

Uday Kumar and Mrs Kiranjit Juttla-Kumar

Cherry Acre Residential Home

Inspection report

21 Berengrave Lane,
Rainham, Gillingham
Kent, ME8 7LS.
Tel: 01634 388876
Website:

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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?

Inadequate



Overall summary

The inspection was carried out on 20 April 2015 and was announced at short notice.

At our previous inspection on 4, 12, 13 and 16 December 2014, we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and two breaches of the Health and Social Care Act 2008 (Registration) Regulations 2009. The breaches were in relation to care and welfare, safeguarding people from abuse, staff training, staffing numbers and their

deployment. There were also breaches in relation to quality assurance in the service, having no registered manager in post and the non-reporting of incidents as required by law to CQC. We are taking action and have required the provider to make improvements.

Cherry Acre Residential Service provides accommodation and personal care for up to 17 older people. At our previous inspection in December 2014 there were 16 people living in the service, some of whom had

Summary of findings

behaviours that may harm themselves or others, were cared for in bed or needed end of life care. At this inspection we found that there were only six people living in the service, four of whom were independent and required minimal assistance with their care needs. The accommodation is arranged over two floors. A stair lift is available to take people between floors. Staff provided assistance to people like washing and dressing and helped them maintain their health and wellbeing.

At this inspection we found that the provider had taken action to address the breaches from the previous inspection and improved the quality of service they were providing to people. However, there remain some areas where the provider could further improve including ensuring they fully meet the conditions of their registration, safe storage of medicines and environmental health and safety. They also needed to ensure the staffing levels remained within acceptable limits to provide and meet people's needs and could be sustained in the future. We have reported on these and the provider will have to provide an action plan detailing how they will make these improvements.

At the time of our inspection there had not been a registered manager employed at the service since 24 January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The premises were not adequately maintained to minimise risk to people. An area of carpet was a potential trip hazard.

The annual CQC registration fees due to be paid in July 2014 had not been paid by the provider.

We have also recommended that the provider seeks advice about their responsibilities to staff under employment law.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The manager had taken steps to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Restrictions imposed on people were only considered after their

ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. People were not being restricted and their rights were being protected.

People we spoke with told us they felt secure and safe in the service. Staff had received updated training about protecting people from abuse and showed a good understanding of what their responsibilities were in identifying and preventing abuse.

Procedures for reporting any concerns were in place and these had been used by the manager. Other training had taken place to provide staff with practical knowledge of first aid and manual handling.

Staff were responding more consistently to incidents in the service to maintain people's safety. People's health and wellbeing was supported by prompt referrals and access to appropriate medical care.

The manager and care staff were working with new individualised care plans and assessments of people's needs had been reviewed. Staff planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people and guidance was provided to staff about managing individual risks. People were involved in assessing and planning the care and support they received.

The risk to people's safety had reduced. The numbers of people in the service had reduced from 16 to six since our last inspection. People with behaviours that may challenge or with higher care needs had moved to other services that could meet their needs. The staffing levels had not increased but had been reviewed in light of the reduced levels of care needed. Therefore, staff were available to people in the right numbers and with the right skills to meet people's needs.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. Staff understood what changes they needed to make after incidents had occurred to keep people safe and equipment was provided to assist staff to manage risk.

Summary of findings

Managers ensured that they had planned for foreseeable emergencies, so that should they happen again people's care needs would continue to be met. Recruitment policies and procedures were in place that had been followed.

People were encouraged to eat and drink enough to maintain their health and wellbeing. Other areas of their health were checked to help prevent people becoming unwell.

Staff followed a medicines policy issued by the provider and their competence was checked against this by the manager.

The manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received.

People told us that managers were approachable and listened to their views. Staff knew people well and people had been asked about who they were and about their life experiences. Staff knew what they were doing and were trained to meet people's needs. This helped staff deliver care to people as individuals.

The manager carried out audits and reported on the quality of aspects of how the service was run. However, these had not identified the areas we identified during the inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

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.

Medicines were administered safely; however, some medicines were not stored safely. The environmental risks were not managed to keep people safe and needed improvements made.

There was sufficient skilled and experienced staff to meet people's needs.

Staff knew what they should do to identify and raise safeguarding concerns and the manager acted on safeguarding concerns.

The manager used safe recruitment procedures and risks were assessed.

Requires improvement



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received on-going training. The Mental Capacity Act was understood by staff and unnecessary restrictions were not placed on people.

Good



Is the service caring?

The service was caring.

People were treated as individuals and their right to make choices about their privacy was respected.

People had forged good relationships with staff so that they were comfortable and felt well treated.

People had been involved in planning their care and their views were taken into account.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them.

Information about people was provided with their involvement so that staff only provided care that was up to date.

People accessed urgent medical attention or referrals to health care specialists when needed.

Good



Summary of findings

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns.

Is the service well-led?

The service was not always well led.

There was no registered manager in post. The provider was not meeting all of the conditions of their registration.

Staff said they were supported by the manager and staff were able to discuss and raise any concerns or issues. However, money to pay staff and invest in the service was not well managed by the provider.

Audits were completed to help ensure risks were identified. There were systems in place to monitor the safety and quality of the service.

Inadequate



Cherry Acre Residential Home

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 20 April 2015. It was announced at short notice to enable the provider to be present during the inspection. The inspection team consisted of two inspectors.

This inspection was carried out to check if the provider had made improvements to the service since our inspection in

December 2014. Prior to the inspection we looked at previous inspection reports and notifications of important events that had taken place at the service that the provider had a legal duty to tell us about. We took account of information sent to us by the local authority.

We asked the provider to send us information about quality audits that had been carried out. They sent this to us within 24 hours after the inspection.

We talked with three people. We also spoke with two care workers, the manager, duty manager and the provider.

We spent time looking at records, policies and procedures, complaint, incident and accident monitoring systems. We looked at six people's care files, four staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our previous inspection in December 2014 we identified four breaches of regulations. People told us they did not feel safe living in at the service. The provider and staff did not understand their responsibility to prevent and report abuse. Incidents of potential abuse were not reported to the local safeguarding authority or CQC. People's assessments and care plans did not accurately reflect the risk people living with dementia faced or provide staff with the information they needed to deliver care safely. There were not always enough staff to meet people's needs which delayed the administration of medicines. We are taking action and have required the provider to make improvements.

At this inspection, we found the provider had made improvements. However, people's safety was still compromised in some areas.

People told us they felt safe. One person said, "I like it here, the staff are friendly and helpful." "If I am unhappy I can talk to the staff now as I trust them."

The manager had sent information to the provider about health and safety risks they had identified in the service, for example the landing carpet had become a trip hazard. However, the manager told us that the plans in place to replace the landing carpet had not been followed through by the provider. We saw the carpet was worn and thread bare. At one end the carpet had rucked up. This had created a health and safety risk as it was a trip hazard.

This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were kept securely in a locked metal medicines trolley. However, some medicines were stored separately in the downstairs laundry room in a wooden cabinet with a broken lock. These medicines were not being kept in line with published guidance issued by the National Institute for Health and Care Excellence. They may be subjected to varying storage temperatures affecting the medicines and the broken lock risked the security of the medicines.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had time to administer medicines and ensure they were given to people at the correct time and as prescribed by their GP. Staff administering medicines told us that

staffing levels in the service and people's lower care needs meant they were not interrupted and they could administer the medicines in a timely way. The provider's policy set out how medicines should be administered which was followed by staff. Medicines were available to administer to people as prescribed.

The provider had reviewed their safeguarding policies and procedures. Staff followed the policy when reporting abuse. The manager showed us records of a safeguarding incident they had referred to Medway Council which had also been reported to the Care Quality Commission since our last inspection. The manager had completed an investigation into what happened. They had recorded what actions they had taken to prevent abuse happening again.

Staff had received training on recognising and reporting abuse and managing challenging behaviours. Staff told us what they would do if they saw abuse occurring and who they would report this to. Records demonstrated that staff had taken action after an incident of aggression between two people to reduce the risks of it happening again. The staff explained how they had changed their approach to support this. For example, staff now re-directed people away from each other who were agitated before any aggression took place. Staff recognised that the victims of abuse needed their care as well as the perpetrator. The staff were being proactive in their approach to prevent people suffering harm.

Staff told us about the guidelines they needed to follow to protect people who may require safeguarding and demonstrated they were aware of their roles and responsibilities in protecting people from harm. The manager understood how to report safeguarding concerns within the law.

There had been fewer incidents of violence and aggression by people living with dementia towards the staff and other people living in the service. Since the last inspection those people at higher risk of displaying behaviours that challenged and harmed other people had been moved out of the service by the local authority. As a consequence there had been one instance of this since December 2014 which had been managed appropriately by staff to prevent people being harmed.

Risk assessments, for the six people living in the service, had been reviewed and people's needs were accurately recorded. For example, individual assessments identified

Is the service safe?

how people would be protected if they had behaviours that may cause harm to themselves or others. Also if they were at risk of falls or choking and if they needed any specialist equipment. Staff had received practical training in manual handling of people and in managing behaviours that may challenge. The risk assessments highlighted what steps had been taken to minimise the risk to the individuals and it was followed by staff. This gave staff the information they needed to keep people safe.

The numbers of people living in the service had reduced to six since our last inspection and the provider had voluntarily agreed not to admit any new people. Although some people at the service were living with dementia, four of the six people living in the service were virtually self-caring and independent. People's assessments had identified how much staff support each person required. In addition to the manager or deputy manager there were two staff available to deliver care. At night there were two staff delivering care. Current staffing levels were meeting people's needs.

Each person had a breakdown of things they did independently and when they needed staff support. Staff rotas showed care staff from the service covered extra hours when staff illness or vacancies occurred. This ensured people had continuity of care from familiar staff. Staff had been deployed with the skills needed to meet people's needs.

Individual incidents and accidents were fully recorded by staff who had witnessed the event. The manager had looked at the records and investigated each incident to see if they could be avoided in the future. For example, one person had fallen on more than one occasion. To try and avoid this happening a specialist floor mat has been provided which alerted staff if the person stood up. Other steps were taken, for example half hourly checks at night. Taking preventative measures reduced the number of incidents and protected people from harm.

Procedures remained in place that dealt with emergencies that could reasonably be expected to arise. These included individual personal evacuation plans for people so that staff and the emergency services could respond to people's needs appropriately if they required evacuation. The manager had identified other places where care and support could continue if the service had to be evacuated.

People continued to be protected from the risk of receiving care from unsuitable staff. One person had been recruited since our last inspection. The manager had followed the provider's recruitment policy, which addressed all of the things they needed to consider when recruiting a new employee. This made sure staff were suitable to work with people who may be at risk.

Is the service effective?

Our findings

At our previous inspection in December 2014 we identified three breaches of regulations. People who were at risk of dehydration or poor nutrition were not being monitored to ensure they received enough to eat and drink. Staff had not received the training they needed to meet people's needs and protect their health and wellbeing. Staff did not understand how to deliver care for people living with dementia who displayed behaviours that may harm themselves or others. There was a failure to follow the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. (DoLS). We are taking action and have required the provider to make improvements.

At this inspection, we found the provider had made improvements.

People were complimentary about the food they were offered. One person said, "The lunch was lovely today". Lunch time was a real social affair with lots of laughter and people and staff chatting together.

Staff were present in the dining room enabling the meal to be served quickly and then they were able to help and encourage people with their lunch. There was a choice of soup, hot meal and a hot dessert. People ate all of the food they were given and said they "Enjoyed the food". People who did not want the meal provided had chosen other options. The atmosphere, choices offered and the quality of the food helped people maintain their nutritional health.

At our previous inspection we saw that staff did not always ensure that people received enough to eat and drink who were at end of life or cared for in bed. However, at this inspection we were no longer able to fully assess this because end of life care was not being provided and no one was cared for in bed. We found that staff did record what people were eating and drinking. If people had been given drinks or snacks at night, this was recorded. People could make their own drinks and get snacks from the kitchen if they wanted to. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary. For example one person had soft food which was recommended by a speech and language therapist to help prevent choking. Guidelines were in place for this and the cook understood why this was required. Having enough to eat and drink protected people from the risk of dehydration and malnutrition.

People who had previously displayed behaviours that may harm themselves or others had moved to other services that could meet their individual needs. However, staff still received training and information about caring for people living with dementia and who may present challenging behaviours. The provider informed us they had reviewed their admissions policy for the service so that people with higher care needs would not be admitted in the future as they would not be able to meet their needs appropriately.

Training for staff was planned in advance. The manager showed us their training plan for all the staff. It detailed when staff attended training events and when they were due to attend further training events. Staff acquired practical skills in moving and handling and first aid based on the needs of the people they cared for. Staff told us that the training had improved since the last inspection and they were now more knowledgeable about how they should care for people safely. This meant that staff acquired the skills they needed to deliver care effectively and safely.

At our previous inspection we saw that the manager and provider were not following the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services.

However, at this inspection we found that the manager and provider were aware of DoLS guidance and had met with staff from the local DoLS team in Medway to check what they were doing met current legislation. For people with more complex needs they were working with the local mental health team to review mental capacity assessments. For example, some people were using rails at the sides of their bed to prevent falls. DoLS reviews were evident in people's care plans. This ensured that people were not unlawfully restricted.

People told us they were involved in decisions around their health care. There was an up to date policy in place covering mental capacity. There were records of a recent best interest meeting about a person's medical treatment. Coming to a best interest decision had involved a relative with power of attorney, the GP and staff. They had also considered information from the local DoLS team to ensure they followed best practice. This protected people from unlawful decisions being made on their behalf and gave people to opportunity to change decisions they may have made before.

Is the service effective?

Staff gained consent from people before care was delivered. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional. People had been supported to make decisions now about treatments they may need in the future. For example if they lost the ability to make decisions for themselves and wanted to refuse treatment.

Care plans reflected a more proactive approach to learning from incidents or in helping people to manage health issues. People's immediate health was protected by staff who sought medical attention for them after accidents or if people were unwell. A person had fallen the day before the inspection. Staff followed the procedure in the person's care plan about what to do if the person fell. After making the person comfortable, staff made regular observations of them. Staff recognised that the person was in pain and they called for medical assistance. The staff demonstrated they understood the person's care needs, recognised when someone was unwell and took action to prevent people suffering further pain or injury.

People's care records contained information on known physical health concerns and a health history for each

person. All people were registered with a local GP and the GPs visited people when required. Records showed people were seen by nurses, physiotherapists, occupational therapists and speech and language therapists. They were able to attend local dentists and opticians when they needed to. This promoted people's access to health care to maintain their wellbeing.

Any events relating to the people were recorded including appointments and health professional visits. Between each change in staff, information was handed over to staff coming on shift. This ensured that staff were kept up to date with people's care and could plan what needed to be done during their shift.

Staff continued to receive regular supervisions, which gave them the opportunity to talk about their work and receive feedback from their line manager on their performance. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff were positive about this and felt able to discuss areas of concerns within this system. We saw in the staff records supervisions were carried out regularly and were up to date.

Is the service caring?

Our findings

At our previous inspection in December 2014 we identified two breaches of regulations. Staff did not recognise how they needed to care for people living with dementia as individuals. People's privacy and dignity was not always respected as they could not prevent other people from entering their bedrooms. People living with dementia could not always find their way around the service and some people had urinated in other people's bedrooms. We are taking action and have required the provider to make improvements.

People said, "I like my room, I have a nice view of the garden." "Staff are extremely nice and helpful." "The owner (provider) came in this morning and asked me if I was ok and happy here."

At our previous inspection staff did not always recognise the needs of people living with dementia. At this inspection we were no longer able to fully assess this because the people living with dementia were no longer living at the service.

People felt that staff treated them well. The lower numbers of people living in the service had enabled staff to spend more time sitting and chatting with people. Staff told us how they treated people as individuals making sure they received the care they needed. Staff knew people well and were spending more time with people to understand their needs better. Staff confirmed that they liked to know as much as possible about the people they were caring for. Relatives were able to provide information too, letting staff know of any preferences people might have.

Staff were seen assisting people to maintain their independence by using hand on hand support to guide people rather than taking on the task for them. Staff told us about the things people liked to do and how they supported this. Staff took account of the way people liked to communicate. For example they understood people's body language or behaviours that indicated people were distressed or in pain. Staff were more proactive in responding to potential behavioural issues to prevent them happening by directing people's attention onto something else. This meant people received the care they wanted.

The people living in the service had been assessed as having lower care needs and four people were virtually self-caring. People could tell staff what their needs were

and how they wanted them met. Staff followed policies about privacy and dignity. They described to us how they respected people's privacy when they delivered personal care. We observed staff speaking to people with a soft calm tone and did not rush them. People were also greeted with smiles and they used people's preferred names when they addressed them.

At our previous inspection we saw that people's privacy was not always respected and they could not stop others entering their bedrooms. However, at this inspection we were no longer able to fully assess this because people living with dementia were no longer living at the service. The provider told us that they were considering putting locks on people's doors on a case by case basis. This would ensure that people could protect their bedroom if they chose to. We noted too that the provider had placed signage within the service which could help people who may in the future develop a dementia type illness to navigate their way around the service.

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. People told us that staff were good at respecting their privacy and dignity.

People told us that they chose what they wanted to do, for example when they got up and went to bed. People were smiling and cheerful, they were comfortable with the staff and people's personality came through. Staff told us that it was 'A lot calmer in the service now'.

Care plans had been re-written and more information was available to staff about people's life histories and their likes and dislikes. People had been asked their views and this was recorded. This ensured people were involved in how their care was delivered.

Information was provided to people about the service. This included the objectives of the service, meal times, how to make complaints, what the service provided. People could refer to this information at any time if they wanted to. Staff gave people information about the care that was specific to them and their agreement with this was recorded. Staff told us they always asked for people's consent before carrying out personal care tasks or offering support. They said that if

Is the service caring?

people declined their support that this was the people's right and they respected their decision. Staff acted on people's responses and respected people's wishes if they declined support.

Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

Is the service responsive?

Our findings

At our previous inspection in December 2014 we identified one breach of regulation. Care plans were not always individualised to people's most up to date needs and did not contain sufficient guidance for staff to follow. Staff responded to incidents differently and did not always seek medical assistance for people after incidents had occurred. Staff had not followed up on referrals to health and social care professionals so that people received specialist support to minimise risk to their health and wellbeing in a timely way. The way people's care was delivered was not changed to minimise risks of violent and aggressive behaviour occurring. We are taking action and have required the provider to make improvements.

At this inspection, we found the provider had made improvements.

One person commented "The staff are very good, they spend a lot more time with me on one to one activities".

People's needs had been re-assessed and reviewed. Care plans were individualised and focused on areas of care people needed. For example, if their skin integrity needed monitoring to prevent pressure areas from developing. Other actions taken in response to people's needs included hourly or two hourly checks by staff. Also people with mobility issues could access the adapted bathrooms and showers and we saw people's arm chairs had been adjusted to match the person's height. This made people more comfortable and helped them maintain their independence.

Assessments of needs were carried out by the manager prior to a person moving into the service. However, no new people had moved into the service since our last inspection in December 2014. There were sections where people told staff about their history and life experiences. They also highlighted their preferences, which staff told us were really helpful when offering people choices. This promoted people's independence. People's assessments were reviewed by the manager. Records showed how frequently this happened and highlighted which areas of the assessment had been reviewed. All of the care plans for people currently living in the service had been reviewed in March and April 2015.

Changes were made to care plans to reflect any changes in people's needs. Care plans also reflected how people had

been involved in changes to the way their care was delivered. An example of this was concerning a change where a person had fallen. The person's needs had been re-assessed and after consultation with them, they had been supported to move to a room that was on the ground floor nearer to the lounge. Moving to this room had enabled them to continue to access the lounge where they liked to sit, and reduce the risk of falls as they did not need to walk so far. Also a risk assessment was reviewed about their ability to walk independently. The manager had also made a referral to the falls team for further advice and support. This ensured that the care people received was flexible and responsive.

Staff were responding quickly to people who may be confused. We observed staff responding to a person who became confused about where they wanted to go after they stood up from their chair in the lounge. Staff dealt with this calmly and walked with the person after they understood where the person wanted to go. Staff told us they felt more confident in dealing with people as they now had more time and more information about people.

Referrals to health and social care professionals had been made quickly and appointments were recorded. Recommended changes had been made by staff. For example, the GP had changed a person's medicines and the manager had made sure this happened. This protected people from receiving inappropriate care not based on their most up to date needs.

Staff organised activities for people within the service and in the community. We saw people were having their hair done by a visiting professional. Local singers had been to the service to entertain people. Staff told us they were getting lots of one to one time with people. They spent time talking to people, walking with them in the garden or doing activities people liked. For example reading the papers, talking about news items or painting people's nails. This gave people a purpose and ensured they did things they liked doing.

People and their relatives were invited to bi-monthly meetings. People discussed projects planned, activities taking place and suggestions for any improvements. Copies of the minutes were available for those who were unable to attend.

There had been no complaints made since the last inspection. There was a policy about dealing with

Is the service responsive?

complaints that the staff and manager followed. This ensured that complaints were responded to. If they could not be resolved to people's satisfaction, there was a mechanism for people to speak to the provider of the service to try and resolve the issues. We saw from a

residents meeting held in April 2015 that people had been asked if they had any concerns or complaints to make about the service. People's comments and compliments had been recorded.

Is the service well-led?

Our findings

At our previous inspection in December 2014 we identified three breaches of regulations in this domain. The provider had discouraged staff from reporting incidents of abuse to the local authority or CQC. Quality and risk issues were not well managed and there was no registered manager in post. We are taking action and have required the provider to make improvements. At this visit, we found that whilst there were some improvements in some areas, the systems were still not effective.

At the time of this inspection the CQC registration fee, for the year 2014/2015 had not been paid by the provider. It was a condition of the provider's registration that they paid their annual fee in a timely manner.

The provider had consistently not complied with the conditions of their registration because they had failed to appoint a registered manager to manage the service. This was recorded on their registration certificate dated 24 January 2011 as a condition of their registration. The provider had received written notification in January 2014, that they must have a registered manager in post. When we last inspected the service in June 2014, December 2014 and 2 April 2015 we recorded in the summary of the inspection report that there was no registered manager in post. However, at the time of this inspection the provider had submitted an application to register a manager to CQC which was being processed. We will continue to monitor the progress of the applications to ensure the provider meets the requirements and regulations.

This is a breach of the Health and Social Care Act 2008 and Regulation 6, (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Before our inspection we received concerns that some staff had not received their wages in a timely manner. At this inspection staff told us that they were still owed pay from December 2014 but that the provider had met with them to discuss this and reassured staff they would get their back pay. Staff had not been told when they would get the money. The manager told us there were still issues about the staff being unsettled because they were not sure if they would be paid. The local authority also raised concerns about the stability of the staff team at Cherry Acre as they

had been receiving information that staff may walk out. Potentially, if unpaid, staff may leave the service without notice, placing people at risk of not receiving the care they needed from the right numbers of experienced staff.

We have recommended that the provider seeks advice about their responsibilities to staff under employment law.

The manager and provider understood that they needed to send notifications to CQC and the local authority safeguarding team. They demonstrated they were capable of assessing and managing risk to the health, safety and welfare of people. Incidents in the service had been investigated and responded to since our last inspection. People received medical treatment promptly and could access equipment that made them safer. Staff had received training which made them more confident and the manager had a clearer understanding of their role and responsibilities.

The manager carried out a number of audits on a regular basis. Records showed these included monitoring people's wounds and the involvement of health and social care professionals. They carried out weekly medicines audits. There were completed quality audits in people's care plans showing people were happy with the service and no changes were needed.

Other monitoring included staff attendance to ensure people were supported by a consistent staff team. They looked at staff qualifications, staff care practices were evaluated by line manager observations and discussions with individual staff. If improvements were needed the manager followed these up. For example, the medicines audit completed on the 6 April 2015, highlighted not all staff had been signing for administering topical creams. The manager had addressed this with staff to improve their performance and ensured people received their prescribed topical creams as needed. A range of audits were therefore occurring however, they had not identified some of the issues we found. For example we identified that the medicines cabinet was stored in the laundry room and the lock was broken. This had not been picked up by the service's own audit system.

People were supported to express their views. Throughout the inspection we heard staff seeking and respecting people's views and opinions. People told us that the provider visited the service more often and spoke to people

Is the service well-led?

asking how they were. The manager and deputy manager were well known by people in the service. The provider was present on the day we inspected. People told us they knew who the provider was and that they sometimes came to ask them if they were happy living at Cherry Acre or had any concerns. The manager was approachable and took time to speak to people and staff when they were not in the office. Members of the management team were accessible and were familiar to people, their relatives and staff. The manager was available for people or relatives and they approached her to discuss any issues. People and visitors told us they felt able to raise questions or concerns with the manager or staff and that these were sorted out.

Staff meetings were arranged and were sometimes attended by the provider. These meetings were recorded and distributed to staff who could not attend. We looked at the staff meeting minutes dated 23 March 2015. The provider updated staff about the changes they needed to make as there were fewer people in the service and staff discussed the new care plans. This ensured that staff were kept up to date with changes happening in the service and gave staff the opportunity to raise concerns they had with managers.

Staff we spoke with told us they enjoyed their jobs. They told us that things had been improving in the service recently. They had seen care plans improved, got access to more training and felt that people were better cared for. One said, "I have seen change for the better recently".

The manager had researched information about care planning and dementia to improve staff knowledge and the quality of the care people experienced. For example, there was information about different types of dementia and assessments and care plans followed published guidance about person centred practice and assessment. This had contributed to an improvement to the delivery of care at the service since our last inspection. However, the provider needed to ensure the staffing levels and skill mix of staff remained within acceptable limits to provide and meet people's needs and could be sustained in the future.

There were a range of policies and procedures governing how the service needed to be run. These were available to staff and kept under review. The provider and manager used a number of systems to monitor the quality of the service people received. However, these were not always effective because the provider and manager had not ensured that issues identified on the audits were actioned.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 6 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to registered managers

Regulation 6, (1) (b) The registered person had not complied with the conditions of their registration.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulation 12 (2) (g) The registered person did not store some medicines in line with current legislation and guidance.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Regulation 15 (1) (e) The registered person had not maintained the premises to reduce the risks of accidents.