

Amberbrook Limited

Cherry Garden

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection took place on 7 February 2018 and 8 February 2018 and was unannounced.

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

Cherry Garden can accommodate 36 people across two floors, each of which has separate adapted facilities. The service cares for adults, including people living with early stages of dementia. The premises are a converted building with extensions. People live in their own bedrooms and have access to communal facilities such as a dining room, lounge and activities areas. Cherry Garden has a large garden at the side and rear of the building and is situated in a rural area. At the time of our inspection, there were 24 people living at the service.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection on 18 January, 19 January 2017 and 20 January 2017, we found the provider had repeated breaches of Regulation 9, 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating was "requires improvement." Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions effective, responsive and well-led to at least "good." At this inspection, we found that the service had improved the process for obtaining people's consent, that changes had occurred to ensure people received person-centred care, and better governance processes were in place to monitor the quality of care.

Improvements were made to staffing deployment, medicines management, infection prevention and control. This ensured people's safety was maintained. This included protection from the risks of abuse, neglect, discrimination, injuries and accidents. The risks from the building and premises were mitigated, and people's risk assessments ensured their care was safe. There were sufficient staff deployed to meet people's needs. People were protected from the risk of infections. The service was clean and well-maintained. The management of people's medicines was robust.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practise. Better systems were in place for obtaining and recording people's consent.

Staff training and supervision ensured employees had the necessary knowledge and skills to effectively perform their role. People's care preferences, likes and dislikes were assessed, recorded and respected. We found there was appropriate access to community healthcare professionals to ensure people's wellbeing. People had adequate nutrition and hydration. We made a recommendation about the redecoration and refurbishment of the premises.

Staff were described as caring and kind. There was complimentary feedback from most people who used the service and their families. People told us they were able to participate in care planning, if they wanted, but some people chose not to. People's privacy and dignity was respected when care was provided to them.

The service had achieved person-centred care. There was increased information in care documentation about people's specific likes, dislikes and preferences for support. We observed staff knew people well and were able to care for them effectively. Care plans were thorough and contained information of how to support people in the best possible way. We saw there was an appropriate complaints system in place. There were regular meetings and surveys to ensure respective points of view could be conveyed to the service.

Governance of the service had improved. Changes in management had supported the improvement of the quality of care. The service had increased monitoring of care and other operational aspects, measuring areas that worked well or required improvement, and using action plans when needed. Staff worked well together and there was an improved workplace culture. The service continued to work well with community partners like the local authority and commissioners.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were safely managed.

There were sufficient staff deployed to meet people's needs.

People were protected against the risks from infections.

People were protected from abuse or neglect.

Appropriate risk assessments about people's care and the premises were completed and regularly reviewed.

People's injuries were recorded, reported and acted.

Is the service effective?

Good ●

The service was effective.

There was good staff support, with satisfactory staff training and supervision.

People's nutrition and hydration needs were effectively met.

The service was compliant with the Mental Capacity Act 2005. People were assisted to make informed decisions or decisions were made in their best interests.

The premises and decoration required further improvement.

People's wellbeing was maintained with the involvement of other community healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People and relatives told us staff were caring and friendly.

People's and others were involved in care planning and review.

People's and relatives' feedback was obtained and taken into account.

People received care in a dignified way.

Is the service responsive?

The service was responsive.

People's care was person-centred.

People had access to social stimulation and participated in the local community.

People's care was reviewed and changed, when required.

People and others could make complaints, and these were managed appropriately.

Good ●

Is the service well-led?

The service was well-led.

People and relatives told us the service was well-led.

There was a good workplace culture with clear organisational goals and objectives.

Staff were involved in the operation of the service and had appropriate access to the management team.

Relevant audits were completed to ensure safe, quality care.

The provider was compliant with their conditions of the registration.

Good ●

Cherry Garden

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.

Our inspection took place on 7 February 2018 and 8 February 2018 and was unannounced.

Our inspection was completed by an adult social care inspector, a specialist advisor and an expert-by-experience. The inspector and specialist advisor were registered nurses. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge of older adults living in residential care settings.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House, the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and two relatives who visited during our inspection.

We spoke with the nominated individual, the registered manager, the deputy manager, an administrator, the chef, a cleaner, a laundry worker and maintenance person. We also spoke with two registered nurses and five care workers.

We looked at seven people's care records, three personnel files, all medicines administration records and other records about the management of the service.

Is the service safe?

Our findings

At our last inspection on 18 January, 19 January 2017 and 20 January 2017, our rating for this key question was "requires improvement". This was because further improvements were required in medicines management, staff deployment and infection control. We made recommendations about this. We consider the service has made satisfactory changes to ensure safer care of people. Our rating for this key question has therefore changed to "good".

Improvements were made to the management of medicines. Medicines were stored securely and medicines stocks were well managed. There was clear guidance on the administration of covert medicines (hidden in food or drink), with the involvement of the multidisciplinary team, family and a protocol in place in the care record. The service had a comprehensive medicines policy which gave guidance to staff on the safe management of medicines. There were systems in place to ensure that people consistently received their medicines safely and as prescribed. Medicines requiring cool storage were stored appropriately and records showed they were kept at the correct temperature and so would be safe to use. Controlled drugs (those under stringent legislative control) were stored appropriately and were signed by two staff when administered. There were appropriate arrangements for the receipt and disposal of medicines.

We looked at the medicine administration records for all people who used the service. Appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people received their medicines as prescribed and any reasons for not giving people their medicines were recorded. Where medicines were prescribed to be given 'only when needed' or where they were to be used only under specific circumstances, individual 'when required' protocols were in place. The protocols gave administration guidance to inform staff about when these medicines should and should not be given. This ensured people were given their medicines when required and in a safe and consistent way.

Since our last inspection, staffing deployment had improved. We spoke with the registered manager about the systems used to determine sufficient staffing. This included dependency assessments and flexibility with staffing levels if people's needs changed or the overall number of people who used the service increased or decreased. Call bell response times were regularly monitored by the administrator and the results written in the "staff communication" book. We saw positive comments about the response times of staff, such as "All call bells answered within five minutes. Well done!" and "Can we make it four days in a row (where call bells are answered within five minutes)." Vacant staff positions were gradually filled, although ongoing recruitment for care workers and registered nurses was underway. Where unexpected leave occurred, staff such as the registered manager and nominated individual assisted the other staff to provide care for people. We examined rotas from December 2017 and January 2018 and found the planned staffing deployment matched the actual staff who worked, except for only one single shift. We observed during the inspection there were sufficient staff to attend to people's needs. Comments from people included, "Not too bad. There are plenty of people around without being intrusive", "They do their best" and "Always plenty of staff. Never have to find someone."

Robust recruitment processes remained in place. This included thorough scrutiny and checks of applicants for any role. We found the service ensured the correct information was available in staff personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people.

Since our last inspection, there were improvements in infection prevention and control. A housekeeper was appointed who oversaw the cleaning of the equipment and premises. We viewed the documents which were completed for daily, weekly and monthly cleaning. A staff member was appointed as an infection control 'champion' and oversaw the audits and training about infection control. The premises were clean and well-maintained. Staff had completed mandatory infection control training. We observed cleaning staff taking pride in their work and thoroughly cleansing a bedroom area. Staff followed the service's uniform policy and used protective clothing such as gloves, which decreased the risk of transmitting a healthcare associated infection. The service's infection control measures in place were monitored. We observed good hand hygiene practice by staff. Wall-mounted hand sanitisers were filled with alcohol gel and were available throughout the home, and in the individual rooms used by people with high dependency.

The service ensured the safety of the premises and equipment was properly managed. There was evidence of a fire risk assessment and associated maintenance, Legionella risk assessment and water sampling, gas safety certificate, electrical safety certificate, safety checks of the hoists, slings and passenger lift. There was a health and safety checklist completed weekly by the maintenance person and a periodic health and safety audit. The maintenance person was very knowledgeable about how to ensure people's safety.

People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. Each person had a number of ongoing monthly assessments to check whether their needs were changing. These included dependency, falls risk, malnutrition risk and pressure sore risk assessments and areas specific to each person, such as monitoring of their health conditions.

The service used a number of standardised evidence-based tools to assess people's needs, such as the Malnutrition Universal Screening Tool (MUST) and the Waterlow pressure sore risk assessment. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care records developed with individuals included the plans to manage the risks identified and minimise the risk of harm. There were plans for risks associated with needs such as respiratory issues, risk of malnutrition or dehydration, those at risk of falls, moving safely around the building and skin care. Risk assessments were specific and risks were mitigated by the actions listed in the document and care carried out by staff.

Accident and incident reports were completed when injuries occurred to people. Copies were kept to the registered manager and maintained in a central file. We saw the registered manager completed investigations and made appropriate changes to systems, processes and people's care to prevent the recurrence of incidents. The registered manager completed a monthly audit of the incidents and accidents to establish any themes or trends.

The service had established safeguarding policies and procedures and information on how to report safeguarding concerns was displayed in the office, along with relevant contact numbers for the local safeguarding team. Staff we interviewed confirmed they received training in safeguarding with regular updates. They were able to provide definitions of different forms of abuse when asked. Staff said they would report any concerns about abuse or neglect to the senior staff member on duty or the registered manager and most said that it was also necessary to inform the local authority safeguarding team whenever abuse or neglect was suspected.

Is the service effective?

Our findings

At our last inspection on 18 January, 19 January 2017 and 20 January 2017, there was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's consent was not satisfactorily obtained and recorded. Our rating for this key question was "requires improvement". We served a requirement notice against the provider and received an action plan on 6 March 2017. We consider the service has made satisfactory changes to ensure people's consent is correctly obtained. The provider has complied with the regulation. Our rating for this key question has therefore changed to "good".

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was improved evidence of recording people's consent with the care folders. There was also evidence of mental capacity assessments, to determine whether people could make specific decisions for themselves. Outcomes from the mental capacity assessments were clearly recorded. We saw best interest decision meetings with the multidisciplinary teams documented. Applications and authorisations for deprivation of liberty (DoLS) and the outcomes were recorded within the care files, whether they were approved or not. The registered manager kept a list of people who had current DoLS authorisations, the expiry date and evidence of reapplying to the relevant local authority. One staff member told us, "We have training in DoLS ...and we have that every year. We have to be able to demonstrate knowledge and awareness following the training and we are encouraged to question." The administrator had created a list of people who had an enduring or lasting power of attorney, and copies of the documents were obtained for the people's records. This ensured the service had proof that decisions made on behalf of a person were only completed by another person with the legal right to do so.

People's care preferences were recorded and taken into account by the staff. Comments included, "They do know what I like to do", "They do know my preferences. I get on with most (staff)", "Oh yes. They (staff) are very understanding", "They (staff) are lovely. Got to know them well. If we had something to say, we would. They always tell us when we come in where she (the person) is and how she is." Preferences, likes and dislikes were recorded in people's care files. Staff we spoke with knew people's individual needs. The kitchen had information about people's food and drink preferences and dietary requirements. We observed

staff place people in their favourite chair or position in the communal lounges and dining room. People who did not want to come out of their bedroom received appropriate care from staff who attended the room.

People told us they felt staff were knowledgeable and skilled in their roles. Feedback we received also indicated staff were anticipatory of people's needs. Comments included, "I've got no complaints. They (staff) notice if you need help during the day", "They try their best", "I think some are. If I use the call bell, someone (staff member) comes straight away", "Yes, they are all quite knowledgeable", "I've used care services too, so I watch them" and "I would have to say yes; my mother is well cared for." We reviewed staff training. At the time of inspection, there were 29 staff in post.

The majority of staff had completed training in fire safety, health and safety, infection control, food hygiene, MCA and DoLS, safeguarding and chemical safety. Out of 11 staff who administered medicines, 9 had completed training within the service's deadlines, and further training was booked. Sixteen staff had received end of life training. There were regular staff supervision sessions, including for the registered manager.

People's opinions of the food were mixed. Comments included, "Doesn't bother me much. I'm not a big eater. They make sure I have plenty to drink", "Never as good as mum's. I need my food cut up; they do that", "Don't have much of an appetite. (I) have (nutritional drinks) during the day. Food is not particularly good", "There's a lot not to my taste. Lots of pasta. There is usually an alternative. They ensure we have drinks throughout the day" and "It's alright. Sometimes quite basic." Relatives' comments about the menu were more positive. They stated, "Food is very good. We came to the Christmas party. She (the person) is diabetic and they (staff) make sure she eats what she should" and "Food is brilliant. We are often invited to eat with her (the person).

Within the care files people's weights were recorded on a monthly basis and if there were concerns of potential weight loss, they were recorded on a weekly basis. Where people were receiving nutritional supplements, this was monitored by a dietitian and the GP and there was evidence of their regular involvement in preventing weight loss. There were appropriate eating and drinking risk assessments and care plans and regular evaluations were completed by staff. Some people, at risk of choking on fluids, had thickening powder added to their drinks. Staff knew the correct procedure and volumes and ensured people's risk of choking on thin fluids was reduced.

People and relatives told us that the service supported them to live healthier lifestyles. People said, "Optician was in recently", "Saw optician yesterday. Seeing doctor today. Hope to be going into hospital to have my eye done. Have seen the chiropodist recently", "Saw the optician (in the community) two days ago. Went out with the activities staff member), and "Tuesday and Wednesday last week (I saw the GP); I had a chest infection." A relative further commented, "She (the person) saw the doctor last week and he gave her a course of antibiotics. She had a chest infection. The staff are quick to notice if she is not well and react. She sees the diabetic nurse regularly." A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment.

At our last inspection, we made a recommendation about the suitability of the premises for people living with dementia. Improvements were needed to the adaptation, design and decoration of the service. The provider submitted copies of capital expenditure plans to us in 2017. These detailed changes to the premises that would be made. We reviewed the latest version at this inspection. We saw significant investment was made to update the premises. This included new furniture, new flooring and refurbishment of existing surfaces, such as wood arches and handrails. Some bedrooms were renovated. This was completed only when rooms were not occupied, to minimise disruption for people who lived at the service.

At the time of our inspection, further redecoration was planned and when we spoke with the maintenance person they confirmed their schedule for this.

People's comments about the premises were mostly positive. Feedback included, "Quite comfortable, not bad", "Not good. I can't wait to get out of here. Bed is hard; can't even turn. Chair is too narrow", "It's very comfortable and clean," "Not bad", "It's very nice. Quite comfortable", "It's lovely" and "Very homely, caring and clean." Feedback in relatives' surveys indicated constructive comments were made about the premises. For example, one relative wrote, "Could do with a bit of a facelift" and another relative recorded, "The room (bedroom) could do with an uplift. A little tired." Further, ongoing redevelopment is required to ensure continued compliance with applicable regulations. We will check this at future inspections.

We recommend that the service reviews the premises and environment in accordance with national guidance for people living with dementia.

Is the service caring?

Our findings

People and relatives told us they felt most staff were caring and kind. One person said, "Yes they are not bad. Very helpful. They know where I like to sit and what I like to do." Another person told us staff were, "Quite caring." Further comments from people included, "There are some (staff) more helpful than others", "In the main yes; odd ones (staff) can be less helpful", "Very kind and caring. They come in on a regular basis to check I'm OK" and "Very kind. Very helpful. Good people." Relatives told us, "If one (a person) is sleeping when they (staff) bring the drinks, they will gently tap them on the shoulder to wake them up. They will help anyone who needs help to make sure they get enough to drink and eat. They have a good understanding of all their residents" and "Very kind, helpful, knowledgeable about their residents and their needs."

There was evidence within the care files that there was involvement of people, relatives and advocates in the care planning and review process. Relatives and advocates were involved in all seven of the files we inspected. We saw evidence the reviews varied from three to six months and were signed by those present at the meeting. When asked, people could not always remember having input into their care plans. For example, one person said, "I don't have any family. I can't remember my care plan review" and another commented, "I don't know. My daughter talks to them (the staff). She looks after things for me." Other people expressed their limited involvement in care planning. One person said, "They could improve on that. My brother handles the finances. I try to make my own decisions." Another person said, "There is no one else (to participate). My family are not often around." Relatives confirmed they were consulted in decision-making. Comments included, "Yes, we help her (the person) make all decisions, although she will soon tell you if she is unhappy" and "We usually discuss things with her (the person) if a decision is required."

Positive feedback was also recorded and retained. For example, one piece of feedback we saw stated, "(Our) mum called the nursing home her 'home'. Your tender care and kindness was and always will be appreciated." Another relative's feedback was, "How lovely the home is, how kind and caring the staff are and how the staff made our family members feel very welcome and reassured that our loved ones would be well cared for." There were periodic 'residents and relatives' meetings and minutes were documented. There was also a "family and relatives" questionnaire in March 2017, with 22 surveys sent and 7 responses received. Respondents mainly rated each area of the service as "good" or "very good", and made suggestions for improvements. For example, one response was about the clothing in a person's room being incorrect. We spoke to the laundry worker and the registered manager about this, and they explained the strategies that were put in place to improve the accurate delivery of people's clothes.

People and relatives told us that the service was respectful during care and treatment. Comments included, "Staff are always polite", "(Staff) treat me well; call me by name", "Most (staff) are polite", "We are always made welcome. They (staff) treat mum very well", "Always (respectful) to both mum and us. We observed one person who was unaware that their nose was running. We saw a member of staff come in and immediately assisted the person up and told them to blow their nose. The staff member wiped down the person's tray table. The care was handled with dignity and compassion. We observed people were well-groomed in appearance, and staff called them by their names. There were times when staff and people were laughing and joking with each other, and enjoyed each other's company.

People's privacy and dignity was protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. We observed that people's doors were closed when staff were in the room to provide care. We also noted staff knocked on closed doors before they entered and announced their arrival and asked permission if a person's door was open.

Confidential information about people who used the service and staff was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record keeping. People and staff's confidential information was protected.

Is the service responsive?

Our findings

At our last inspection on 18 January, 19 January 2017 and 20 January 2017, there was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care was not personalised. Our rating for this key question was "requires improvement". We served a requirement notice against the provider and received an action plan on 6 March 2017. We consider the service has made satisfactory changes to ensure people's care is person-centred. The provider has complied with the regulation. Our rating for this key question has therefore changed to "good".

People had appropriate social stimulation, although not everyone was able to, or wanted to participate. Staff respected people's individual choices, and encouraged people to be independent. One person told us, "(I'm) not really interested (in activities). I like to sit and do jigsaws, not much else, but I also read." Another person told us, "I like the bingo and piano. I like to paint." A further person stated, "I sometimes get involved. You don't have to unless you want to." Relatives said, "She (the person) enjoys and gets involved in most things. The activities coordinator is very good with them all" and "She (the person) doesn't engage. There is always something (activities) going on. The activities coordinator sits with her and shows her pictures to help her understand."

There was increased access on going out to the local community. A person commented, "I have been out on general visits. (Staff) would come with me if I wanted them to. The next person said, "We went out to opticians. I phoned them (the opticians) first and asked for someone to do a bit of shopping in the shop (a pharmacy). They initially said they couldn't, but did do it when I told them I have just spent £700 on my glasses. The carer was impressed!" Another person told us, "I do go shopping with my daughter." Relatives told us, "We take her (the person out) out. She has been on a boat trip; complete with wheelchair and staff" and "She went home for Christmas." There was evidence of people visiting the community as the activities coordinator had maintained logs of the trips and took photos of events (with people's consent). The activities coordinator told us of planned trips. Although the service did not have a wheelchair-accessible vehicle, the service hired appropriate transport so people with mobility issues could participate.

There was evidence of a pre-admission assessments completed for people newly-admitted to the service and these were very comprehensive. These included relevant information about the person and their needs. Nursing care plans were created from the information within the pre-admission assessment. Care plans were present for activities of daily living such as moving and handling, eating and drinking, personal hygiene and toileting. These contained more individual, useful information about people than at our previous inspections. Care plans were updated regularly by the registered nurses. Care workers recorded information such as food and fluid intake, turn charts for people who were in their bed, and daily progress notes. With two workers we reviewed the content of the daily notes. We could see that the information was about what the person had participated in, their mood and any concerns.

People's bedrooms were decorated according to their wishes and were very individual, with trinkets and photographs. Some people were keen to show us their rooms. The provider added ensuite toilets inside three people's bedrooms since our last inspection, so that people with mobility issues did not have to leave

their room to access a bathroom. Likes and dislikes were in each of the care files and where people stayed in their own rooms, potential activities that they could engage in, for example therapeutic hand massage, were documented. The activities coordinator visited people in their rooms so that they were provided with the opportunity for responsive care.

Improvements were made to the management of concerns and complaints. There were 14 concerns or complaints recorded in 2017, with four being categorised by the service as a complaint requiring investigation. Other concerns were minor and resolved promptly by the staff or management. Of the four formal complaints, there was appropriate documentation of the issues and evidence of communication with the complainant. All of the complaints reached an amicable outcome. Complaints signage and information was clearly displayed in the reception area. Details of advocacy and complaints resolution services were also available if a complainant felt the service did not resolve issues to their satisfaction.

At the time of our inspection, no one received end of life care but the service was equipped to provide palliative care when needed. In each of the care files we checked, there was evidence of end of life decisions and this was completed with the person, their families and the multidisciplinary team to ensure preferences were recorded and staff were aware of them.

Is the service well-led?

Our findings

At our last inspection on 18 January 2017, 19 January 2017 and 20 January 2017, there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was a lack of good governance to ensure the quality of people's care. Our rating for this key question was "requires improvement". We served a requirement notice against the provider and received an action plan on 6 March 2017. We consider the service has made satisfactory changes to ensure better governance of the service. The provider has complied with the regulation. Our rating for this key question has therefore changed to "good".

The service continued to work with an external compliance management company. Regular audits were conducted by the compliance company to measure the fundamental standards of care and provide ratings, in a similar format as our key questions. The provider sent us copies of the reports since our last inspection. A number of requirements and recommendations were noted, and the service maintained an action plan to work towards reaching compliance with all of the regulations. The provider also sent us the action plan periodically since our last inspection. The action plan demonstrated clear goals, dates for achieving the action, risk ratings and steps to obtain a positive outcome. This was a suitable method for working towards good governance of the quality of people's care.

A range of revamped internal audits were in place to measure the operation of the service. We saw this included the "manager's monthly checklist" and we looked at the December 2017 version. We saw this covered a variety of areas for people's care including, staff ratios, call bell response times, observation of mealtimes, medicines, care plans and analysis of any falls. There were actions recorded where the service fell below their own expectations. Actions were signed off and reassessed to ensure that any improvement or changes were sustained. Other audits included a health and safety check, and we reviewed the January 2018 outcomes. The areas measured included relevant policies, maintenance and premises, infection control, water safety and accidents or first aid. The checklist ensured that each area related to people's, staff and visitors' safety was routinely monitored to check that compliance was achieved.

People and relatives told us the service was well-led. One person said, "Everything runs smoothly." Another person said, "When you ask for something, it's done straight away." Other comments included, "Not too bad. She (the registered manager) is around and is liked by the staff", "She (the registered manager) is a lovely lady. Very approachable and listens. I think she runs a good ship" and "She is very good- approachable. House runs well." Relatives said, "She's (the registered manager) is lovely. Easy to talk to. Very approachable. Runs a good ship" and "Brilliant. Always available."

Changes in management had led to better governance of the service. The nominated individual changed in 2017 and visited the service regularly to support the registered manager. The previous deputy manager accepted an offer to become the manager in June 2017, and successfully registered with us. The deputy manager worked at the service for a lengthy period and was very familiar with the people who used the service, staff, healthcare professionals and the provider. A new deputy manager also commenced in post in late 2017. This was a registered nurse who worked at the service for a number of years and also had a good

knowledge of people and processes. There was reduced staff turnover since our last inspection, and the Provider Information Return showed the turnover rate was lower than like-sized services. Although registered nurse recruitment remained difficult, and there was some use of agency nurses, permanent staff were more satisfied in their roles. One staff member told us, "I love working at Cherry Garden and love working with her manager." Another staff member stated she felt, "Supported by the manager." Staff we spoke with described an improved workplace culture, expressed they were encouraged to develop their knowledge and skills and that there was increased support from the management.

Regular staff meetings took place to communicate important information and provide an opportunity for workers to report any issues. There were meetings for ancillary staff and general staff. The January 2018 ancillary staff meeting minutes recorded thank you and appreciation to the team, and covered other areas such as recruitment, training, annual leave, people's safety, admissions and discharges to the service. The general staff meeting minutes also indicated the effort staff had made in improving the service, and covered what to do in the event of a grievance and how to build a team culture. The meetings discussed a bequest that was made to the service, and staff offered ideas of what the funds should be used towards. This included the provision of a water dispenser in the dining room, so that staff did not have to walk to the kitchen to obtain bulk supplies of hot and cold water.

There was an equality and diversity policy and procedure which staff were aware of. People were respected by staff regardless of their cultural, religious, or linguistic backgrounds. People's characteristics were protected by staff and the management team. There was no evidence of discrimination towards people who used the service or staff. The registered manager also told us the principles applied to the workforce and we observed this. Staff treated each other with respect and dignity on most occasions.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Pictures were used during communication with people who experienced sensory loss. We also saw staff used large handwriting on paper or whiteboards when asking certain people questions or explaining something. People's bedroom doors, toilets and bathrooms had signage that was used to explain the purpose of the room. The use of pictures in communications demonstrated that people had access to the information they needed in a way they could understand it, and the service met the principles of the Accessible Information Standard.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events.

The service worked well with community organisations. After our inspection, the local authority reported that from their quality monitoring visit in January 2018 they had provided a short list of actions and recommendations about the quality and safety of care. The report was unavailable at the time of our inspection, but actions and recommendations were rated low risk. The service also worked collaboratively with the local authority safeguarding team. We received information from the safeguarding team about the incidents the service reported in 2017 and the majority of incidents were reported to the safeguarding team.

At our last inspection, we made a recommendation about management training in duty of candour. We found that the nominated individual and registered manager had a good knowledge of the duty of candour requirement, although the process was not used since our last inspection as there were no relevant safety

incidents.