

Ellenbern Holdings Limited

# Cherwood House Care Centre

## Inspection report

Buckingham Road  
Caversfield  
Bicester  
Oxfordshire  
OX27 8RA

Tel: 01869245005

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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?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Cherwood House on 10 April 2018. The inspection was unannounced.

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

The care home accommodates up to 119 people. At the time of the inspection there were 87 people living at the service.

There were two registered managers in place, one for each unit. 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 our last inspection on 19 September 2017, we found the provider was in breach of five legal requirements. We asked the provider to take action and make sure people were safe and were treated with dignity and respect. We also asked the provider to make sure people were supported in line with the principles of the Mental Capacity Act (2005). We asked the provider to take action to make sure people's records were completed and maintained. We further asked the provider to take action and ensure they had effective quality assurance systems in place.

Following our inspection in September 2017, we imposed conditions on the provider's registration to restrict any new people being admitted to the service and to require monthly reports of actions they were taking to improve. At this inspection, we found some significant improvements had been made. However, more improvements were still required in some areas.

The provider did not have any systems in place to identify and manage any potential risks related to legionella disease.

We saw evidence that arrangements were in place to formally assess, review and monitor the quality of care provided at the home. However, these systems were not always effective. Some people's records were not always updated to reflect changes. The provider had systems to record and manage accidents and incidents. However, trends were not always identified.

People told us they were safe living at Cherwood House. Staff demonstrated they understood how to keep people safe and we noted that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.

We observed people's needs were met in a timely way by sufficient numbers of skilled and experienced staff. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager) and appraisals to help them meet the needs of the people they cared for.

People had their needs assessed prior to living at Cherwood House to ensure staff were able to meet people's needs. Staff worked closely with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible.

People were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, best interest decisions had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. However, recording around specific decisions needed further improvement.

People's care plans gave details of support required. The provider had a complaints policy and people knew how to complain. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements.

People, their relatives, staff and healthcare professionals told us they felt Cherwood House was well run. The registered managers and management team promoted a positive, transparent and open culture.

When we completed our previous inspection on 19 September 2017 we found concerns relating to people's care records not updated. At this time this topic area was included under the key question of Responsive. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework this topic area is included under the key question of Well-Led. Therefore, for this inspection, we have inspected this key question and also the previous key question of Responsive to make sure all areas are inspected to validate the ratings.

We have made a recommendation about recording of the MCA.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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 home was not always safe.

There were no systems in place to manage risks relating to legionella disease.

Staff who had a good understanding of safeguarding procedures.

There were enough staff to keep people safe.

People received medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had the knowledge and skills to meet people's needs.

The MCA principles were followed and people were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by caring staff who treated them with dignity and respect and supported them to maintain their independence.

Information about their care was available to people in accessible formats

Staff knew how to maintain confidentiality.

**Good** ●

### Is the service responsive?

The service was responsive.

Staff understood people's needs and preferences. Staff were

**Good** ●

knowledgeable about the support people needed.

People had access to activities.

People knew how to raise concerns and concerns.

### **Is the service well-led?**

The service was not always well-led.

The provider's quality assurance systems were not always used effectively.

People's care plans were not always updated to reflect changes.

Systems used to manage accidents and incidents did not always identify trends.

People and staff told us the management team was open and approachable.

**Requires Improvement** ●

# Cherwood House Care Centre

## **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 10 April 2018 and was unannounced. The inspection team consisted of four inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from three social and health care professional who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We reviewed previous inspection reports and the monthly reports the provider submitted as a result of the condition placed on their registration after the last inspection. We also obtained feedback from commissioners of the service.

We spoke with 26 people and 11 relatives. We looked at 10 people's care records and eight medicine administration records (MAR). The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the home and getting their views on their care. During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the provider, the two registered managers and 14 staff which included a nurses, care staff, domestic staff, catering staff and activities coordinators. We reviewed a range of records relating to the management of the home. These included 12 staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their

relatives.

## Is the service safe?

### Our findings

At the last inspection on 19 September 2017, we found people's medicines were not managed safely. People did not have personal evacuation plans in place. We also found people did not always have risk assessments in place and no risk management plans to mitigate such risks. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 April 2018, we found improvements had been made. However, we also found some areas of concern.

We found the provider did not have a system in place to assess and manage potential risks relating to legionella disease. Legionella disease is a severe form of pneumonia caused by legionella bacteria is found naturally in fresh water. It can contaminate hot water tanks, hot tubs, and cooling towers of large air conditioners. There were no Legionella risk assessments or risk management plans in place. There was no evidence of water checks and regular flushing of frequently used outlets conducted by the service or external contractors. At the end of the inspection we asked the provider to take immediate action to address these concerns and update us. However, we did not receive any updates.

These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people were identified and risk management plans were in place to minimise and manage the risks and keep people safe. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as nutrition, falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person became high risk of choking. The person was referred to the speech and language team (SALT). Staff were advised to give the person pureed food and thickened fluids. This person's risk assessments and care plans were reviewed promptly to reflect the changes. People had personal evacuation emergency plans in place (PEEPs). These contained detailed information on people's mobility needs and additional support required in the event of a fire.

People received their medicines as prescribed and the home had safe medicine storage systems in place. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or, if not taken the reason why. Where medicines had not been administered, codes used were clearly explained. People taking as required medicines (PRN) had PRN protocols in place. Records relating to the application of topical medicines contained accurate up to date information and were fully completed. There was a system in place to monitor people's boxed medicines. We found thickening agents used for people with swallowing difficulties, were stored and managed safely.

At the last inspection on 19 September 2017, we found the provider did not have enough staff to meet people's needs. These concerns were a breach of regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. At this inspection on 10 April 2018, we found improvements had been made.

People and their relatives acknowledged the improvement in staffing levels. However, they still felt further improvement would be beneficiary. People said, "Generally enough staff", "Could do with a few more. Ones that are here are very good [carers]". People's relatives told us, "During the evening one more staff member would be a help" and "Seems to be plenty of staff about". Staff told us staffing levels had improved. Staff said, "A lot better. Staffing levels and staff morale is better. We also have bank staff" and "We are okay now with staffing but we also lost a lot of residents". On the day of the inspection we saw the home had enough staff to meet people's needs and keep them safe. Throughout our inspection we saw people were attended to without unnecessary delay. Call bells were answered in a timely manner and staff took time to engage with people.

People we spoke with told us they felt safe living at Cherwood House. One person told us, "Feel very safe with the staff, all of them. They do a hard job". Another person said, "Feel quite safe. The girls [staff] wonderful". Other people's comments included; "Very safe in here, very thankful that I am. My son knows I am safe" and "Safe and looked after well". One person's relative told us, "When I get in the van and drive 200 miles home I know she is safe".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff said, "We report any concerns to safeguarding, GP or CQC". The provider had a whistle blowing policy in place that was available to staff across the home.

The service learned from mistakes. Staff told us and records showed shortfalls were discussed with the aim of learning from them. For example, staff told us a lot of learning and changes had been implemented following our last inspection.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people. Staff holding professional qualifications had their registration checked regularly to ensure they remained appropriately registered and legally entitled to practice. For example, registered nurses were checked against the register held by the Nursing and Midwifery Council (NMC).

The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it. People told us staff used personal protective equipment (PPE), such as disposable aprons and gloves and washed their hands. During the inspection we saw staff followed the provider's infection control policy.

## Is the service effective?

### Our findings

At the last inspection on 19 September 2017, we found staff had limited knowledge of the MCA. We also found people did not always have mental capacity assessments completed and best interest processes were not always followed. These concerns were a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 April 2018, we found improvements had been made. However, recording around the MCA needed further improvement.

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The 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.

The registered manager and staff ensure that the rights of people who may lack mental capacity to take particular decisions were protected. Where people did not have capacity to make certain decisions, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in a person's best interests. For example, where people refused medicines and had no insight on why they needed it.

Staff told us they understood the MCA. One member of staff said, "Mental Capacity [Act] is put in place to protect people's rights to make own decisions. And to protect people if they're not able to make some decisions". Another member of staff told us, "Always presume people have capacity in the first instance".

However, we found the records around MCA needed further improvement as we identified people's capacity assessments around specific decisions did not always reflect all decisions people were assessed for. People's capacity assessments reflected people had been assessed in relation to consent to 'personal care and help with all aspects of daily living' but these did not reflect people's capacity in relation to receiving medicines covertly had been assessed. Covert allows for safe administering of medicine when people are either resistant to take them or they refuse and the medicine needs to be given to them in their best interest. We however found the staff ensured the correct process was followed and there was evidence people's relatives, GPs and pharmacists all had been consulted. We spoke to the registered manager about this this and they acknowledged the documentation needed updating and they reassured us they were going to address these promptly.

We recommend the provider refer to the current guidance of the MCA code of practice.

People can only be deprived of their liberty to 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). We found the home met the requirements of DoLS. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff sought verbal consent whenever they offered care interventions. Throughout the inspection we saw and heard staff seeking permission and explaining care to be given. For example, when people were supported with personal care.

Records confirmed and people told us their needs were assessed before they came to live at Cherwood House. This allowed gathering the necessary information that formed the base of care planning process. The assessments showed people and where applicable their families were involved in this process.

People told us they received care from knowledgeable staff who had the right skills. People said, "Staff are pretty knowledgeable, some more than others. They help me to get about with my walker. They are good, no complaints" and "Staff seem well trained. They help me to get from place to place". Records showed staff had the right competencies and qualifications to enable them to provide support and meet people's needs effectively.

Records showed and staff told us they received the provider's mandatory training before they started working at Cherwood House. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, fire safety and information governance. One member of staff said, "I am completely up to date on my training".

Staff told us they felt supported and had regular supervisions (one to one meeting) with their line manager. Supervisions were carried out regularly and enabled staff to discuss any training needs or concerns they had. One member of staff said, "Yes, I get supervision with the trainer. She comes out to the wing and watches what's going on. She is supportive, you can ask for more training if needed". Staff were also supported to develop and reflect on practice through yearly appraisals.

People's care records showed relevant health and social care professionals were involved with their care. People were supported to stay healthy and their care records described the support they needed. Health and social care professionals were complimentary about the service. One healthcare professional told us, "They are very proactive with referrals".

People's dietary needs and preferences were documented and known by the chef and staff. The home kept a record of people's needs, likes and dislikes. Some people had special dietary needs and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

People told us they enjoyed the food and were able to make choices about what they had to eat. Comments included; "Yes I enjoy the food, very good food", "Cook marvellous, everything is how I like it" and "Food differs, sometimes alright, sometimes not so good".

During the inspection we observed the midday meal experience on both units. This was an enjoyable, social event where the majority of people attended. There was conversation and chattering throughout. A three course meal was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal and, where required received appropriate support. People were encouraged to eat and extra portions were available. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining

experience where ever they choose to eat their meal.

Cherwood House was set on huge grounds with lots of garden areas which people could access freely. There were lots of sitting area which gave people choice of where to spend their time. People's rooms we observed had been personalised and made to look homely.

## Is the service caring?

### Our findings

At the last inspection on 19 September 2017, we found people were not always treated with dignity and respect. These concerns were a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 April 2018, we found improvements had been made.

On the day of the inspection we observed people being attended to in a patient way. Staff offered choices and involved people in the decisions about their care. People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "The carers talk to me in a kind way. They do not rush me". Another person told us, "The carers are very respectful, but we are also able to have chatty banter. I treat them how I like them to treat me, by being kind and honest". This approach was in line with the provider's Philosophy of the service and its values which stated 'It is the most important to put individuals first, to treat them equally with respect at all times'.

People told us staff were caring. People's comments included; "They [staff] are good, they always have been. They are kind, helpful and caring" and "First class care, can't fault any of them. Staff extremely nice to me, flattering". People's relative's also told us staff were caring. They said, "We are well chuffed with all the staff. Quite happy with everything", "Cared for very well, nice and kind to her. Make her nice and comfortable in bed" and "Staff are au fait with how she is. They know her and anticipate what she needs".

People received care in private. We saw staff knocking on people's doors and asking if they could go in. Staff told us how they protected people's dignity when giving personal care by making sure doors were closed, covering people appropriately and explaining what they were doing. One member of staff commented, "I promote respect and dignity by treating people as individuals and offering them choices. For example, a choice of food, clothes. You treat the residents as you would like to be treated".

People's care plans contained information and guidance on how best to communicate with people who had limitations to their communication. Staff knew people's individual communication skills, abilities and preferences. One member of staff told us, "One person has Parkinson's. Depending on how her day is, speech may be slurred and she will be quiet". Another member of staff said, "We've got one person who has two hearing aids, and we help him to put hearing aids in as a first thing so we can communicate well". People's daily records of care showed staff communicated with these people effectively.

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "Always invited in to talk about care plans, always informed of any changes".

People's needs in relation to gender, faith and disability were clearly recorded in care plans and staff knew the needs of each person well. One person's care plan stated 'Christian but not practising'. The provider had an equality and diversity policy available. We asked staff about equality and diversity. One member of staff

told us, "We treat people equally despite their gender religion or culture".

People told us staff promoted independence. One person commented, "They let me do what I can by myself. They are friendly and listen to us". Another person told us, "They [staff] do not rush me. They let me do as much as I am able to do and then help me to finish to get washed and dressed".

Staff spoke about promoting independence. One member of staff said, "We encourage individuals to be independent. For example, at mealtimes we encourage people to try and do it themselves but we are there if needed".

## Is the service responsive?

### Our findings

People's care records contained detailed information about their health and social care needs. The provider used a 'This is Me' document which captured people's life histories including past work, social life, likes and dislikes which enabled staff to provide person centred care and respect people's preferences and interests. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat. People's abilities and hobbies were taken into account. For example, people liked helping with household tasks.

People's care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. These care records were regularly reviewed. We saw daily records were maintained to monitor people's progress on each shift.

People's relatives told us they were involved in the planning of people's care. Relative's comments included; "Always invited in to talk about care plans, always informed of any changes" and "I talk to one of the nurse and talk through the care planning".

The provider used a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers as well as daily staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency.

The provider employed two activities coordinator who were passionate about their roles. They told us they involved families and linked activities to people's interests and hobbies. People had access to a range of activities which they could be involved with, including group and one to one activities. For example, social interaction during coffee and cake times, arts and crafts, basic exercises, sensory sessions, reminiscence, cookery, Bingo, and sing-a- longs. We saw evidence that there were links with the local community. These include visits from local school children at Christmas, residents taken to a local café to participate in art and craft activities and visits to a local Methodist centre. Records also showed activities provision was discussed in residents' meetings.

People told us they enjoyed activities. People's comments included; "We go to the cinema in Oxford, trips to the local garden centre and take me shopping", "I prefer to watch TV in my room, but will go to some activities just to see and have company" and "I join in with the art and craft, I've been making paper

daffodils". People were also supported to attend church services.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People told us they knew who to complain to if they had any concerns. One person said, "If I had a problem I would talk to the carers or manager". Another person told us, "I do not know the complaints policy, but if I have any issues, I will go to manager or provider". Records showed there had not been any formal complaints raised since our last inspection. However, we saw there had been concerns raised during a residents meeting and there was no record of when and if they had been addressed. We spoke to the managers about having a system to log these concerns as complaints and to deal with them in line with the provider's complaints policy. The registered managers told us they would review this immediately. We saw evidence of many compliments.

People's preferences relating to end of life wishes were recorded. This included funeral arrangements and preferences relating to support. People and their relatives where appropriate were involved in advanced decisions about their end of life care and this was recorded in their care plans. For example, one person had an advance end of life care (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) document in place. We saw the person and their family were involved in this decision. People and their families were supported by staff during end of life.

## Is the service well-led?

### Our findings

At the last inspection on 19 September 2017, we found people's care records were not up to date and did not reflect current care. We also found staff did not always follow the provider's confidentiality policy. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 April 2018, we found some improvements had been made. However, further improvements were still needed.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff told us, "We do not discuss residents with other residents" and "We share information only on a need to know basis". We saw records were kept in locked cabinets only accessible to staff.

Where people's needs had changed, the changes had been implemented, however, this was not always documented. For example, one person had lost weight and there was nothing recorded of what action had been taken. We spoke to the registered manager who told us they had referred the person to the district nurses for diet supplements. However, that had not been recorded and the food and drink care plan had not been updated. The registered manager took immediate action and updated this person's records.

We found the provider's quality assurance systems had improved. However, further improvement was still required to ensure these were used to drive improvement. For example, the care plan audits had not identified any of the concerns we found with the care plans that had not been updated.

The provider had a clear procedure for recording accidents and incidents. The procedure stated accidents or incidents relating to people were to be documented and investigated to reduce the risk of further incidents occurring. The registered manager on the nursing unit audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

However, on the residential unit it was not clear if any patterns had been identified and if people had been referred to health care professionals as a result of the incidents. For example, there were copies of two incidents of one person who complained of pain whilst being hoisted and this was documented as 'displayed challenging behaviour'. The person was encouraged to cooperate and follow staff instructions during hoisting but they did not. When we asked the registered manager about these incidents, they told us this had been decided that the person was to be hoisted and agreed with the person's family. This decision had been agreed at a best interest meeting, however, we did not see the best interest meeting notes. There was no record that the person had been referred to CHSS or occupational therapist.

Cherwood house was led by two registered managers, one on each unit. Both the managers had been with the provider for several years. Both the registered managers demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and respectful manner.

People told us Cherwood House was well run. People's comments included; "Good managers, this is a well-run place", "[Provider] is usually walking around, very pleasant" and "Always see [manager]. Calls in every day". People's relatives told us the home was well managed. One person's relative said, "Manager is cheerful, always around and about". Another person's relative told us, "Well managed". People told us that their families were made to feel welcome when they visited Cherwood. People's relatives complemented about the warm atmosphere within the home. Comments included, "First class, very good atmosphere. Always get a welcome when we arrive" and "A calm atmosphere".

The service encouraged open communication among the staff team. Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care in relation to people's care plans and staffing levels.

We received complimentary feedback from health and social care professionals. They spoke positively about their relationship with the registered managers and staff. They commented on how much the service had improved since our last inspection. One healthcare professional told us, "I feel things have improved generally, the suggestions we have made regarding personalised documentation i.e. recording clients act and conversations has been acted upon. The home is more engaging with our service at present".

People's views and feedback was sought through residents and relatives meetings as well as suggestion boxes. Records of family meetings showed that some of the discussions were around what changes people wanted. On the day of the inspection we observed a residents' meeting which was well attended. People wanted to discuss activities and some of the suggestions included a museum visit, trip to Bicester Village, a stream railway and a trip around the local villages.

Records showed the service worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The home was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered managers were aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered managers and the provider to act in an open way when people came to harm.

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  The provider did not have any systems in place to identify and manage any potential risks related to legionella disease.  Regulation 12 (2) (h)