection and was present throughout the two days of the inspection. 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.

There was a clear management structure in place and staff were aware of their roles and responsibilities. They all told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately.

Regular staff meetings took place to share information look at what was working well and where any improvements needed to be made. We looked at monthly minutes for 2017. The agendas were varied and covered lots of topics such as: safeguarding, health and safety, personal care, keeping nails clean, staff approach, competency for medications, staff breaks and training. All of staff we spoke with told us that they felt very well supported by the management team. They felt they could raise anything with the registered manager and providers and their voices would be heard.

The registered manager explained they had stopped organising residents meetings as no one was attending them. They had introduced a newsletter for the service to help update people about what was going on and to tell people about plans for the future. The manager also met with people on an individual basis to get their views and feedback and they showed us minutes of these meetings. They showed regular discussions with people to see how they were each month.

The provider was aware of the importance of maintaining regular contact with people using the service and their families. We saw that satisfaction questionnaires had been sent out to people in July 2017. Positive feedback was provided overall and sample of comments were included with the results of the survey. The positive comments included, "A small and friendly home who provide good care", "Help is at hand, at all times, they have a great staff who all listen to you. The staff have a good laugh with all the residents. This is a fantastic place for my (relative)", "All the residents are treated like family. I never have to worry about my (relatives) welfare-she loves the staff and they tend to her every need", "The staff always have time to talk to you and the home is very nice and clean. I don't think the home could be any better than what it is" ; "The home/staff look after my (relative's) every need. They have made adjustments to her care as her mental health as deteriorated", "The staff take good care of my (relative), they keep me well informed of her health and well-being" and "The care is excellent and the home is always clean and tidy. All staff are very pleasant and attentive."

The Resident information pack and Statement of Purpose included lots of useful information about the service including their philosophy of care. The philosophy of care encompassed lots of good practice including for example, 'Offer skilled care to enable people who live here to achieve their optimum state of health and well- being, treat people who live, work and visit the home with respect at all times, support individual choice and personal decision-making as the right of all service users.' staff were knowledgeable about the individual needs and request of people they supported and they felt well trained to meet their needs.

Accidents and incidents were recorded and had been regularly monitored by the registered manager and

the provider to ensure any trends were identified and addressed. Any safeguarding alerts were recorded and checked for any patterns which might emerge.

Following our last inspection the registered manager and provider had submitted all relevant notifications for events that had occurred such as notifying us of a person's death, an accident and DoLS authorisations. This ensured there was transparency and information shared which described how each event had been appropriately managed. Where necessary the duty of candour was acted upon so that people were included in events that affected their wellbeing. The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths.

We saw the CQC quality rating certificate was displayed in the office and the main reception area of the home, and via two websites that advertised the service.