

London And Manchester Healthcare (Romiley) Ltd Cherry Tree House

Inspection report

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Date of inspection visit:
21 November 2018
22 November 2018
23 November 2018

Date of publication:
15 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Cherry Tree house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Cherry Tree house is registered to provide accommodation with nursing and personal care for 81 people.

At the time of the inspection Cherry Tree House was accommodating 73 people in one building across 3 units. The Bramhall and Romiley units supported people needing nursing care, whilst the Marple unit, on the middle floor, offered specialist dementia nursing care. All bedrooms were single occupancy with en-suite toilet and shower facilities and each unit had its own living and dining areas.

At the time of inspection, the service did not have a registered manager in place. 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. The previous registered manager had left in early autumn 2018 and the new manager had recently commenced employment at Cherry Tree house and was in the process of registering with the CQC.

At the last comprehensive inspection, undertaken in November 2016, the service was rated as overall good. At that inspection we rated the well led section as requires improvement because we found a breach of the Health and Social Care Act 2008 regulation 17 (Regulated Activities) Regulations 2014 (good governance). This was because at that time there was a new manager in post and we needed to see consistent and sustainable good practice in the well led domain.

A focused inspection was completed in October 2017, following concerns raised in relation to the management of choking risk. At that inspection we looked at the effective and well led domains. We found the home was good in the effective domain but continued to require improvement in the well led domain.

At this inspection we looked to see if the service continued to be good overall and whether improvements in the well led domain had been made. We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to regulation 12 safe care and treatment; and regulation 17 good governance. You can see what action we told the provider to take at the back of the full version of the report.

There was a high use of agency staff at the time of inspection. People, family members and staff all identified this as an area of concern. There were processes in place to improve consistency of the agency staff used, however our observations during inspection, and feedback we received indicated that not all agency staff had a good understanding of the needs of the people living at Cherry Tree House. Following inspection, we received information from the management team that all positions had been recruited to and the use of agency staff was being significantly reduced.

People's medicines were not always safely stored, and records were not accurately and consistently maintained across the home.

Policies, procedures and governance were not sufficiently robust to ensure good practice and consistency throughout the home.

The home was clean and tidy. People were able to personalise their bedrooms and there were a variety of areas for people to use within each unit

The service had a new manager, deputy and unit managers in place. They told us of the plan they had to create consistency and stability within the home and drive improvement.

Recruitment procedures were in place which ensured staff were safely recruited. Some staff had not completed all required training.

Staff were aware of their responsibilities in safeguarding people from abuse and could demonstrate their understanding of the procedures to follow so that people were kept safe.

Individual and environmental risk assessments gave staff guidance on how to minimise and manage identified risks. Health and safety checks were carried out and equipment was maintained and serviced appropriately.

The requirements of the Mental Capacity Act 2005 were being met. However, there were a number of 'low priority' Deprivation of Liberty Safeguarding assessments outstanding for local authority assessment.

Care records contained information about people's care needs but varied in terms of quality and consistency of paperwork being completed. There were a range of monitoring charts being used to ensure people's support needs were being met.

There were a range of activities on offer at the home. People appeared to enjoy the activities available.

There was a system for recording and dealing with complaints. We saw that these were being investigated. Incidents, accidents and safeguarding were being reported and analysed to look for themes and trends and develop learning and prevent reoccurrence.

Quality assurance systems were in place. A variety of checks and audits were in place to drive improvement.

The service had the previous CQC ratings on display within the home and on the provider website as required.

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 consistently safe.

People were not always supported to safely take their medicines.

People were not always supported by staff who knew them and their care needs.

There were appropriate safety checks and maintenance undertaken throughout the home.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The service was working with the principles of the Mental Capacity Act (2005).

There were inconsistencies in how people were supported to eat and drink safely.

Some areas of training had not been completed.

Requires Improvement ●

Is the service caring?

The service was caring.

The staff permanently employed by the home had a good understanding of peoples care and support needs.

Good ●

Is the service responsive?

The service was responsive.

Care plans and risk assessments were in place and documented peoples care and support needs.

Good ●

Activities were available and co-ordinated across the three units.

Is the service well-led?

The service was not always well-led.

The service had a new manager, deputy manager and unit managers in place.

Policies and procedures were not sufficiently robust to ensure good practice and consistency across the home.

The home was committed to improvement and had a range of audits and quality assurance processes in place.

Requires Improvement ●

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 21, 22 and 23 November 2018 and on day one was unannounced. The inspection team consisted of two adult social care inspectors and a specialist advisor (SPA) on day one and one adult social care inspector on day two and day three. The specialist advisor's specialism was pharmaceuticals and they looked at the management of people's medicines.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website and other feedback we had received.

We liaised with the local authorities, other local commissioners of the service, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included 12 people's care records, four staff recruitment files and information relating to supervision and training and file audits. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 118 members of staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff including the manager, nominated individual, deputy manager, two unit managers, three nurses, eight care workers, two kitchen staff, two laundry assistants, one activity co-ordinator, one maintenance worker, the head of assurance, the clinical lead and the director of

operations. We spoke with five people using the service and 11 family members and three visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed four meal time experiences and used the SOFI to observe care on one occasion.

Is the service safe?

Our findings

At our last comprehensive inspection in 2016 we found the service to be safe. At this inspection we found that the service was not always safe and have rated it as requires improvement.

There was a safeguarding policy in place and most, although not all permanent staff had completed training in this area. Staff we spoke with had a good understanding of how to keep people safe. People and relatives told us they felt safe with permanent staff but had concerns about the use of agency staff. One relative told us, "I feel sick when I leave [family member]."

We looked at the staffing levels and found that there were not sufficient staff to meet people's care needs. This was because we found there was a high number of agency staff on duty who did not know people's care needs well. One person told us, "The regulars' are good, they know what they are doing and look after you, the agency staff are nice but they don't know what they are doing." Relatives also raised concerns about the use of agency staff and told us, "Some agency staff know people well ...the issues we have are with agency staff," "Some agency staff are better than others," and, "They haven't enough staff, they [staff] have to work so hard." Staff members told us, "Agency staff do as little as possible and play on permanent staff," "There is insufficient staff. Agency staff do not really know the clients and cannot meet their needs. Most agency just do the minimum to get by" and "Agency staff are okay but they don't know residents' needs. Sometimes there is a language barrier and people's requests for assistance are not always understood." Our observations during the inspection were that there were often times when communal areas were left unsupervised by staff and in some units, there were not sufficient staff to meet people's support needs at meal times. This is discussed further in the effective section of the report.

We noted although handovers had prepopulated information regarding people's health and support needs, when we spoke with agency staff there was no evidence that they had a clear understanding of these needs. We observed several occasions where agency staff would ask the permanent staff who a person was, and what support needs they had. This indicated that although there were systems in place to enable consistency of agency staff, these were not effective in ensuring that agency staff knew and understood people's care and support needs.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

We spoke with the management team about our concerns in relation to staffing. They advised that Cherry Tree House had always used agency staff but would try to ensure they used the same agency staff to improve consistency for the people who lived at the home. There was a dependency tool in place which calculated how many staff were required to meet the needs of the people on each unit. We were not able to see if this was effective due to the ratio of agency staff being used at the time of inspection. Recruitment was ongoing, and at the time of inspection several positions had been filled, pending recruitment checks. The director of operations advised that the provider intended to over recruit to posts in order to significantly reduce the need to use agency staff in the future. We were also advised that an agreement for additional

senior practitioners' positions (SAP's) upon each unit had been made. We will review the impact of these improvement plans at our next inspection.

We looked at how staff were safely recruited and found that there were policies and procedures for recruitment of staff. The recruitment records we viewed demonstrated that suitable application and recruitment checks were in place. This included checking staff's right to work, references from previous employers and checks with the Disclosure and Barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

Records from incidents and complaints demonstrated that when concerns were raised about staff these were investigated and action taken to address the concerns. This had included formal disciplinary action.

The cleanliness of the home was maintained and domestic staff were employed throughout the day. The service had policies and procedures in relation to cleaning and infection control. The service undertook regular infection control audits and was compliant in most areas. People told us how clean and tidy the home was and said, "The home is beautiful, its lovely and clean." During our inspection we did note that communal shower rooms and some lounge areas were used for the storage of equipment, such as hoists and wheelchairs. This made these areas difficult for people to use, if they wished.

We looked at the laundry and saw that there were procedures in place to reduce the risk of cross infection and ensure soiled laundry was managed appropriately. Dirty and soiled laundry was transported appropriately within the home, and coloured coded covered bags were in use. This meant the laundry assistant could easily identify soiled laundry and manage this appropriately. The laundry staff had a good understanding of infection control and how to manage people's clothing appropriately and with dignity. They told us when returning people's laundry, they would ensure they were appropriately returned to wardrobes and drawers.

We saw staff had access to personal protective equipment (PPE), such as disposable gloves and aprons, and that staff used these when providing personal care and support to people. This meant that people were protected from the risk of cross infection when receiving support from staff.

The kitchen had appropriate cleaning schedules and was clean, tidy and well stocked. The food standards agency had visited in May 2018 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law.

We saw that gas and electrics were tested and maintained on a regular basis and the water system was tested for legionella. This meant that equipment used for people was maintained and safe for use. There were policies in place to underpin this.

The maintenance team completed a number of daily, weekly and monthly checks of the environment to ensure it was safe. This also included checks of equipment such as hoists,

Fire alarms and equipment were regularly tested and maintained and fire drills were undertaken. This meant that systems were in place to raise the alarm in the event of a fire. We saw that people all had a personal emergency evacuation plan (PEEPs) so that staff knew how to support people in an emergency. There was a business continuity plan in place to ensure people's needs could continue to be met in the case of an emergency.

We looked at how people were supported to take their medicines and found that this was not always safe. We found that people's medicines were not always being safely stored. For example, on one unit we found thickening agents, to help people with swallowing difficulties take fluid, were not securely stored and were accessible to the people living on the unit, whilst in the other units these were securely locked away in the clinic room with other medicines. We raised this with the unit manager immediately and the thickening agents were removed and securely locked away. We also found discrepancies across the three units as to how records of thickened fluids were being maintained. We found that medicines that required to be stored at a specific temperature were at risk of not being stored appropriately. On one unit there were gaps in the temperature records for the fridge, and on another unit a domestic fridge was being used. This did not have the facilities to appropriately monitor the temperature. This meant that we could not be certain that medicines were being stored as directed to ensure they remained effective in treating people's conditions.

We also found that there were inconsistencies in how paperwork was completed. For example, pharmaceutical assessments for residents receiving medicines covertly had not been updated for two people when they had been prescribed new medicine and some PRN protocols were not available with some people's Medication Administration Records (MARs). PRN's are medicines which are given "when required" and can include medicines prescribed for anxiety, pain and constipation. This lack of information is of concern particularly when there are a high number of agency staff supporting people at the home as reported on at the beginning of this domain.

The above demonstrates a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

We spoke with the management team about these issues. They told us that they had identified these through their own audits.

Other medical equipment, such as suction machines were checked and maintained to ensure they could be used in the case of a choking emergency. Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet, with records being accurately made and regular audits to ensure correct amounts of people's medicine were available.

The home kept a log of the accidents and incidents that had occurred within the home. We looked at these records and saw this information was being analysed and lessons learnt to reduce the risk of reoccurrence. For example, looking at improving systems in relation to monitoring and recording issues and developing continuity. We saw similar analysis of themes as part of lesson learnt from safeguarding information.

Is the service effective?

Our findings

At the last inspection the service was rated as good in this domain. At this inspection we found that the service requires improvement in this area.

We looked at how the provider ensured that the staff working with the people living at Cherry Tree House were suitably trained and supported to undertake their role. We found that staff received an induction but there was variance in the training staff had undertaken.

We looked at the how permanent staff were inducted and supported to access training at Cherry Tree House and found that there were processes in place for staff induction and training. All staff were supported to complete the Care Certificate and we saw from the training matrix that the majority of staff had completed this. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. There was a supervision policy in place and we saw evidence supervisions were undertaken and recorded. Staff generally told us they felt supported and one staff member said, "There is always a manager on duty for advice and assistance."

We noted that there were some gaps in training and these had been identified by the management team and a number of training sessions had been scheduled including moving and handling, first aid and venepuncture. Venepuncture is the technical term for taking blood for the purpose of medical testing and interventions. We asked staff about their experience of induction and training. One staff member told us, "I got to do some shadowing when I first started, probably about two weeks before I was working on my own" and another said, "I was really supported by the unit manager and had several meetings with them during my probation." The training staff had completed varied with staff telling us they had not completed training in areas which included safeguarding, infection control, and nutrition. One member of staff told us, "I think that all staff need refresher training in moving and handling because people's needs change."

At the time of this inspection there was a high use of agency staff, both in nursing and caring roles. We spoke with management team about how they ensure agency staff are suitably trained. The management team told us of the process involved in identifying suitable staff from the agency, and ensuring they had completed appropriate training and received an induction into the service. There were processes to ensure effective handover of information in relation to the needs of the people being supporting in the home. However, how these processes had been applied was less clear. We spoke with agency staff who were not clear about what training they had completed and we observed that many of the agency staff were not clear about the needs of the people they were supporting. This is discussed further in the safe section of this report.

We looked at how the service worked with other professionals and managed the transitions between services. Care records demonstrated that referrals were made to professionals including Community Mental Health Services, Dieticians and Speech and Language Therapy. One person told us, "Yes they get the doctor involved if I am not well." The professionals we spoke with told us, "You can't always find a member of staff who knows the person when you need to ask something" and, "They don't always tell us when a person is in

hospital or has been discharged, there are processes in place but they aren't being followed, it makes things difficult." We noted that the current experiences of working together with other health agency was compounded by the number of agency staff being used at the time of inspection.

We looked to see whether the service working under the principles of the Mental Capacity Act. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the service was working within the principles of the MCA.

We found that the service had a number of DoLS applications which had not yet been assessed and authorised by the local authority. The applications outstanding had been rated as a low priority by the local authority. We spoke with the management team about reviewing the DoLS applications that were still awaiting assessment and reviewing whether the restrictions applied for were necessary and least restrictive and if so ensuring this was followed up with the local authority.

We observed that staff always asked people for consent prior to offering support and would explain what they were doing when supporting people with personal care. One person told us "The regular [staff] are very good, they always ask if I want to do something." The service completed 'need for consent audits' and we noted that the last audit undertaken, completed in September 2018, had identified the service was compliant except for care planning where people lack capacity where a consistent approach to peoples care records was not being taken.

We looked at how people were supported with eating and drinking and found that people were not always appropriately supported with meal times. We observed the meal time experience on all three units and observed that the support available differed from unit to unit. For example, on Bramhall unit we saw that people who chose to eat their meal in the dining area were given appropriate choices of options and supported by staff and family members to eat. However, on Marple unit we saw that there were not sufficient staff to support people to eat and drink. For example, we saw that one person was struggling to eat their meal but staff were not available to assist, another person was attempting to eat their meal through a napkin, whilst another person was taking food from the plates of other people on the table.

People's care records contained nutritional care plans which contained information about the support and needs of people in this area. The management team also completed an 'nutritional audit' to ensure there was oversight of how this information was stored and communicated.

Menus, including photographs, were available for people to view on each unit and tables were nicely laid with placemats, napkins and cutlery. We saw that condiments were available within the dining area, although did not observe these being offered to people when serving them with their meal consistently.

We spoke to the kitchen team and found they had a good understanding of meeting people's dietary needs. There were clear records within the kitchen of people who had specific requirements such as fortified food and where there was Speech and Language therapy (SALT) advice for people who had difficulties with

swallowing and consequently required a diet of a modified texture. There were systems in place to ensure that those with specific requirement had their meals clearly labelled and the kitchen staff advised that when possible they would assist with serve meals upon the units to ensure people received the correct options. However, our observations on day one of inspection demonstrated that this was not always possible, and that people were supported by staff who were unfamiliar with the dietary needs of the people they were supporting. One staff member told us, "I'm unhappy that new staff and agency staff do not seem to be aware of people's nutritional needs so I need to watch them and tell them who needs what. It only takes one error to create a serious problem."

People chose their meals from the two choices on the menu the day before. The kitchen staff advised that they would ensure that sufficient supplies of each option would be provided to ensure that should people change their mind that this could be supported. The kitchen staff would also provide alternative options on request if people did not want the meals on offer and had information about peoples likes and dislikes regarding food. The service ran a resident of the week scheme and, as part of this, people got to choose a favourite meal for the menu that week.

Is the service caring?

Our findings

At this inspection we found that the service continues to be caring.

People told us that staff were caring and told us, "They look after me", "They're busy all the time but they do the best to look after me" and, "Yes the staff are very kind and caring."

Relatives experiences varied but they were generally positive about the quality of care from permanent staff. They told us, "Its agency staff that are the issue, they just don't know what they are doing, they don't know the residents," "I feel sicking leaving [family member] here," and "There are issues with agency staff, they don't dress [family member] appropriately." Positive feedback included, "The staff are a bunch of angels, they come and talk with [family member]," "Staff are really nice... the unit manager had reviewed my [family member's] care needs and requested social service come and check if they need different care. I am very grateful for that," and "[When equipment went missing] they did everything to help and went above and beyond to try and resolve the situation."

The home was homely and welcoming. The dining room was laid with flowers, and full cutlery and tableware. There were a variety of small lounges within each corridor of the unit which allowed people a number of spaces to meet, have contact with families, and have quiet time. However, throughout the inspection we observed that these areas were not well used and were often used for the storage of equipment, such as hoists and wheelchairs.

Our observations were that people were well presented and appropriately dressed. A hairdresser visited weekly for people to access if they wished. Laundry staff treated peoples' clothes and personal items with respect, and made efforts to ensure clothes were returned promptly and stored tidily in people's bedrooms.

People's privacy and dignity was respected. We saw that staff always knocked before entering a person's bedroom and always asked for consent before delivering care. Staff we spoke with had a good understanding of how to promote dignity. One staff member told us, "I always knock of people's doors and wait for them to invite me in. I always close curtains and doors and respect people's dignity." Relatives told us, "Staff always knock before entering the room" and, "Staff absolutely respect my [family member's] dignity." and, "Staff always respect [family members] dignity, they always knock."

The management team told us about a method of communication that had been developed with the input of a Speech and Language therapist. This included communication keyrings. We saw that this was used to communicate activities available for people to engage in. Some people used other forms of communication including communication boards and gestures to communicate with staff. Permanent staff had a good understanding of these communication strategies. However, we observed that many agency staff struggled to recognise the needs of people who communicated in these ways, meaning that some people's care needs were not responded to in a timely way.

Some relatives told us, "[Staff] are nice and helpful and communication is fine" and "Communication is

pretty good, they [staff] tell me when something is needed." However, one relative told us of several examples when they had approached staff with a query and said, "You ask an agency and they say, 'don't know, ask someone else' ...it's frustrating and disheartening."

We looked at how people were supported to maintain their independence and found that this varied across the units. We saw that many care plans considered how independence could be promoted and that some people living at the home would come and go as they pleased. Equipment was provided for people to promote independence in areas such as eating and drinking and there was a small kitchen area where people could help themselves to food and drink. People also had facilities, such as a kettle and fridge, within their room and one relative commented that "[Family member] says they are going back to their flat [when going back to their room at cherry tree house]." Peoples' bedrooms were personalised and people could bring in items of furniture to make their rooms feel homely.

We saw that staff supported people to mobilise independently where possible and provided encouragement to support this. However not all relatives we spoke with felt that independence was promoted and one relative told us, "There is something seriously wrong here. [family member] walked in fine and deteriorated rapidly."

We observed that relatives and visitors were welcomed throughout the day and people were supported to maintain relationships with those significant to them. Relatives told us they could come and go as they pleased. Staff confirmed there were no restrictions placed on visiting.

We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. The service had policies and training in place to promote equality and diversity. Care staff understood the importance of promoting equality and diversity and respecting individual differences. A staff member told us, "I care for everyone the same but recognise that each person is different and therefore wants things done differently."

People had access to advocacy and there was a policy in place to support this and posters available within the home about advocacy services. The management team told us that advocacy would be arranged when people needed this additional support and input.

Care records were securely stored within each unit and were available for staff to review information as required.

Is the service responsive?

Our findings

At the last inspection we found the service was responsive. At this inspection we found that the service remains responsive.

People told us, "[Staff member] always checks on me" and, "Yes they [staff] always come when I call and do what I need." Relatives told us, "Some staff will talk and interact with people, they encourage people to be independent" and, "I know [clinical lead] has rewritten and updated [family member's] care plan."

We looked at care records and found these contained the basic information about people's care and support needs. The home carried out standardised assessments of people's health needs and risks. This included a Waterlow assessment of people's skin integrity needs and the risks of developing pressure ulcers. People's risk of malnutrition was assessed using a Malnutrition Universal Screening Tool (MUST). These were completed and had been reviewed recently. There were also assessments of people's daily living skills and other assessments and risk assessments including choking and falls risk assessments.

We noted that the quality of care records was variable and there were some inconsistencies in the way in which records had been completed. For example, we saw there were end of life care plans in people's care records but in most cases, these had not been completed. We spoke with one of the new unit managers about this and they told us of their plans to improve end of life care and develop these plans with people at an early stage to ensure these were in place prior to people reaching this stage. The unit manager understood the sensitive nature of these conversations and had a variety of strategies to support people to engage with these conversations.

We looked at one end of life care plan and saw that the home had appropriate records in place for people at the end of life. The records focused primarily on physical health care needs. The majority of staff had completed training in this area at the time of inspection.

We spoke with the management team about care plans and they told us that they had noted that this was an area for improvement. They were in the process of developing new paperwork to make care plans more person centred and intended to create good practice examples to improve consistency throughout the home.

We saw care plans had records of people's interests, hobbies and life history. We spoke with one activity co-ordinator about how this information was used. The activity co-ordinator told us that they would spend time getting to know people and their individual interests. This included completing life history and memory work with people. We saw that a range of activities were available throughout the week for people to engage with. These included entertainers and singers visiting the home, arts and craft work, pet therapy, armchair activities and reminiscence sessions. The home had recently invested in an interactive cart to aid activities, such as reminiscence sessions through accessing information online such as photographs and music. The home had a variety of specific tools to support people living on the dementia unit, such as fiddle muffs and had recently invested in a number of therapy dolls. Our observations over the inspection were that people

who were able and wished to, could engage in a variety of activities. However, when we looked at the activity records it was less clear that people all had access to stimulation and activities as these were not being consistently completed.

We looked at how people's religious and cultural needs were being met. Staff told us that a variety of clergy from different religious denominations attended the home on a regular basis and that church services were held within the home once a month. The manager advised that they would support people to access what they needed in order to have their cultural and spiritual needs met and promoted individuality and choice. Throughout the inspection we noted that people were offered choices on day to day matters.

We looked at how the home was using technology and found that they used electronic tablets and keyboards to support people with activities and interests and promote reminiscence sessions. The service had internet access throughout the home for people to use.

We spoke with the manager about how they were using information to meet people's needs, particularly in relation to meeting the accessible information standards. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The manager told us that information could be provided in different formats. We saw easy read formats for information, such as the complaints procedure were available in the home, and pictorial communication and talking mats were used throughout the home. The management team told us that they had worked closely with a speech and language therapist to develop these tools to aid and improve communication within the home. A number of staff members had attended specialist training in this area.

We saw that the speech and language therapist had undertaken observations within the home to look at how staff communicated. They found that staff adjusted their communication style to support people to make choices, used simple English and gestures and offered emotional support to people when they were distressed or anxious. Recommendations in relation to training for staff and ensuring care plans reflected people's communication preferences were made and, at the time of inspection, actions on this were ongoing.

We looked at how the service supported people and their family to raise concerns and make complaints. There were a variety of ways to gain feedback, which included a feedback box in receptions, resident surveys and relatives' meetings. The management team advised us that they had changed the way in which they recorded complaints and concerns and had now ensured that all concerns were recorded to create opportunity to analyse for themes and a trail for audit. We looked at the complaints log the service held and saw that they were recording a wide range of concerns, including concerns about care being delivered and accident and incidents. We saw evidence that these were being investigated and apologies being offered when mistakes had occurred. However, there was no evidence that responses included information about how to escalate concerns beyond the internal processes of the home. We recommend that this information is provided as part of a standard response to complaint being raised.

Is the service well-led?

Our findings

At our last inspection we found that the home was not always well-led and rated the domain requires improvement. At this inspection we found the homes remains requires improvement in this domain.

At the time of the inspection there was no registered manager in post, however the manager had submitted an application to become the registered manager for Cherry Tree House. At the time of inspection this application was being processed. 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.

The new manager and deputy had been in post for three weeks prior to the inspection. During this period, and following the previous registered manager leaving, there had been an interim manager overseeing the day to day running of the service and senior management had been present and visible within the home. We spoke with staff about how they felt the changes in management had been managed and they raised no concerns. One staff member said, "The changes were managed quite well, we had regular meetings and people and their families were kept informed," and another said, "The higher managers are all friendly and approachable, they come around and talk to staff and residents."

We looked at how people and their families were involved in service delivery and driving improvement. There were records that regular meetings with residents, relatives and staff were held. We saw that feedback from people and families was requested, which included looking at meal times, the environment, and general updates. We also saw that feedback was provided on a "you said, we did" form which was displayed with in the reception area. We noted that the notice board contained a lot of information and paperwork which made it hard for visitors to identify key pieces of information.

The provider had recently undertaken a resident survey and we were provided with analysis following the inspection. The feedback was generally positive including about the caring nature of staff, quality of food, management of laundry, and environment. The nominated individual advised us that the survey had identified issues in relation to lighting and the use of lamps and told us how they intended to take this information forwards.

There were records that team meetings were undertaken and analysis from a recent staff survey indicated issues such as paperwork and use of agency staff had been discussed and plans were in place to address these. The survey indicated that staff had the skills to do the job and knew how to raise concerns. However, from the staff survey it was less clear that staff felt support or were happy in their roles. During the inspection staff told us "I like it here... it's like family," "I love this home but the staffing is not too good" and, "I love it here but you need to find out information for yourself." All permanent staff raised concerns about the level and use of agency staff.

We looked at arrangements for governance and the audits and oversight in place. We found that although

there were audits and oversight in place this had not always been enough to ensure safe care was delivered. For example, there were procedures in place to ensure consistency in how people were supported to safely take their medicines but we found these were not being followed consistently throughout the home. The concerns we found in relation to the use of agency staff had been identified several months prior to our inspection, and although following the inspection we received assurances that all positions had been recruited to in order to reduce the use of agency staff, this was noted to be a long term ongoing concern.

This demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

The provider was committed to developing and improving and had recently introduce a "secret shopper" as part of the quality assurance process. There had been work undertaken on developing values and visions and this information was displayed as a 'values journey' within the home. There was an improvement plan in place which focused on improvements to the environment including furnishings and decor. However, it was not evident how peoples, relatives and staff feedback had been used to develop this improvement plan or how this plan reflected and addressed the concerns we identified during this inspection, which the management team informed us they had already identified and were being addressed.

The ratings from the previous Care Quality Commission inspection were on display both within the home and on the provider website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always being supported safely to take their medicine. People were not always supported by staff who knew them and their care needs well.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems for governance were not sufficiently robust to ensure good practice and consistency throughout the home.