

Indigo Care Services Limited

Cherry Trees

Inspection report

Simmonite Road
Kimberworth Park
Rotherham
South Yorkshire
S61 3EQ

Tel: 01709550025

Date of inspection visit:
03 September 2019

Date of publication:
08 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Cherry Trees is a registered care home providing personal care to up to 66 older people some of whom were living with dementia. At the time of the inspection there were 62 people living in the home.

Cherry Trees is a purpose-built care home consisting of four separate units, each of which has separate adapted facilities.

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

People, and their relatives, consistently told us they received a high-quality service at Cherry Trees and that they would recommend it. One person who used the service said, "I can't speak highly enough of all of them [staff]." Staff at all levels demonstrated an exceptionally caring approach that made people feel safe, comforted and valued. People told us they were listened to, involved in all decisions and respected. One relative who provided us with feedback said, "The staff are so caring, welcoming and approachable." Another relative told us, "The staff have been exceptional in their approach to all aspects of [person's] care and needs."

The service assessed people's needs holistically and with their full involvement and care plans were designed to meet those needs. Care plans were individual to each person and reviewed on a regular basis. Staff knew people's needs and preferences well resulting in a tailored service. The service provided exceptionally responsive, person-centred support to people which consistently achieved outstanding outcomes for people. Staff provided excellent consistency and continuity of care which had a positive impact on people's quality of life. Staff were particularly skilled at involving people and their family, together with health and social care professionals in their care and support plans, so that they felt consulted, empowered, listened to and valued.

Staff went the extra mile to find out people's past and current interests to enable people to carry out person-centred activities which enriched the quality of their lives. People were supported to maintain relationships that mattered to them which protected them from the risk of social isolation and loneliness. The registered manager used concerns to improve the service. The service worked closely with healthcare professionals and provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death.

Staff had been safely recruited and the people who used the service had been involved in this process. People told us there were enough staff to meet their needs. The risks to people, visitors and staff had been identified and mitigated. Procedures were in place to help protect people from the risk of abuse and infection.

People received their medicines safely and as prescribed and their health needs were met. People told us they enjoyed the food provided, that they had choice and plenty to eat and drink. When accidents occurred,

these were assessed to prevent reoccurrence and help protect people from harm. People told us they had no need to complain but would feel comfortable in doing so should the need arise; a policy was in place to manage any such complaints. Where people had specific communication needs, these were met on an individual basis.

All the people we spoke with talked highly of the staff and management team that supported them. They told us they had confidence in them, that they were well trained and knew them well. Staff agreed that they were well supported and felt valued. This had resulted in a positive, encouraging and supportive culture which benefited all. People, staff and visitors supported one another, and mutual respect was evident. The management team demonstrated a commitment to the service and procedures were in place to monitor and improve the service.

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

Rating at last inspection

Good (report published 30 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our well-led findings below.

Cherry Trees

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection consisted of one inspector.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 3 September 2019.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives to gain their experience of the care

provided. We spoke with eight members of staff including the registered manager, regional manager, deputy manager and members of the care, domestic and catering teams. In addition, a healthcare professional gave us feedback on their experience of the service. We reviewed a range of records, including; people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 as good. At this inspection this key question has remained good. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's procedures gave staff guidance and steps on how to keep people safe. People's comments included; "I am very safe here," "I have no concerns about my safety at all. Everything is good and the staff are lovely" and, "I know I am safer here than at home alone."
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. Information on how to recognise abuse and report concerns was clearly displayed around the home.

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor them and the action to take to reduce these risks.
- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including their nutrition, mobility, behaviours and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs. The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Equipment was managed in a way that supported people to stay safe. For example, regular maintenance checks took place of equipment, such as; hoists, slings, water, gas and emergency lighting.
- A personal emergency evacuation plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly.

Using medicines safely

- Medicines were predominantly managed safely. Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly. However, we found some inconsistency in; the recording of the temperature of one medication room and the recording of the amount of some 'as required' medicines administered. Whilst these issues did not pose a significant risk to people, the registered manager told us the issues would be addressed immediately through team meetings and individual supervision.
- Staff told us, and records confirmed, they had received training in administering medicines and their competency checked. Members of the management team conducted regular audits of medicines to ensure any concerns were identified.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.
- Staff rotas indicated safe staffing levels were provided for both day and night time shifts.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The service was very well presented, clean and tidy throughout and there were no odours.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.
- We noted some staff members wore stoned rings. The regional manager told us this would be addressed through individual supervision.

Learning lessons when things go wrong

- Details of accidents and incidents were logged and recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular reviews of accidents and incidents in the home as well as complaints and concerns to identify if there were any trends or patterns. These were discussed with the provider's regional manager to ensure effective oversight, with actions taken to mitigate risk and prevent reoccurrence.

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 as Good. At this inspection this key question continues to be rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Advocacy services were clearly advertised. In the event people were unable to advocate for themselves or had no representative, the registered manager told us people would be supported to access advocacy and related services, if required. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support; induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff told us the training was good and relevant to their role; they felt well supported to deliver good standards of care. Comments included; "There is always quality training on offer" and, "I believe I have professionally developed due to the training we have access to."
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet

- People enjoyed a positive meal time experience and continued to be supported to have enough to eat and drink and to maintain a balanced diet. Where required staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.
- People and relatives were complimentary about the selection and quality of the food provided. One person said, "The food is lovely. There is always choice and enough if I want some more." A relative told us, "The food always looks appetising."
- We observed the breakfast and lunch experience and found that people enjoyed their meal and were

supported in a positive and appropriate way. People were offered a choice of what and where to eat.

- Staff were aware of people's likes and dislikes as well as any medical requirements or allergies.

Staff providing consistent, effective, timely care within and across organisations

- Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.
- Where people's needs had changed, staff consulted with GP's, district nurses and other relevant healthcare professionals.
- There was a consistent staff team and a regular handover meeting so relevant and important information could be shared amongst staff.

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

- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to.
- The service was adapted to meet people's specific needs. The entire building was wheelchair accessible with large corridors.
- There was a secure garden with lawned and flowered areas. We saw people using the variety of seating available. One person told us, "I like to sit outside and look at the flowers and birds."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff consistently asked for people's consent before providing any care or support. For example, obtaining people's permission before supporting them with their medicines and when safely mobilising people. One person said, "Staff always ask me if I want help or do something by myself. I like that they don't take it for granted."
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- Where people were unable to make a decision for themselves their care records included a mental capacity assessment and/or best interests' decision. This included the person as much as possible in making their own choices with involvement of their family and appropriate professionals where required.

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 as outstanding. At this inspection this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People told us they thought the staff were "fantastic". Relatives told us how they thought the care and the management were excellent. One relative told us, "The staff are so caring, welcoming and approachable." A healthcare professional told us "I have been coming here for a long time and seen a lot of changes for the better. The staff are always professional, caring and have a genuine focus on providing the best service they can, to the people here."
- The registered manager had developed a very person-centred ethos within the service. Staff in all roles had an excellent knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring.
- Staff had a comprehensive knowledge and understanding of people. They adapted their communication and approach to meet the individual needs of each person. For example, one person's hearing was impaired and preferred staff to lean in and speak directly into their ear, which we saw staff doing when talking with the person. We observed staff regularly used a gentle demeanour, eye contact, humour and appropriate touching when interacting with people.
- Staff treated people with exceptional kindness and compassion and gave time to each person to meet their needs or simply to give company and have a chat. People's comments included, "The staff are wonderful, we have a laugh together." "I can't speak highly enough of all of them [staff]," and, "Every one of them is an angel. I'm very happy here." The registered manager gave examples of how staff went the extra mile for people. One example included, one person had enjoyed cycling but could no longer do so. A member of staff arranged for the hire of a specially adapted bicycle which could carry a passenger safely and they cycled around the local area. The registered manager told us how this had a huge positive impact for their emotional well-being.
- People were actively encouraged to maintain relationships with their friends and families and to make new friends with people living in the home. Visitors were made welcome and could come to the home at any time and stay as long as they wanted. One relative said, "The staff have been exceptional in the transition for [person] to the home. There have been no restrictions on when we can visit. We have nothing but praise."
- Staff were highly motivated and passionate about the care they provided to people living in the home. One staff member told us, "I consider it a privilege to provide care and comfort to people and try to fill the last years of people's lives with love, comfort and happiness." Following these comments, we observed this member of staff's interaction with people and saw their practice reflected their philosophy. Their approach and interaction with people was calm and warm. They were not rushed and gave their time totally to the person whilst they needed it.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff consistently respected their privacy and dignity. One person said, "The staff are always discreet and put you at ease." Another person told us, "I have not got a bad word to say about any of the staff, they all conduct themselves well."
- Staff were observed knocking on people's bedroom doors before entering and were discreet when asking people if they wished to use the toilet or adjusting their clothing to maintain their dignity.
- We observed staff consistently encourage and support people to be as independent as possible, for example dressing and mobilising. One person said, "The staff never take it for granted that I want them to do something, they always encourage me to try and do things for myself."
- People's care records contained detailed guidance for staff on methods of communication and interaction for people with sensory impairments. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the care provided and decision-making process.

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

- There was full commitment to involving people in making decisions about their daily lives and care. People lived their lives as they wanted and chose to. People gave us examples of the choices they made daily such as, decisions on their daily living routines, meal times, activities and accessing the community.
- People had as much support as they individually desired or required and at the times they preferred. This ranged from physical care, to support with mental health and emotional wellbeing. One staff member told us, "There is always something different, that's what makes it so rewarding and different." One person preferred to be barefoot. We heard staff at several times during the day ask if the person would like to put on socks, shoes or slippers. Staff respected and accommodated their preference not to. A relative told us, "The way staff persevered with [person] and their food was exceptional. They just didn't eat and after a few days the staff had turned it around and they began to eat and even put on a little weight."
- Staff understood the importance of people's views, preferences, wishes and choices being respected. For example, regular meetings had highlighted the requests for more garden furniture and community outings. The provider had responded with new chairs, benches and tables for the garden as well as access to a mini bus for community activities.

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 as good. At this inspection this key question has remained good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care and support that was exceptionally person-centred and was embedded in the service. The registered manager and staff had an excellent understanding of people's needs and desired outcomes. The feedback we received was overwhelmingly positive in that, the registered manager and staff were passionate about meeting people's needs. People and relatives told us, "It's such a lovely place with lovely staff", "I don't want for anything. I am very happy here" and "The staff have been exceptional in their approach to all aspects of [person's] care and needs." A staff member told us, "I think as an entire staff team we are of one mind regarding the standards of care we want to achieve and ensuring every person is involved and at the centre of every decision."
- Electronic care plans holistically reflected people's needs in a personalised way and identified people's choices, wishes, preferences and things that were important to them. We saw people had achieved extremely positive outcomes. For example, one person had drastically reduced the number of cigarettes they smoked. Another person who displayed behaviours which may challenge had increased staff observations. This meant the frequency of behaviours was reduced due to staff's observation of triggers and timely intervention. This gave reassurance and reduced any anxiety people had, that they may be subject to the behaviours.
- Where people had medical conditions, detailed guidance was in place for staff to support the person to manage their condition. Care plans described signs of ill-health and what staff should do if they had any concerns.
- The service and staff were responsive to people's changing needs. Managers and staff constantly reviewed and updated people's care plans and made appropriate referrals to relevant professionals, when required. A visiting nurse told us, "Any referrals are quick, appropriate and always backed up with good information." Where appropriate, relatives were involved in the care planning process. One relative told us, "We have been involved right from the start. The staff have been fabulous in keeping us inform and up to date."

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

- People were provided with a wide range of stimulating social and recreational activities that promoted their physical and emotional wellbeing. They were encouraged and supported to continue their interests, both within and outside the home. This contributed to an enhanced sense of purpose and belonging. People and relatives were full of praise for the activities on offer. One person said, "I like the singers that come in." Another person commented, "I love everything they do but in particular I like things like bingo and quizzes."

- On the day of our inspection we saw an entertainer attended to sing. The event was very well attended with some people dancing with staff and others joining in by singing along or playing tambourines."
- We also saw the activity coordinator delivering individual activities to people in their room. The registered manager told us, "We were very proud of our activity coordinator when they won the activity coordinator award for Yorkshire and Humberside at The Great British Care Awards."
- One person enjoyed painting. We saw they had all the equipment necessary at their disposal. We observed them painting in a quiet lounge. One member of staff approached them and told them how good they thought the painting was. The person smiled and said thank you.
- The home worked with an external company who provided training for staff to deliver dance, sport, and exercise classes and organised larger, community-based activities via the use of a minibus. The registered manager told us of the links they had made with a local pub. One person said, "The pub is a lovely day out and it's a bit different."
- The registered manager told us they were investing money to develop a small room into railway carriage. They told us this would create the feel of an authentic train carriage with a screen playing footage of the countryside.
- People were assisted to formally invite family and friends to join them for tea. Staff helped people fill in invitation cards and a room was set aside to make the occasion special.
- The home held regular events to welcome the wider community including church services, and links to local schools.
- Staff had developed a men's wellbeing club. This was a well-attended, regular meeting to promote, discuss and educate on men's health issues such as, prostate cancer. Feedback from residents and relatives had been positive regarding the impact this had individual's knowledge, health and wellbeing. Staff told us how one person who had attended proudly passed on their new found knowledge to other people and staff.

End of life care and support

- When people were nearing the end of their lives, they and their families were treated with exceptional kindness, compassion, dignity and respect. Staff provided people with person-centered, end of life care that took account of their needs and wishes. We saw numerous thank you cards and feedback from relatives expressing their appreciation for everything the staff and management team had done to support their family member and them through sensitive times.
- During our inspection a person passed away. Staff were discreet and sensitive. Despite the sadness of the day, family members wished to pass on their experience to us. They told us, "The home and all of its staff have been fantastic in the time [person] has been here. There was always information when we needed it. They have done a wonderful job."
- We saw people and where appropriate their relatives continued to be involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.
- There were several complimentary reviews on an independent care home review website from relatives describing the dedication and kindness of staff in providing end of life care to their family members. One review stated, "Cherry Trees have recently cared for my mother until she recently passed away. Her care has been of the highest standard, especially during her last few weeks. My mother was treated with dignity, compassion and tenderness from every member of staff and I was confident that my mother received the best care possible." Another comment read, "Professional, but at the same time kind, caring and considerate, not only treated my mum with respect and kindness but also myself. Nothing was too much. I was able to spend time with my mum who was treated with dignity at all times. I believe she was loved and cared for by all the staff."

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints procedure in place. The management team dealt with concerns and these were taken seriously and acted on promptly. Staff were accountable and took responsibility if there were errors or mistakes and reviewed how things could have been handled differently.
- People and relatives told us they did not have any issues or complaints but that they would not hesitate to raise anything with the management team and staff. They were all very confident that any concerns or complaints would be fully addressed.

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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Identified information and communication needs were met for individuals. For example, information was provided to people in a format that met their needs, such as large print and pictorial formats.

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 as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Appropriate quality assurance systems were in place, various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high. Whilst these were regularly undertaken they had not always identified areas for improvement such as, medicines room temperatures not being consistently recorded.
- There was a clear staffing structure in place, the registered manager and deputies operated a system whereby neither was on holiday at the same time to ensure staff always had access to managerial support.
- The leadership team had good knowledge of their regulatory responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their desired goals as described in the responsive domain of this report.
- The registered manager knew people well and was a visible presence within the service.
- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff were visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "The manager is very supportive and always available for advice. They are very clear about the standards of care we are expected to deliver."
- Staff told us morale was good as they had a strong team who worked for each other.

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 registered manager demonstrated an open and transparent approach to their role. Staff confirmed the registered manager encouraged staff to reflect on their practice and learn lessons where these were needed.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought feedback from people, relatives, staff and external professionals. Comments we saw were positive about the service. The registered manager also ensured feedback was sought through regular meetings with people, relatives and staff. Feedback was used to improve the service. Comments included, "I have found Cherry Trees Rotherham employees very helpful, kind and courteous throughout my family member's stay. It seems to be well managed, clean and comfortable. Bedding is clean and changed regularly and the nursing staff caring and efficient and always prepared to answer questions. I have no doubts whatsoever that the home is one I would willingly recommend."
- There were good relationships with other services involved in the people's care and support, such as the local authority, GP's, hospices, and multi-disciplinary teams.
- Satisfaction surveys were undertaken annually for people who used the service, their relatives and relevant professionals. We saw the results from the most recent survey had been positive.
- Staff felt their work efforts were appreciated by the management team. A staff member said, "There is no 'us and them' regarding the managers. We are genuinely one big team."
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. One staff member told us, "Communication is always good."

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.

Continuous learning and improving care

- There was evidence that lessons learned from incidents, accidents or near misses at Cherry Trees or any other of the providers homes were shared amongst the team.