

Housing & Care 21

Housing & Care 21 - Cherry Tree House

Inspection report

95-119 Cherry Tree House
Moreton
Wirral
Merseyside
CH46 9RE

Tel: 03701924547

Website: www.housing21.co.uk

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Ratings

Overall rating for this service	Good ●
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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?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Cherry Tree House on 3 February 2016.

Cherry Tree House is a block of ten flats over two floors, in a residential area of Moreton close to local amenities. At the time of our inspection ten people held a tenancy at Cherry Tree House. People who lived at Cherry Tree House had support needs arising from having dementia or early onset dementia.

Each flat was fully equipped and self-contained; people living in the flats held a tenancy with Liverpool Housing Trust. The support was provided by Housing & Care 21.

In addition to ten flats, Cherry Tree House had communal areas that people could use. There was a communal lounge, kitchen and dining room which had access to well-kept communal gardens. There was a communal laundry room and a spare room which the manager told us had recently been used by people for therapies and beauty treatments. There was also a manager's office and a staff room with a toilet and shower.

There was a registered manager in place at the time of our inspection. The manager had been in post since the flats opened eight years ago. 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.

We were able to speak to six people who lived at Cherry Tree House, some of their relatives and staff members working on the day of our inspection.

People we spoke with told us they were happy and felt safe living at Cherry Tree House. People's family members told us they felt their loved ones were safe and they expressed confidence in the support they were receiving.

We observed that people were safe, with the appropriate level of staff present and assistive technology in their flats making it easy for people to seek help. People's care plans contained risk assessments which covered all aspects of their lives. People told us they were involved in completing these and we witnessed that people had signed their own assessments.

People were supported with their health needs. There was evidence of this in the care we observed, from what people told us and from people's care files. The staff team at Cherry Tree House engaged with, and had built up relationships with, health professionals to ensure people health needs were met. If people chose they were accompanied to health appointments.

People told us they felt well cared for. The relatives we spoke with agreed with this. We witnessed and saw evidence of a creative and innovative approach to caring for people and their needs. It was a caring and enabling approach which sought to champion people's rights, whilst keeping people safe. People's relatives who we spoke with told us people's lives had improved due to the support received at Cherry Tree House.

People were treated with dignity and the upmost respect. They were involved in planning their support and were encouraged to be independent and develop their skills. People's choices were respected. The appropriate level of support was offered by staff to help people understand situations and make choices that were good for them. The staff team understood and supported people in line with the principles of the Mental Capacity Act (2005).

The staff team at Cherry Tree House told us they were well supported. We observed this to be the case with appropriate training and training refreshers, supervisions with the manager, regular staff team meetings and times when the manager observed staff members practice in order to support them to develop.

Staff told us they enjoyed their work and supporting people at Cherry Tree House. This was clear from our observations and staff contributed to the friendly atmosphere by their enthusiasm and approach. Many of the staff team had been at Cherry Tree House for a long time. Those we asked told us they would be happy for a family member of theirs to live at Cherry Tree House.

The manager was visible and it was clear she had good relationships with people living at Cherry Tree House. She had clear values which included treating people with respect, and this cascaded into the team and influenced their support.

The manager completed regular checks and audits regarding the health and safety of the communal premises and sought feedback from people and their relatives regarding the quality of the support provided.

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 living at Cherry Tree House and their relatives told us they were safe.

There was a sufficient number of knowledgeable and well trained staff to meet the assessed needs of the people living at Cherry Tree House.

New staff had been safely recruited onto the team.

All staff had a good knowledge of safeguarding and the action they would take if they suspected any abuse taking place.

Medication was administered safely.

Is the service effective?

Good ●

The service was effective.

New staff received a thorough induction and shadowing period.

All staff were trained appropriately. The manager held regular supervisions, staff team meetings and observations of staff practice.

People were supported with their health needs.

Staff understood and applied the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

The people living in the home told us they were well cared for. People's relatives we spoke with told us their family members lives had improved because of the care and support they received at Cherry Tree House.

The manager and staff listened to people. They also discerned

what was important to people living at Cherry Tree House and acted upon this.

The staff were caring in innovative and creative ways, using the principles of good care to enable people to achieve outcomes that were good for them.

Is the service responsive?

Good ●

The service was responsive.

People had detailed, individualised and detailed care plans. There was evidence people had been involved in and 'signed off' these plans.

There was a strong community atmosphere amongst the people living in the flats at Cherry Tree House.

People were actively encouraged and supported to pursue their individual interests and to lead as independent a life as possible.

People were supported to develop their skills and to become more confident.

Is the service well-led?

Good ●

The service was well-led.

There was a long standing manager in place and a stable staff team.

The manager was visible and well known to the people living at Cherry Tree House and their relatives.

The manager had a strong set of values relating to how people should be respected. This cascaded into the support offered by the team at Cherry Tree House.

Housing & Care 21 - Cherry Tree 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 took place on 3 February and was unannounced. The inspection was conducted by an adult social care inspector.

We spoke with six people who lived at Cherry Tree House, four staff members, and the manager of the home. We also spoke with three relatives of the people living at Cherry Tree House.

We looked at and case tracked care files for three people and the staff records for three members of staff. We looked at medication administration records and medication audits.

We observed the care and support of people. We looked round the communal areas of the building. We went inside one person's flat who had invited us inside for a cup of tea. The people living at Cherry Tree House held tenancies with their landlord, the flats were not maintained by Housing & Care 21.

We looked at the records held by CQC in particular the information we acquired since our last inspection.

Is the service safe?

Our findings

We spoke with people who lived at Cherry Tree House and asked them if they felt safe. Everybody we spoke with told us they did. One person told us they were "perfectly safe" adding "Nothing to not be safe about". Another person added "I feel safe living here". Another person showed us their call bell in their flat and told us "It's good to know that there are people here if you need them, this helps me feel safe".

We asked people's relatives if they thought their loved one was safe at Cherry Tree House. They said that they did. One person's family member replied "Very much so, my main thing is he's safe"

We observed that each flat had assistive technology that people could use to call for assistance if necessary. Some people used a pendant that they kept on their person. In addition to this there were pull cords in each person's flat. We observed that the manager arranged for these to be checked periodically to make sure they worked. One person told us they liked having a call bell even though they very rarely used it.

Two of the staff had been trained as first aiders. There was a first aid box in the manager's room. We saw that it was well stocked and audited by the first aiders. There was a document logging any use of stock which showed when something had been used and why.

Each person's medication and medication administration records (MAR) were stored in their flat. These were in a locked kitchen cupboard. The regular medication was blister packed according to the time and day. There was a supply of medication pots and gloves in each medication cupboard. Some medication required the signatures of two staff.

The manager audited each MAR every 28 days. There was evidence that the manager had addressed discrepancies on the paperwork in the past and addressed this with staff in supervision.

In each person's care file we observed a medication risk assessment which identified any possible risks. These assessments had been signed by people to show they consented to being supported to take their medication.

Nobody administered their own medication at Cherry Tree House. One person told us their medication was in a locked cupboard and said "If I need painkillers I ask the staff".

Each person's care file contained a risk assessment that covered all aspects of the person's day to day life and used a scoring system to highlight areas where there may be risks or where people may require additional support. There was evidence that these assessments had been done with people and each one we observed was signed off by the person. We observed individualised emergency evacuation plans for each person and an individualised procedure for if people ever went missing. This was dependant on the level of support they required.

There were adequate numbers of experienced and well trained staff working at Cherry Tree. One person told

us, "They are always there if you need them".

The staffing rota showed three staff present on a morning till 3pm shift and two staff from 3pm until night time. The manager was also present mid-week in addition to this. Overnight there were two waking night support staff, these have back up from the wider organisation if necessary in an emergency.

Staff had received safeguarding training. The staff we spoke with knew the signs to look for that may indicate any abuse was taking place. They also knew how to escalate this information if they felt people were not safe or they thought matters were not being dealt with. Staff said they could go to the parent organisation's helpline and outside the organisation to the local authority or the CQC if necessary. There were guidelines on what to do if staff had a concern on the notice board in the staff room.

New staff had been recruited safely. The recruitment process involved people completing an application form and attending a scored interview which assessed the candidate's experience and skills. The manager sought references, a Disclosure and Barring Service (DBS) check, ID check and a check of the applicant's right to work in the UK.

Staff files we looked at showed that all staff had their DBS checked within the last twelve months.

Is the service effective?

Our findings

We asked people what they thought of the support at Cherry Tree House. One person replied, "Staff make or break a place like this, staff are very good, they're excellent". Another person said it was "ideal".

One person's relative told us they thought the "Staff are great" and they had helped the family member to be "content living here". Another relative smiled and said "I've got no complaints".

Although the support provided at Cherry Tree House did not include the provision of meals, they supported and encouraged people to cook good food in their flats. We were told by one relative that their family member's diet was better since moving to Cherry Tree House. They commented, "He looks better and he's lost weight".

The manager told us she had a stable staff team and many staff had worked at Cherry Tree House for almost the full eight years it had been operating. We observed that nine out of a staff team of 13 had been working at Cherry Tree for seven years or more.

We observed the staff training schedule. It showed that the staff team's training was up to date and outlined a program of training refreshers for the long standing members of staff. During the previous month staff had received medication assessments from the manager to make sure they were following best practice.

All the staff, apart from the newest person, had a National Vocational Qualification (NVQ). We observed certificates on staff files in supporting people with challenging behaviour, nutrition and hydration, safeguarding, infection control, assisted moving, health and safety, medication administration, mental health awareness, The Mental Capacity Act and dementia awareness. Newer staff had a workbook for their training which they filled in with their learning from each training course. This was reviewed with them by the manager.

One staff member we spoke with told us, "I feel I have the right skill and support to do a good job".

The staff told us there had recently been some training in de-escalating challenging behaviour. We were told that they rarely had challenging incidents but the training was good to know just in case something happened.

New staff completed three shadow shifts where they attended and observed the practice of experienced members of staff. This also allowed people living at Cherry Tree House to get used to the new staff member. They had two medication competency checks from the manager observing their practice after they had completed medication training. They also had a 'direct observation' which was a period of time when the manager assessed their support of a person in practice. Staff files also contained a copy of their terms and conditions and contract with the organisation.

Longer standing staff members described how the manager periodically observed some of their work and

offered guidance on any areas for improvement. There was evidence that the manager completed spot checks on people's support a couple of times through the year. Learning from these observations was brought to people's supervisions. Staff had also been observed by the manager in their administration and knowledge of people's medication.

The staff told us they had regular supervisions with the manager. We observed the notes from these meetings on staff's files. Long serving staff had a 'personal development plan' on their files with details of goals. One staff member said the supervisions, "keep me on my toes".

The manager held regular staff meetings, we observed the records from recent meetings. Recent topics discussed by the staff team included whistleblowing, waking night procedures and discussing different problems that had been encountered and learning from these problems as a team.

People were supported with any health needs they had. If people chose to they could join the same GP as the other people living at Cherry Tree House. The manager explained to us that this made it easier for people to receive visits at their home from a GP if they wanted this. The manager explained that the staff had a good working relationship with the practice and people benefitted from this. We observed an example of this later in our visit. If people required nursing care the manager co-ordinated this with district nurses, so people living at Cherry Tree House could have visits in their home.

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 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.

Any restrictive practices that we observed had taken place at Cherry Tree House were made in people's best interests and had been agreed with people who had the capacity to make these decisions. This had been documented in their care files. People understood and explained to us why they were supported in this way. One person told us, "It's a good idea" and went on to explain the difficulties they had experienced when they didn't have this support in place. People knew, understood and told us that they could change this support at any time. In some daily records we observed evidence of this and people changing their mind and being listened to. There was evidence in people's files that this support was reviewed regularly.

It was recognised by the manager and staff that people's capacity to make decisions can fluctuate. We observed that people had been supported to make decisions at the best time, in the best way and at the best place for them.

Some people had their financial affairs managed by the Court of Protection, others managed their own money with support from the manager and staff and other people were independent in this. People's capacity was assessed in relation to this and decisions made with people. We observed evidence of this in people's care files.

Staff we spoke with understood the principles of the Mental Capacity Act. They described how people were supported to make their own decisions and understood that what staff may consider to be a poor decision was not necessarily the wrong decision for that person. One staff member told us, "People have the right to make their own choices".

Is the service caring?

Our findings

We asked everybody we met if they were happy living at Cherry Tree House. One person responded, "Oh yeah! I couldn't fault it. I've made friends here and the staff are great". The person sitting next to them smiled and said "We're happy". Another person told us what they thought saying, "This place is A1, the care is ten out of ten". One person told us, "The people are really nice. It's a good move coming here, definitely". Another person said, "I'm perfectly happy here".

One person new to Cherry Tree House told us, "I've only just come here, it's been smashing. I'm settled now, I've got my place the way I like it".

It was clear from people's enthusiasm in wanting to tell us and from what they told us, that they enjoyed living at Cherry Tree House. It was also clear that they thought the support they received was caring. The atmosphere reflected this. It was relaxed, friendly, bright and jolly. The staff going about their work contributed to this upbeat atmosphere.

One relative told us that their family member had improved in his wellbeing since moving to Cherry Tree House. They told us that their relative was much more settled and this had shown in that they no longer repeated themselves all the time. It was now easier to "jog his memory". They added, "There's freedom here and they care about him".

Another relative we spoke with described how the staff "Sit and chat and engage him", adding "They care about him here". When the person moved into Cherry Tree House, within eight to ten weeks the family noticed improvements in their outlook, their depression improved and they were more hygienic. They told us, "They are good with him here, he's quite comfy here".

A third relative told us that they found their family member, "Physically and mentally a lot better".

The manager told us that when a person rented a flat, it was their own home. We observed staff treating this arrangement with respect, being friendly and warm yet aware of appropriate boundaries. People had door bells which staff rang and either waited for an answer or waited to be called inside. The manager arranged for the mail person to deliver people's mail to their individual flats. Each flat had its own address. Although the organisation was not responsible for people's homes, they had supported people to arrange the flats the way they liked them. One person said, "I like my flat it's cosy. I have it the way I like it".

The attitude and approach of the staff had a positive impact on the atmosphere at Cherry Tree House. The staff members we spoke with told us they liked caring for and supporting the people living there. We observed that they were positive and thoughtful in their care of people. Staff took the time to sit and chat with people when appropriate and enabled the person to lead the conversation. The manager promoted this practice.

One staff member said about working at Cherry Tree House, "I love it, I like working with people". They

described how they "Get to spend time with people, get a chance to sit and talk and listen. You've got time for everybody. It's nice". Another staff member told us, "We ask people if they want to get up, it's not regimented. I like it here, the atmosphere is right".

When staff members told us about people they first highlighted to us positive things about the person, what they did with their lives, their achievements and any progress they had made. While they were aware of people's difficulties and support needs, they didn't focus on these or use these to define the person. The manager set the example for staff; she had extensive knowledge about, and deep respect for the people living at Cherry Tree House. When she spoke about people it was with feeling and every approach she had with the people living at Cherry Tree House was individualised.

We observed that everybody was referred to by their first name. We observed in documents that the term 'customer' was used when referring to people living at Cherry Tree House. The manager told us they use the term 'customer' as they were not residents or service users rather people that lived in their own homes and had support as and when they needed it. They felt that the term 'customer' promoted dignity for the person and more accurately reflected the relationship between the staff team and people who had homes at Cherry Tree House. The manager told us that language was important when caring and promoting the right approach.

We saw evidence of staff caring for people and wanting to keep them safe yet recognising and respecting their independence and the self-determination of their own lives. Some people made what may be considered unwise decisions at times, staff showed people respect and were not judgemental. They took all appropriate steps to support people in mitigating risks in their lives whilst holding the balance of making sure they stayed in control of their lives and decisions.

During our visit, one person was experiencing toothache and a swollen mouth but they were clear they didn't want the staff to book an appointment with a doctor or dentist. The staff were reassuring to the person. The staff phoned the doctor and told the person the doctor would like to speak with them. The doctor on the phone was able to reassure the person and they agreed to an appointment later on that day, which helped the person greatly. The staff had respected the person's decision yet realised they needed to see a medical professional and were creative in enabling the person to accept an appointment. The manager asked the person who they would feel the most comfortable going with, the person chose a particular staff member.

In the daily logs kept on the support of each person we observed detailed records. They were direct and non-judgemental. They showed that staff upheld people's dignity in how they referred to people and how the person's 'voice' was recorded on a daily basis. Even in some difficult situations this demonstrated a real sense of caring for people and their wellbeing. One person living at Cherry Tree expressed this by saying that they thought, "Nobody looks down their nose at you".

When people needed support in their lives we found examples that showed staff were innovative and creative in caring for people. One person had a problem with hoarding items in their flat which could become unsafe and threaten their tenancy. They were supported to place items in suitcases in storage rather than becoming distressed throwing items away. This was proportionate, caring and took the person's feelings into account when supporting a person to make a decision.

Another person used to go on hot beach holidays abroad before having dementia. The manager and staff arranged the time and resources for the person to be supported to go on a short hot holiday to a place they used to visit regularly. The staff member told us it was one of the best moments they have ever had

supporting a person. They told us it was "fantastic" They said "I've learnt so much and developed a good relationship with [name].It's nice to see him have new memories, good to see him enjoying himself, he absolutely loved it". The staff member told us they took lots of pictures of the holiday and made a memory book together with the person. The person now keeps this on their coffee table and looks through it often remind him of his holiday.

Some people had taken up knitting. The people living at Cherry Tree House who were able to knit helped to teach others to knit squares of different colours. Some of the staff would knit whilst sitting down and chatting with people. The plan was for the squares to be put together to make a quilt that one of the people could use. They had also knitted scarves before the winter and people showed us the scarves they had made.

We asked the staff we spoke with if they would be happy if one of their loved ones lived at Cherry Tree House. They told us they would. One staff member said, "It's more of a family in here, everybody gets on". Another said they would "Because I know they'd be looked after well".

We asked one person who we had spent a long time chatting with, if they could change anything what would they change. They said "Nothing really, I'm happy here".

Is the service responsive?

Our findings

We asked people what they did day to day. One person told us "I do go out, I was out yesterday. I come and go as I please, I like that". Another person told us "The staff are always there to advise you and help me plan my days."

One relative told us Cherry Tree House was, "One hundred percent better than he's had before".

The manager told us "Each person diagnosed with dementia is a very different person". As part of the initial assessment people and their family were invited to Cherry Tree House for a coffee in the communal areas. The manager explained she thought it was important to bond with people and their families at this stage.

People living in the Cherry Tree House flats told us they sometimes chose to use the communal areas if they had visitors, or used their flats. People could visit whenever they wanted. Sometimes people chose to have lunch together. One person's relative told us their family member "Occasionally gets involved with others or the activities, depends on his mood".

Sometimes the organisation arranged for events or different activities to happen in the communal areas. One of the people who lived at Cherry Tree House told us, "If there are things going on I love to come down and join in". Another said, "People enjoy each other's company". A third person told us, "I come down here odd times, I like to be in my own flat, but if people are here I'll stay". A fourth person said, "If something's going on I'll use the communal lounge if I fancy or just relax in my own flat". Someone told us whilst laughing, "We had some singers in a while back".

We observed banter between the people living at Cherry Tree in the communal lounge, there was an ongoing joke between two groups about football versus Coronation Street being on the TV in the communal lounge that evening. People were laughing about this.

The manager explained that if a person chose not to join in social events, they arranged for extra one to one support if the person wished. One person had recently been supported to go to the theatre to see a musical, another person told us they liked "Their own TV and their own place". The support was responsive to people's different choices. One person expressed this by saying, "I like to do my own thing" another person told us, "They don't harass you".

The manager told us that six people were able and chose to go out independently, others needed some support. One person we spoke with told us they were relaxing before work. They had a voluntary job with a local charity. They told us they had "Made quite a few friends at work" and that "Working helps me get out and meet people". After work today they had plans to meet up with a friend to have a coffee. They told us the manager had helped them get the job.

Other people had made friends with those living in the Cherry Tree flats. One person said, "I have friends in the block" and went on to list the numbers of their flats. One person sitting in the communal lounge joked

with the person next to them telling us, "He's all right as a next door neighbour". They said they had "Never had a crossed word" since living at Cherry Tree.

People were encouraged to do as much as possible for themselves. The communal kitchen was well equipped and homely. We were told that people could use the kitchen to practice cooking with staff and to learn new skills. We observed a variety of well used cook books on a shelf. Each person also had an allotted time when the laundry room was theirs to use. People could either use this independently or with support if needed. Some people received support with personal care, cooking their meals and cleaning their flats.

There was evidence that some people required high levels of support when first arriving at Cherry Tree House which had been reduced over time. The manager told us of one person who required intensive support at first. They were lost as soon as they left the main door. When they gained confidence they may need prompts in their lives and the support had now been further reduced to just being there during difficult times. The person was much more independent.

People were supported to use local facilities by themselves if they were able or with support. One person told us they used the local post office for their money. A number of people described how they would pick up "bits and pieces" from the shops but got support with larger shopping trips.

There was a mix of female and male staff on the team. One family member said the "Male carers make a difference" they went on to describe how their relative enjoyed the male carers "popping in and having a natter about footy".

Staff told us they referred to people's care plans often. If there was any information that wasn't in the care plan they would speak to the person themselves, their family and the manager to gain this information.

We read the care files for three people living at Cherry Tree House. We found these to be individualised and person centred. There were assessments of people's care and support needs that were detailed and up to date. Staff told us they updated these when they had new information about a person. We observed some people had dementia assessments (DEMQOL) on their files to help assess the person's needs. The staff kept a daily update book, they told us this is where they logged anything important and this was also recorded in people's care files if anything changed. Each person had a 'service user guide' and a copy was held on people's files. In these there was information on how to contact the Care Quality Commission if necessary. When decisions were made with a person there were documents to show that this decision was made in a person's best interests.

Is the service well-led?

Our findings

We asked the people living at Cherry Tree House what they thought about the manager. They all told us they were happy with the manager. One person said "They are a good boss for the staff".

One of the relatives we spoke with told us "The manager is lovely, she listens to you".

The staff we spoke with told us the manager was very approachable and they felt confident in going to them if they had to raise a concern. Staff told us they had lots of support from the manager, the team leader and each other. One staff member said the manager was "Always there if you need them".

The manager was very enthusiastic when talking about the people supported. She had a lot of knowledge about the people living at Cherry Tree House. It was clear in the interactions we observed that she cared about people and had positive relationships with them. She told us that she "Learns something every day about people".

We asked the manager what she thought her team did really well. She told us "They promote people remaining independent and have a really good understanding of personalisation under the dementia umbrella". She emphasised that "Dementia is only part of the person".

We asked what they were working on improving. She told us she wanted to ensure that they were supporting people in what was important to them in their lives and if the communal activities they promoted were effective in doing this.

The manager contributed to a friendly and relaxed atmosphere. We observed her taking a phone call from a person's relative who was asking how their family member was and checking if he needed anything before her visit. It was obvious there was a positive relationship with the person's family. The manager told us that people families are involved a lot and that family feedback was very important to her.

The manager had arranged for feedback forms for people who lived at Cherry Tree House. These were visual tick box forms to enable more people to use them. The feedback we observed was positive, there was no complaints recorded from people living at Cherry Tree House. One person told us that they had raised a concern they had with the manager and how the situation had improved since doing so. They finished off by saying the manager was "lovely".

The manager also had feedback forms for people's relatives which had been recently used. The feedback was positive, there was no complaints recorded from people's relatives. One relative wrote, 'There are always people to call upon if needed' another relative commented that the support the family member received stopped the family worrying.

The office had a set of appropriate and up to date policies in place. These were well organised and clear. Some policies had been updated in recent months. The manager had printed these off and they were on the

table in the staff room so staff could familiarise themselves with them. Various guides and policies were on the large notice board in the staff room, such as the procedure to follow if somebody suspected anyone was at risk of abuse.

Staff could log in to the organisation's website on which they could look at a copy of any policy within the organisation as and when they wanted.

We observed that the manager completed regular audits of the environment and health and safety aspects within Cherry Tree House, ensuring people's safety. She also promoted the questioning of practice within her team. This was by regular team meetings, observations of people's support and regular supervisions with her team members.