

Ocean Community Services Limited

Cherry Tree House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service

Cherry Tree House is a care home located in a purpose-built detached property. Communal areas include spacious living and dining areas, kitchens and secure gardens. The property is on two floors with access by lift and stairs. Two self-contained bungalows are within the secure garden.

The service can provide support and accommodation for up to 11 people who have learning disabilities, autistic spectrum conditions or additional needs. At the time of our inspection, eight people were living there.

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

Risks to people's safety had not always been assessed or reviewed as required. This could place people or staff at risk of harm.

Systems for monitoring, reviewing and improving quality and standards were not always effective. Some checks were not in place, and others did not identify shortfalls or highlight action when required.

The provider had not displayed the latest CQC inspection rating on their website. This meant people did not have easy access to information about the service.

Some care plan reviews had not taken place as scheduled. Care plans were personalised and helped identify what was important to people.

There had been improvements at the service since the last inspection. We received positive feedback about the new manager, and changes had been made to improve the culture and the quality of care provided.

People's medicines were administered and managed safely. Staff received training and the provider regularly checked staff's competency in the management of medicines.

Staff felt supported and received training and appraisals. Some staff had not had supervision as frequently as the provider required, but a plan was in place to address this. People were supported by enough staff and regular agency staff were used when needed. Staff were safely recruited.

We received positive feedback overall from relatives. They said their loved ones generally seemed happy living at Cherry Tree House. Staff were kind and caring and treated people with dignity and respect.

People were supported to maintain social relationships and participate in some activities. A plan was in place to develop activities further.

Staff had contact with other professionals to ensure people's needs could be met. People accessed routine

and specialist healthcare services and were supported to eat and drink enough to remain healthy.

People were supported to have some choice and control in 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance where possible. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The service was registered for the support of up to 11 people and was not a domestic property. This is not in line with current best practice guidance. However, the building was well established in the residential area, and steps had been taken to ensure it fitted in to the local community. Staff did not wear anything that suggested they were care staff when coming and going with people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support was now focusing on them having opportunities for them to gain new skills and become more independent, although this was a change which had only been in place for a few months.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the management team during this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. Restraint was used occasionally, and staff had received training in current practice and principles. Review processes including a debrief after the use of restraint were in place.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published January 2019). There were multiple breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made, however the provider was still in breach of some regulations. The service met the characteristics for a rating of good in caring, effective and responsive. The other areas were rated as requires improvement. The overall rating for the service remained requires improvement. This is the second consecutive time the service has been rated requires improvement.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherry Tree House

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector and inspection manager.

Service and service type

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

The service had appointed a manager who was registering with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because some of the people living there could find it difficult to have inspectors present in their home. We wanted to ensure people would be able to speak with us.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do 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

During the inspection we spoke with four people who lived at the service. Some people were not able to communicate verbally with us. We used observation throughout our inspection to help us understand people's experiences. We spoke with seven members of staff, including support workers, agency staff, team leaders and the manager.

We reviewed a range of records. This included five people's care records and everyone's medicines records. We looked at five staff files in relation to recruitment processes, training and staff supervision. A variety of records relating to the management of the service were reviewed. This included policies and procedures, quality assurance and health and safety documents.

We considered this information to help us to make a judgement about the service.

After the inspection

We spoke with four relatives to find out more about their experience of the care provided at Cherry Tree House. We continued to seek clarification from the provider to validate evidence found. The manager provided additional details, such as policies, and recruitment information. We received feedback from two health and social care professionals who had regular contact with the service. Their comments have been incorporated into this report.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection in October 2018 people were at risk because the regulations relating to safe care and treatment were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would comply with the regulations. At this inspection we found the service had made some improvements, although further areas for improvement were identified.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating individuals. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in some areas at this inspection, however further breaches of regulation 12 were identified.

- The environment and equipment were visually checked on a regular basis, but not all checks were recorded. For example, some health and safety and regular infection control checks were documented, but the general assessment of risks such as slips, trips and falls, lone working or work equipment were not recorded. Forms were in place but had not been completed. This was highlighted to the manager, who told us the new forms were in the process of being completed.
- Information in some care records was not always updated as often as required. For example, one person's falls risk assessments were required to be reviewed monthly, however there was no record that this had been done during the previous five months. This meant staff did not always have current information to enable them to keep people safe.

These were breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff carried out checks of fire systems and equipment. At the time of our inspection, these were being reviewed and the manager planned to introduce more regular fire drills.
- Emergency plans were in place, and people had a personal emergency evacuation plan (PEEP) to ensure they received the support they needed to stay safe in the event of an emergency.
- Individual risk assessments were in people's care records. These gave guidance to staff about supporting

people safely. Risk assessments related to areas such as aggression, epilepsy, personal care and mobility. For example, one person's epilepsy risk assessment gave staff detailed guidance about timing seizures, use of medicines, safe positioning and emergency procedures.

Using medicines safely

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 12 relating to the management of medicines.

- Systems were organised, and people received their medicines when they should. The provider safely managed the receipt, storage, administration and disposal of medicines.
- Medicine administration records (MAR) were accurate and clear, and these confirmed people received their medicines as prescribed.
- Staff received training to ensure they were competent to give people medicines.
- Staff knew people's preferences when taking medicines and this information was clearly recorded.
- An audit had been carried out to monitor safety and ensure risks were managed.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to keep people safe from abuse or harm. A current policy provided guidance and information.
- People's relatives told us they felt their loved ones were safe at Cherry Tree House. One relative described an ongoing safeguarding issue concerning their family member, but they felt this was being appropriately addressed. Other relatives told us, "They are cared for and well looked after overall," and, "They're safe and well looked after."
- Staff understood the importance of reporting any concerns they had. One staff member said, "I have told [manager] before about my concerns. I would always do that."
- Systems were in place to ensure people were supported effectively if they presented behaviours which may challenge others. People had behavioural support plans which clearly identified situations or 'triggers' which were likely to cause people to become anxious. These also listed signals the person may display in their behaviour or body language, which would indicate they were worried or anxious about something. The plans had clear guidance for staff on how to respond in these situations to reassure the person and reduce their level of anxiety.
- Staff were clear that restraint or restrictive physical interventions were to be used as a last resort and for as short as time as necessary. We were told, and records demonstrated that the use of restrictive physical interventions had decreased over the past few months. This was because of a number of reasons, including staff being proactive in their support of people.
- Policies and practice demonstrated the service implemented a positive approach to supporting people. This protected people from the risk of abuse through the inappropriate use of restraint or physical interventions.

Staffing and recruitment

- There were a number of staff vacancies at the service, however, the manager was working closely and creatively with specialists to recruit to posts.
- Agency staff who worked regularly at the service provided cover to ensure the identified needs of people could be met and provide continuity of care. One relative told us, "Staff do leave, but they try to keep to the same agency staff."
- Staff said, "We need more permanent staff, and they need to retain staff. They've introduced carer of the

month. It's something I suppose."

- Safe recruitment and selection procedures were in place. Staff files had pre-employment, criminal record and other checks in place. These confirmed staff were suitable to work with vulnerable people.

Preventing and controlling infection

- Staff received infection control training and followed safe practices such as regular handwashing and the use of disposable gloves when carrying out personal care tasks.
- Comments from relatives included, "Their room is always nice and clean," and, "I come at all different times, and it's always clean and tidy."
- When we visited, the service was clean and there were no unwanted odours.

Learning lessons when things go wrong

- Systems and processes were in place to record and review accidents and incidents. These were discussed and reviewed in team meetings. This ensured staff had up to date information to help keep people safe and protected from avoidable harm.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in October 2018 people were at risk because the regulations relating to safeguarding people from abuse and providing staff support were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would comply with these regulations. At this inspection we found the service had made improvements and the requirements of the regulations were now being met.

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

At our last inspection the provider had failed to document debrief information following incidents of restraint. This was a breach of regulation 13 (Safeguarding People from Abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff occasionally had to use physical restraint to keep some people safe. Staff told us this happened less frequently now. After instances of restraint, a debrief took place and was documented. This helped to ensure the restraint was safe and appropriate, and supported staff to learn from incidents. Staff received training, and a Positive Behavioural Support Advisor visited regularly and gave advice.
- People's needs and preferences were assessed before they came to the service, and these were reviewed. This included their physical, mental health and social needs. Staff from the local authority and other care providers reviewed people's needs with staff and people's relatives.
- Since our last inspection, the manager had proactively reviewed the mix of people living at Cherry Tree House. The manager prioritised ensuring people had a good quality of life and received appropriate care, treatment and support.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed provide formal supervision or support staff adequately. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Some staff had not received formal supervision at the frequency required by the provider's policy, however the manager was aware of this and was working to provide more regular, planned supervision to all staff. Staff had received regular appraisals and had personal development plans in place. Regular supervision and appraisals support staff to review their work and development needs.
- Staff told us they felt supported by the manager and team leaders. Comments included, "If you ask [manager] about something, they'll act quickly and tell you what they've done," and, "[Manager] is available any time. They listen to everyone; all suggestions are welcome."
- An agency staff member told us, "They always make sure I have access to the information I need. The staff always help me. I like coming to work here."
- Staff attended training which related to the needs of the people using the service, for example safeguarding and health and safety. Specialist training was also available, and staff were supported to access a range of opportunities.
- New staff completed a detailed induction course and received a local orientation to the service when they started in post.
- Relatives felt staff were skilled and qualified to provide care. Some relatives named particular staff members and highly praised their skills and experience in working with people.

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

- People were encouraged to drink enough and to maintain a balanced diet. Frozen meals were provided by an external company and reflected people's preferences. Staff also prepared meals that people particularly enjoyed, such as cooked breakfasts and a communal roast dinner.
- Staff were aware of people's preferences, individual nutritional requirements and specific dietary needs. Information about these was recorded in care files.
- Some food and fluid records were not completed as frequently as required, although we found no evidence that people had been harmed because there were no areas of need relating to nutrition or hydration identified. We highlighted the omission to staff during our inspection.
- Staff sought the advice of specialist professionals when necessary, for example referral to speech and language therapists or dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access routine and specialist healthcare services. One person had recently been supported to have dental treatment, and a GP visited the service one day per week.
- Staff understood people's health needs and referred them to specialists as required. This included occupational therapists, physiotherapists, dentists and neurology consultants. A visiting professional described the manager as "proactive in getting people the right help when they need it."
- People had a personalised 'hospital assessment traffic light form'. This document provided information about people's needs and preferences and could be taken to hospital or appointments.

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

- Some staff and professionals told us they felt the building presented challenges because of its layout. For example, bedrooms were directly off the main living areas. Improvements and adaptations had been made and the building met the needs of people who lived there.
- Staff considered people's needs and preferences in the bedroom people were allocated. Bedrooms were available on the ground floor for people who could not use stairs, and some people had a bedroom close to staff offices so that they had regular social contact with staff.
- People's bedrooms were decorated in the way they chose and reflected people's interests and preferences. For example, one person's room had photographs and examples of things they had made, whereas another person chose to have no decoration on their bedroom walls.

- The main communal area was large, and another smaller lounge was being developed. A plan was in place to refresh some areas of the service

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.

- People's capacity to make particular decisions was assessed. Assessments were discussed and recorded.
- The manager had made appropriate DoLS applications and followed these up with local authorities. There were no conditions associated with DoLS authorisations in the care records we reviewed.
- Staff received training in the Mental Capacity Act and DoLS. They understood the importance of giving people choices, for example with food, activities and routines.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in October 2018 people were at risk because the regulations relating to treating people with dignity and respect were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found the service had made improvements and the requirements of the regulations were now being met.

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

At our last inspection the provider had failed to consistently provide care which was respectful and considered people's needs. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us they were happy living at Cherry Tree House.
- Relatives felt care at the service had improved since the last inspection in October 2018. One relative said, "I wasn't so happy before. The personal care wasn't so good. It's a lot better now."
- Relatives told us that permanent staff knew their loved ones well. They were positive about staff and felt people were well treated and supported. One relative felt there could be further improvements. They said, "I think there are issues with some staff. Some staff seem to skip tasks and not do as much as they could. I think [manager] knows, but she can't be on top of it all the time." We considered this matter in the well led section of this report.
- Other comments from relatives included, "The staff really care for people," and, "The team are really good, they're really caring."
- A professional who visited the service regularly told us they had seen, "Absolute passion and commitment," from a staff member towards the person they supported.
- Staff knew people well, for example one staff member told us, "With [Name], we make sure we think about their cultural needs. We sort out specific hair products and take them to restaurants from their culture. It's really important and I make sure other staff think about that."
- People's needs under the Equalities Act 2010 were considered and respected. This included people's cultural and religious needs. These were reflected in people's care records.

- Staff received training and told us they understood the importance of treating people as individuals with unique needs. One staff member we spoke with was a Dignity Champion, who explained that they were given time for this role and ensured people were treated with respect and as individuals.
- Staff respected people's privacy and dignity. They described how they did this, for example when supporting people with personal care activities. This included considering the gender of staff and ensuring curtains or blinds were closed when required.
- People were supported to be independent in some areas, such as personal care and some activities of daily living. One person's care plan stated, "[Name] eats independently. Staff should not feed [Name] as this could result in a loss of motor skills. We are here to promote independence, not create dependence."

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

- People had limited capacity to be actively involved in care planning or reviews of their care. People were supported to express their views where possible.
- The relatives we spoke with told us they were involved in decision making and kept informed about changes affecting their loved one.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection in October 2018 people were at risk because the regulations relating to person centred care were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found the service had made improvements, although ongoing improvements were identified.

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

At our last inspection the provider had failed to consistently provide care which was respectful and considered 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.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had care plans which were personalised and identified what was important to them, including their likes and preferences. Details included favourite foods, personal care preferences and communication needs.
- This information enabled staff to provide personalised care which met people's needs. For example, "[Name] likes people who make an effort to interact. Staff must be proactive and know about the subjects [Name] likes to be able to interact with [Name] meaningfully." The subjects of interest were included in the person's care record.
- Some routine care plan reviews had not taken place as planned, although this had not impacted on people's care. We highlighted gaps to the manager, who planned to review all care plans.

We recommend the provider considers current best practice about scheduling and reviewing care plans to ensure people's needs and preferences continue to be met.

- Staff felt care plans were detailed and provided them with the information they required. They told us, "The care plans are good. Everything's being done properly now."
- Relatives said their family members had choice and control about their care and support as far as was possible.

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 had good understanding of people's information and communication needs. These were identified and were recorded and highlighted in care records and communication care plans. For example, information was given about one person's word finding difficulties, or the importance of speaking clearly and slowly to another person. One care record stated, 'Staff must be patient and allow [Name] to finish their own sentences.'

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 supported to maintain relationships with family members to avoid social isolation. One person regularly visited their family home and often stayed overnight. Other relatives regularly came to see their loved ones at Cherry Tree House. One relative told us, "[Name] loves coming home. [Name] spends a lot of time here."
- People engaged in activities which they enjoyed and had chosen. The manager had been developing new ideas to support staff in pursuing activities of interest to the individual. These need to be embedded in practice over time. Staff told us, "Activities have increased in the past four or five months, and it's getting better all the time. If we bring ideas about activities to [manager], she does what she can to make them happen."
- Relatives had also noted an increase in activities available. One told us, "It's positive that the activities have increased. There have been more activities in recent weeks." Other relatives said, "They take him to football. He loves football," and, "They take him out. He loves going out."
- Activities available at the time of our inspection included going to the local pub, going out for walks, and attending music therapy. Staff were starting to take some people swimming.

Improving care quality in response to complaints or concerns

- The provider had a policy in place for dealing with concerns or complaints. Formal complaints had been investigated promptly and in line with policy. Actions had been taken as necessary and there was appropriate communication with complainants.
- People's learning difficulties and complex needs meant that they were unable to make formal complaints, but made their needs and preferences known to staff on a day to day basis.
- Relatives told us they knew how to make a complaint, although most said they had not needed to do this formally. Some had raised concerns with the manager or other staff, and had usually been satisfied with the response they received. One relative was not satisfied because there were ongoing issues with their family member's clothes going missing. They said, "I've spoken to [manager] about it. [Name] does try to resolve the issues." Another relative told us, "Any concerns are taken seriously. [Manager] does listen."

End of life care and support

- No-one at the service was receiving palliative or end of life care at the time of our inspection. If a person needed such care, the provider told us they would seek specialist support on an individual basis.

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 requires improvement. At this inspection this key question has remained the same.

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.

At our last inspection in October 2018 people were at risk because the regulations relating to good governance were not being met. Following the inspection, the provider submitted an action plan to demonstrate how they would achieve compliance with these regulations. At this inspection we found the service had made some improvements and some requirements of the regulations were now being met, but further areas for improvement were identified.

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

- After the last inspection in October 2018, we found the provider had failed to appoint a registered manager at Cherry Tree House for an extended period of time. This was a failure to comply with a condition of the provider's registration with the Care Quality Commission (CQC) (Section 33 of the Health and Social Care Act 2008). Separately from this inspection, we issued a fixed penalty notice which the provider accepted and paid in full.
- A new manager had been in post at Cherry Tree House for approximately 11 months. They had applied to CQC to become the registered manager of the service during this time. The application was being processed. The registered manager and the registered provider have a legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The most recent CQC report was displayed in the service, however, the rating was not displayed on the provider's website.

This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to carry out effective audits and drive forward improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- We found gaps in records which had not been checked or adequately monitored. For example, staff were expected to complete a range of checking tasks on a regular basis. These included reviewing the environment and equipment, health and safety requirements and people's daily observations. We found that these checks were not regularly completed by staff. We also noted there was no action taken by team leaders to address the gaps which were clearly reflected on the 'weekly home checks' sheets and no managerial overview of this issue.
- Although some systems were in place to monitor and review quality and performance, these provided limited details and were not embedded in service delivery. An area manager had carried out a performance monitoring visit. Few formal audits were routinely completed either at provider or service level, and action and improvement plans were not clearly documented.
- We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate standards were effectively monitored. This could place people at risk of harm.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and the manager were committed to continuing to improve the quality of care provided. They told us that there had been numerous positive changes since the last inspection. One staff member said, "I was really concerned before and had to speak out. Things are getting better now."
- The service was well run day-to-day. Staff, relatives and professionals all spoke positively about changes the new manager had brought about.
- Comments from relatives included, "As long as [manager name] stays and manages it, it will all be ok," "When [manager name] arrived, things started to go back to what they should be," and, "[Name] is a good manager. They get things done." Another relative said, "It's so much better now. I hope it stays like this."
- A professional told us, "[Manager] has a clear vision of what they want to achieve. They still have a way to go, but things are changing."

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

- The provider had values which were reflected in the practice of staff during our inspection. These included providing person-centred, high quality care to deliver the best outcomes as a team. A staff member told us, "We're professional now. We work together for the good of our residents."
- Staff, relatives and other professionals all told us the service had improved since the new manager had been in post. One relative said, "Even if [manager name] can't rectify something straight away, they always let me know, and always get back to me."
- The manager had taken action where necessary to ensure staff were competent and had the appropriate attitude to work in the service. They had taken action when staff had not met these requirements.

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 manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They were open and honest with people and apologised and took appropriate action as needed.
- A professional who worked with the service described the manager as, "Very open and transparent," and added, "They accept criticisms and deal with them to improve the service."

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

- Most of the people living at Cherry Tree House could give limited views about the service and their care. Where possible, people were regularly asked their opinion about matters which affected them.
- Surveys were used to ask staff and relatives for feedback about the service. These were administered and managed by the provider.
- Staff meetings and separate senior staff meetings took place regularly. These ensured staff were involved and informed and two-way communication was in place. Issues discussed at recent staff meetings included record keeping, health and safety, standards and expectations and staff training.
- Relatives told us they would recommend the service. One relative stated, "I find it excellent. It's a lot better now."

Continuous learning and improving care

- Staff told us the changes which had been made since our last inspection had been positive. One staff member told us, "It has improved so much since the last inspection."
- The manager was open and transparent about continued improvements required at the service and was working to progress care and standards. They told us, "I have big plans. It's a journey, but we're not there yet."
- The service had received a number of compliments recently from families. One card read, "Thank you all very much for all you have done with [Name], your kindness, understanding and the care you have given [them]."

Working in partnership with others

- Staff had developed relationships with a range of community resources such as local shops and restaurants, specialist day services, leisure and sporting facilities.
- Staff worked in partnership with other professionals and resources including GP practices, local authority staff and other service providers. This ensured people received person centred care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always document the risks to people and staff's health and safety. Risk assessments were not always in place or reviewed frequently enough.</p> <p>Regulation 12 (a) (b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective audits or monitoring in place and shortfalls were not always identified or addressed.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider failed to display the CQC inspection report rating on their website.</p> <p>Regulation 20A (1) (2)</p>