

F.B.C. Care Homes Limited

# Cherry Holt Care Home

## Inspection report

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Date of inspection visit:  
28 January 2020

Date of publication:  
21 February 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Cherry Holt Care Home provides nursing, personal care and accommodation to up to 52 older people, in one purpose built two storey building. There were 51 people living at the service at the time of our inspection.

### People's experience of using this service

Staff and the registered manager, most of whom had been at the service for several years, cared passionately for people. Staff went out of their way to ensure people were comfortable and could continue to enjoy the independence and relationships they valued. People and their relatives experienced affection and patience at all times and were enabled to feel at home in an extremely welcoming, vibrant and inclusive environment.

Feedback from people, their relatives and a range of external professionals was exceptional regarding the compassionate, affectionate and sensitive approach of staff. People had formed extremely strong bonds with staff members they knew well.

Staff knowledge and implementation of best practice was excellent. Additional training was provided to ensure staff at all levels increased their knowledge base and were better able to identify and act on people's needs. The registered manager and senior staff ensured this was done in consultation with external professionals. They contributed to, shared and rolled out best practice which had a positive impact on people who used the service, and adult social care providers in the area. The service and individual staff had regularly won awards for their approaches to infection control, skin integrity and nutrition and hydration.

There was a creative and proactive approach to healthy eating. This involved themed days and evenings, and a high degree of involvement by people who used the service.

End of life care was outstanding, with proactive, timely and sensitive approaches to the planning of care and excellent working relationships with external professionals. People's preferences were respected and their families supported at a difficult time to make decisions and to memorialise people in the way they wanted.

Activities were varied and extremely well resourced, by staff who had a passion for understanding what made each person different. There were creative and diverse group activities as well as bespoke one to one activities.

The service was exceptionally well-led. The registered manager continued to drive a range of improvements and initiatives which continued to have positive impacts on people's health and wellbeing. They were regarded as a leader in best practice across a range of fields and were respected by their staff. Likewise, they were supported by a passionate, caring team of staff at all levels who shared a common understanding and appreciation of people's individualities and needs.

Feedback regarding the registered manager was consistently outstanding, with them described as a leader and innovator.

Extremely strong community links were in place, ensuring people who used the service felt an active, contributing part of the community.

People were included in the running of the service. Their feedback was sought at resident/relative meetings, individual review meetings or surveys. People and their relatives knew how to raise and issues or concerns.

Records were accurate, up to date and person-centred. Clear systems were in place for the review and audit of all aspects of the service.

Medicines were managed safely, in line with best practice, by well trained and confident staff. The premises were well maintained and appropriate health and safety checks were in place. Emergency procedures and contingency plans were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 13 December 2016). There was also an inspection on 10 June 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally responsive

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our well-led findings below.

# Cherry Holt Care Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector completed the inspection.

#### Service and service type

Cherry Holt 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 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams and safeguarding teams, a specialist nurse and a GP. We reviewed the service's previous inspection reports.

We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spent time speaking with three people who used the service, three visiting relatives and spent time observing interactions between staff and people who used the service. We spoke with ten members of staff: the registered manager, clinical lead, deputy manager and two care staff.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, external engagement work and meeting minutes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the inspection on 13 December 2016 this key question was rated as good. At this inspection this key question has remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Staff managed medicines safely. The clinical lead demonstrated a comprehensive understanding of best practice. For instance, where people were prescribed medicines 'when required' this was supported by a detailed protocol for staff to follow.
- Auditing and stock checks ensured errors were rare and immediate action taken where needed.
- Staff were appropriately trained and had their competence assessed. They were given the time to complete their roles safely.

### Assessing risk, safety monitoring and management

- Staff ensured risk assessments were detailed and specific to the needs of each person. These were regularly reviewed and updated. Each person had a skin integrity file in place to monitor the risks of pressure sore damage. The service excelled in this area, with no avoidable instances in the past five years.
- Staff liaised with external healthcare professionals to promptly update care plans and risk assessments. All documentation relating to risks were up to date and accurate.
- The registered manager had comprehensive contingency plans in place should the service suffer disruptions, such as a flood or a gas leak.
- The service was well maintained. Emergency and other equipment was regularly serviced.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding procedures. These were prominently displayed for people and relatives. Regular staff safeguarding training took place. All staff we spoke with had the confidence to raise concerns internally and confirmed the culture was an open one.
- There was a safeguarding champion in place. Staff cared passionately about people's wellbeing and safety.
- No concerns about people's wellbeing were raised. All people, relatives and external visitors felt staff ensured people were safe. One person said, "I have my buzzer here and they are always popping by. I'm very well looked after."

### Staffing and recruitment

- The provider ensured pre-employment checks were in place. Staff demonstrated confidence and trust in each other and worked as a team.
- Staffing levels were appropriate to the needs of people's personal care and social needs.

#### Preventing and controlling infection

- The service was clean throughout. Staff understood the importance of the prevention of infection and had taken part in training updates and projects to raise awareness.

#### Learning lessons when things go wrong

- The registered manager had implemented a more detailed pre-admission form to ensure that it had a section for any relevant behavioural information. This was due to previously not having sufficient background information at the time of admission for one person.
- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed.



# 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 inspection on 13 December 2016 this key question was rated as good. At this inspection this key question has improved to outstanding.

People's outcomes were consistently better than expected compared to similar services. People, relatives and external professionals described it as exceptional and distinctive.

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

- Staff excelled at meeting people's needs. People were assessed holistically prior to using the service. Extremely experienced staff were given the time to meet with people and their family to compile a comprehensive person-centred plan. They were given the supernumerary time to comprehensively review these plans regularly.
- The deputy manager had significant experience as a tissue viability nurse and had worked on the initial roll out of the NHS' 'React to Red' campaign. React to Red is the NHS' initiative to raise awareness and improve the knowledge of care staff and relatives in relation to the risk of pressure sores. The deputy manager and other staff had attained the status of 'link champion', meaning they could train others.
- The service's approach to skin integrity awareness was original, inclusive, effective and innovative. They produced an informative video featuring staff, people and their relatives and screened this to increase awareness. This was then used as a focus to invite members of the community in to watch the video and discuss it. The video had been nominated for an award. Staff also used photographs and visual boards in the home to remind people and staff about the importance of positional changes.
- External professionals described how impressed they were with how consistently successful staff were in ensuring people experienced exceptional health and wellbeing outcomes. They described how impressed they were with the service's skin integrity mapping and treatment systems, and how they had shared this more widely as best practice.
- Staff had supported people who had previously been at other services and ensured significant improvements to their health and wellbeing. Two people had moved from and end of life care pathway to much improved health and, as described by their relatives, "Thriving." One relative told us, "They saved her life, I can't say any more than that." One healthcare professional said, "I must say the service provided by Cherry Holt is outstanding and this standard of care has been kept throughout the years I have been working in Retford."
- Staff were aware of best practice in a range of areas, for instance oral care. The service had achieved accreditation with the local authority 'Healthy mouths' programme and each person had a detailed oral care plan in place. The deputy manager had also reviewed 'Smiling Matters', a CQC publication, and incorporated this into care plans.

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

- The registered manager took a creative and innovative approach to encouraging people to eat healthily

and sociably. The 'nutrition and hydration week' included sessions of food art, a 'smells' quiz whereby people had to guess the smells of food, and healthy smoothies. People helped make the smoothies then took them to visiting relatives and people who were in their rooms.

- The registered manager brought in their own cooking equipment regularly and prepared a curry for any residents and relatives that wanted to try it. This was extremely popular and meant people were given the chance to try new things.
- Alongside this fun, inclusive approach was a rigorous and effective documentation of food and fluid monitoring. Best practice tools were used, including the Malnutrition Universal Scoring Tool to identify people who are malnourished, at risk of malnutrition, or obese. The deputy manager had, in consultation with a dietitian, trialled homemade 'calorie shots', each flavoured to people's preferences. People had consistently gained weight and been protected against the risk of malnutrition.
- People and their relatives gave consistently gave strong feedback about the standard of meals and snacks they were offered. We observed staff interactions at mealtimes. Staff were patient and there was a dignified attention to detail.

Staff support: induction, training, skills and experience

- Care staff received training above and beyond their core role to ensure people were supported by knowledgeable staff informed by best practice. For instance, they had received training on blood pressure monitoring and were knowledgeable on the relevance of these readings for people's health. They had also received training regarding how to identify the likelihood of a urinary tract infection, prior to any clinician involvement.
- The provider employed a training coordinator, who spent two days a week at the home or the provider's adjacent home. Staff told us, "They are great – they are always putting on refresher face to face training and new subjects."
- Staff were trained in areas which made a demonstrable impact on the effectiveness and timeliness of the care people received. For instance, the clinical lead had received additional training from a specialist nurse on how to reinsert a percutaneous endoscopic gastronomy (PEG) tube. A PEG is a tube inserted directly into a person's stomach when they are unable to eat food. This ensured the service could meet the person's needs safely, without the need for an out-of-hours emergency admission. Staff had recently attended in depth palliative care and oral care training.
- External professionals spoken with confirmed there was a proactive approach to training which positively impacted on people's wellbeing and had reduced hospital admissions and urgent call outs.
- Staff had 'champion' roles in addition to their care and support tasks. They excelled at using these roles meaningfully to contribute to the extremely high standards of care people received.

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

- The building was purpose built and accessible. There was ample communal and private space. There was a rolling programme of refurbishment to ensure all areas were pleasantly decorated. The registered manager had recently converted a storage room into an accessible wet room. Externally there was a small garden space outside each ground floor room and people were encouraged to individualise these. Where people were keen gardeners we saw they had planted flowers and made the space their own.

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

- The registered manager and other senior staff had developed excellent working relationships with local health and social care professionals, to the enhancement of people's health and wellbeing.
- External specialist nurses assessed the competence of clinical staff to ensure they were best placed to provide care to people, in line with current best practice.

- People were helped to access a range of primary and secondary healthcare as and when required.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked in line with the MCA. The deputy manager kept a record of who had a DoLS in place and when these needed to be reviewed. They had made appropriate applications to the local authority and acted in line with good practice. People's consent was documented in care planning records. Where people were unable to make a specific decision best interest decision-making was in place and well documented.

# 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 inspection on 13 December 2016 this key question was rated as good. At this inspection this key question has improved to outstanding.

People were truly respected and valued as individuals and were empowered as partners in their care by an exceptional and distinctive service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff consistently acted in ways that were demonstrably above and beyond their job description in order that people felt included and valued as individuals. One member of care staff regularly came to the service outside their working hours to help arrange outings on the service's minibus. People told us they loved these outings on a Wednesday afternoon, which were in addition to the trips they accessed regularly. Staff consistently went out of their way to arrange surprises and celebrations for people's birthdays and anniversaries. Relatives confirmed this made their loved ones and them feel special.
- Such was the culture at Cherry Holt, and for such a sustained period of time, that staff considered these actions to be a well-established part of the culture they had helped form.
- Staff ensured the atmosphere was extremely welcoming, friendly and homely. People and relatives described how they were treated in exceptional terms. One person said, "They [registered manager] are a genuinely good person – they bring me my paper every morning and sit and have a chat." One relative said, "Talk about going above and beyond – they welcomed her back with open arms and made her feel so special – she settled right back in." The description of feeling part of a family was consistent with the people, relatives and staff we spoke with.
- All relatives commented on the positive impact on people of the continuity of staffing levels. The service never used agency staff, including nurses, and had clear staffing contingency plans in place to ensure people received care from the staff they knew and trusted, twenty-four hours a day. One relative said, "I think it is just like a family and whoever I see they always come over and update me, ask how I am. They are all so patient and understanding."
- Staff interacted with people warmly and with evident knowledge of their preferences.

Respecting and promoting people's privacy, dignity and independence

- People were made to feel a valued part of the community and their families and friends were evidently part of this. The registered manager and staff had on numerous occasions gone to extra lengths to ensure people and their families could maintain their relationships as fully as was practicable. For instance, when people approached wedding anniversaries, the service threw parties and ensured family members could fully celebrate.
- Dignity and respect underpinned staff interactions with people. Staff demonstrated exceptional sensitivity towards people's needs and had got to know people extremely well. There were dignity champions in place who promoted the provider's clearly visible approach to maintain people's dignity at all times.

- People's birthdays were celebrated and at Christmas the service went to extra lengths to ensure the caring, inclusive atmosphere was maintained. Staff regularly came into the service on Christmas Day. The registered manager and handyman attended every year; staff at all levels fully embraced the caring ethos of the service, which was clearly and consistently set by the registered manager. One relative told us, "It was my first Christmas not with dad. They were amazing and made it so special – all the name cards, decorations and personal touches – they understood the importance of it feeling in some ways like it used to."
- Two retired members of staff and a number of family members who had lost loved ones still attended the service on a voluntary basis. People relished seeing these visitors and had formed bonds and friendships with them over a several years.
- People were encouraged to live full lives and to be independent as was practicable. The majority of people had significant mobility needs but were encouraged to take part in outings and internal activities. The registered manager made a point of ensuring both floors had a mix of people requiring nursing and personal care; all were invited to all communal events.
- The registered manager demonstrated exceptionally caring attitudes that they wanted their staff to embody. The provider was a caring one. Every member of staff we spoke with confirmed the registered manager respected them. Staff cited how the registered manager had acted flexibly and supportively when they had any non-work related concerns.
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. For instance, one person had a specific religious background so staff sourced gospel music and played it to them. There were regular communion services in the home and people went to church accompanied by staff.

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

- The culture was completely inclusive. People were encouraged to play a part in all aspects of the service and felt confident and empowered to proactively approach staff about doing so. For instance, when one staff member got married people had wanted to celebrate this occasion. With the help of the registered manager they organised a bouquet of flowers and champagne for the staff member and presented it to them.
- People were fully involved in the planning and review of their care. If they wished, they had a one to one meeting with the care coordinator each month to discuss any concerns or changes. One relative said, "They advocate for people so well when family are distant – they don't stop until the person gets everything they need."

## Is the service responsive?

### Our findings

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

At the inspection on 13 December 2016 this key question was rated as good. At this inspection this key question has improved to outstanding.

Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.

#### End of life care and support

- End of life care was exceptional. The service was acknowledged as a leader in developing and using best practice. The local commissioning group confirmed Cherry Holt was integral to the development of their end of life care pathway and that they sought staff input before rolling out to all care homes. The service had achieved Gold Standards Framework accreditation; this includes training and assessment to ensure the service provides end of life care in line with best practice.
- The registered manager and staff had forged an exceptional working relationship with a specialist palliative care nurse. They worked alongside them to ensure care planning took into account people's longer term wishes such as how and where they would want to be supported and cared for at the end of their lives. This specialist told us, "They have an anticipatory approach, which is excellent. They don't leave things until later on when people are in a heightened emotional sense. They have the tact and the skills to have these discussions early on. It means its calm later down the line – it's very good practice."
- A high proportion of people had advanced care plans in place, setting out their wishes precisely. Relatives we spoke with confirmed this gave them assurances about people's wishes as their capacity was now fluctuating regarding such big decisions.
- The service respected people's final wishes and ensured families were fully involved and respected. One person whose relative died told us, "They were exceptional. Reflecting back, it was amazing how calm they were but how practical. They were always just close by if I needed and they knew when to give me space and when to step in. I couldn't praise them enough."
- Staff received end of life care training and ongoing emotional support from the registered manager, senior leaders and external nursing. Staff had received additional training to ensure they were able to identify when someone's needs may be changing quickly.

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

- Activities were a key strength of the service. They employed two full time activities coordinators, one of whom was always on shift at a weekend. They shared a passion for ensuring people were enabled to pursue their interests and hobbies. Relatives told us they were skilled at making people feel valued, listened to and empowered. One said, "They bounce off each other and are always planning something new - they're fantastic." Volunteers also helped deliver a diverse range of events.
- The variety of activities was outstanding. One relative said, "I'm impressed with how often they get out and

about and the fact there are activities on a weekend." An external professional shared a similar opinion, stating, "It is always vibrant and there is always something going on. It's the most person-centred approach to activities we see."

- There were many excellent examples of person-centred activities taking place – people were encouraged and enabled to revisit favoured pastimes or to try something new.
- People accessed numerous day trips and shorter outings thanks to the provider's minibus. Where people were nursed in bed, the activities co-ordinators were given allocated time to spend one to one time with people.
- Care plans were detailed and contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with people, relatives and input from external professionals. Staff demonstrated a sound knowledge of people's individual needs and preferences. External professionals said, "I could see rapport with people residing in the home and a personal interest in their lives" and, "It is always a hive of activity."
- Relatives and external professionals gave numerous examples of the registered manager, deputy manager and clinical lead responding extremely quickly to their requests for urgent assessments of people's needs who required a residential placement. One said, "They dropped everything, came and assessed everything and made sure the person was safe and they could look after her."
- People were encouraged to provide feedback on an ongoing basis. This was through individual meetings with the care coordinator, at resident/relative meetings or via annual surveys.

Improving care quality in response to complaints or concerns; 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.

- There had been no recent complaints. The provider had an appropriate complaints policy in place and this was made clear in the service user guide and in communal areas (along with other pertinent information, such as safeguarding information). The registered manager was aware of, and acted in line with, the Accessible Information Standard (AIS).
- Where people had specific communication needs, such as not being able to verbally communicate, care plans were detailed. Staff demonstrated their ability to understand people's body language and prompts throughout the inspection.

## 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 inspection on 13 December 2016 this key question was rated as good. At this inspection this key question has improved to outstanding.

There are key characteristics that make leadership of the service exceptional and distinctive.

The leadership, governance and culture are used to drive and improve high-quality, person-centre care.

Working in partnership with others

- The registered manager had forged excellent working relationships with a range of key external professionals. They worked collaboratively to ensure the best outcomes for people. They were regularly invited to present areas of best practice to a forum attended by other registered managers. They had won numerous awards for their innovative and inclusive approach on topics such as infection control, skin integrity, nutrition and hydration and sepsis. Most recently they had been awarded Care Home Manager of the Year by the clinical commissioning group. Previously the service had been awarded Outstanding Care Home of the Year. The local authority sought advice from the registered manager when rolling out a range of new initiatives as they valued their experience and knowledge. This led to extremely strong working relationships.
- External professionals provided extremely positive feedback about how well the registered manager and staff worked with them and others. One said, "Such passion for excellence and excellence being the day to day way of working, is rare in our business. It is not often I can say I would be happy for a relative if mine to be cared for in a home, but that is how I felt when visiting." Another said, "They set the standard." The home was considered a leader by local health and social care professionals.
- The home maintained extremely strong community links and ensured the service was at the heart of that community. For instance, they had organised regular visits from a local primary school. This included craft sessions and an 'end of term' disco. Staff we spoke with shared a passion for this meeting of generations, which ensured people who used the service felt a valued part of their community.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager led the service exceptionally well. They took pride in being personally accountable for the standards the home aspired to and ensured all staff shared the same values of treating people as they would a member of their own family.
- Their desire to continue improving was driven by a passion to provide the highest standards of care to people. Throughout the inspection people who used the service, relatives and external professionals gave examples of how people's lives had been improved thanks to the care provided at Cherry Holt. Relatives said, "We couldn't have asked for more from them" and "They are always here, always making sure things are as good as they can be."



- The service worked closely with the provider's adjacent service, which piloted an information booklet for families about end of life care, including what conversations may consist of and what equipment they may see in time. The registered manager implemented this and an external nurse praised the impact of the work on broaching difficult subjects with families.
- Staff confirmed the registered manager had a hands-on approach. One said, "They are great to work for – they expect high standards but you know they will always support you. You know they care about the people here and that makes a difference."

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

- Each member of staff was clear about their responsibilities and felt pride at being part of the team at Cherry Holt.
- Relatives felt wholly assured that they could raise any queries with the staff team or registered manager. People who used the service were communicated with openly and empowered to play a meaningful part in the service.
- Since the last inspection the registered manager has employed a deputy manager and this had brought about significant improvements. They were a specialist in tissue viability and were integral to the service now being regarded as a centre of excellence in the local area and a leader in terms of trialling and rolling out best practice.
- Staff also felt the deputy manager had improved the service. One told us, "They double check everything we do now and have tightened things up. I love it here. Plenty of time to do job." The deputy manager and clinical lead had extensive nursing experience and worked well together. They and the registered manager maintained strong oversight of all core processes of the service and ensured records were up to date and accurate.

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

- Staff used a range of means to positively engage people in topics relevant to their health and wellbeing. For instance, holding awareness days regarding infection control and the risk of pressure sores. This was made fun and accessible through the making of films, which were then screened to people, relatives and external professionals in a celebratory spirit.
- People's independence and ability to live full lives was enabled by the registered manager and staff team. The registered manager and staff team had successfully maintained an extremely welcoming, inclusive atmosphere. The registered manager was passionate about people receiving person-centred care and led by example to ensure this happened.

Continuous learning and improving care

- The leadership team demonstrated an ongoing passion for and practical delivery of new initiatives that improved people's health and wellbeing. They implemented new initiatives successfully and were considered leaders in their field.
- Auditing processes were clear and effective with the registered manager, clinical lead and deputy manager undertaking a range of checks. Senior staff had ample supernumerary hours to ensure there was time to reflect on practice and to continually improve the service. Staff were positively encouraged to gain new skills and increase their knowledge.