

Cherry Tree Lodge Limited

# Cherry Tree Lodge Private Residential Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

This comprehensive inspection took place on 8 January 2019. The inspection was unannounced.

Cherry Tree Lodge Private Residential Care Home (referred to throughout the report as Cherry Tree Lodge) 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 Lodge is also registered to provide personal care and support to people living in their own houses and flats in the community. However, at the time of the inspection Cherry Tree Lodge was not providing this service.

Cherry Tree Lodge provides accommodation and personal care for up to 23 older people, mainly people living with dementia. It is a small, family run care home located on a main bus route on the outskirts of Rawtenstall town centre. There were 22 people living in the home at the time of the inspection.

The service was managed by a registered manager who was also a director. 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 last inspection of 26 July 2016, the service was rated as good. At this inspection, the overall rating has improved to outstanding; this was due to the excellent way in which the service was led and the commitment from staff to deliver high quality, responsive and compassionate care.

Throughout our inspection, we found the registered manager and staff were committed to the continuous improvement of the service and passionate about their work. They were dedicated to making people feel valued and improving people's care and self-esteem. Evidence showed they followed best practice and developed positive links with other organisations to influence care and to attain better outcomes for people living at the home.

The philosophy and values of the home were known to staff and followed without exception. 'Live, love and be loved' and 'You are never too old' were embedded into the day to day experience of the home. Staff told us the registered manager led by example to ensure people received high quality, personalised care. People told us they were made to feel cared for, welcomed and involved. Without exception, everyone spoken with made positive comments about the management of Cherry Tree Lodge and said they would not hesitate to recommend the home to others.

A stable and enthusiastic staff team was in place at all times. Staff had been safely recruited and received the induction, training and support necessary to enable them to deliver effective care. There were enough

staff available to meet people's needs in a way which met their preferences and promoted their independence. The registered manager saw the recruitment, retention and development of staff knowledge and skills to be of vital importance in providing people with excellent care and the feeling of safety. Staff felt valued and had time to spend with people and their relatives without being rushed. Staff enjoyed working at Cherry Tree Lodge.

People made very positive comments about the staff and were more than happy with the care they received. They described staff as exceptionally kind and caring and enthusiastic. People told us staff regularly went out of their way to help them. We observed staff interacting with people and their relatives in a meaningful and caring way; this made people feel they mattered to the staff who supported them. We observed a strong, family orientated service where staff were encouraged to demonstrate highly respectful and caring attitudes towards the people they supported. We observed lots of smiles, hugs and laughter. The service provided specialised care to ensure people's end of life was as comfortable, dignified and pain free as possible.

The home was full of activity, fun and laughter; people were engaged in varied, stimulating and meaningful activities which met their individual interests. Throughout our inspection, we observed staff engaged in conversation or in group and individual activities with people. Our observation confirmed that staff had clearly developed good relationships with people in the home and with their visitors.

The home had developed links with a wide range of community based organisations and there were examples of how this had helped to improve people's quality of life. People and staff in the home were very involved in supporting their local community and excellent links had been developed with local schools and nursery children; evidence showed this had improved people's lives and awareness of each other.

People told us the staff respected their privacy and were warm and respectful in their attitude towards them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff fully understood the importance of acknowledging people's diversity, treating people equally and ensured that they promoted people's rights.

Care plans and risk assessments were person centred and provided guidance for staff on how to provide safe and effective care. We were told staff always made prompt and appropriate referrals to external professionals to ensure people's health needs were met.

People told us they felt safe. Staff had received training in the protection of vulnerable adults and knew what action they should take if they suspected or witnessed abuse. Lessons were learned from any accidents, incidents or safeguarding matters. People received their medicines when they needed them from staff who had been trained and had their competency checked. Without exception, people told us they enjoyed the food provided.

The decoration and furnishings of the home provided people with a safe, comfortable, clean and calm environment. Good practice advice had been considered when making improvements to the home, particularly for people living with dementia. We observed people moving freely throughout the home and were welcomed and supported by staff wherever they chose to spend their time.

Quality assurance systems were robust and used to make improvements in the home. People had a wide range of opportunities to provide feedback on the care provided. Feedback from people living in the home and their relatives was extremely positive.

## 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 felt safe and protected against the risk of abuse. Staff understood how to protect people.

The risks to people's health and wellbeing were managed well.

Recruitment practices were safe and staff were provided in sufficient numbers to meet people's needs.

People's medicines were managed safely and administered by trained and competent staff.

### Is the service effective?

Good ●

The service was effective.

People enjoyed their meals and their dietary needs and preferences were met. People were supported appropriately with their healthcare.

Staff were provided with a wide range of training and development which enabled them to meet people's individual needs.

People's capacity to make safe decisions and to consent to care had been assessed. Staff had an understanding of the MCA 2005 legislation.

### Is the service caring?

Good ●

The service was caring.

Without exception people told us staff were consistently kind, caring and respectful. People told us staff regularly went out of their way to help them.

People were treated with compassion, dignity and respect and were involved in decisions about their care.

Staff were motivated to provide the highest standards of care and demonstrated highly respectful and caring attitudes towards the people they supported.

### **Is the service responsive?**

The service was very responsive.

People were supported to take part in a wide range of suitable activities and excellent links with the local community had been developed; this created a very positive impact on people's feeling of well-being.

People were involved in decisions about their daily lives and some people had set goals for the future. Each person had a detailed care plan that reflected the care and support they needed and wanted.

People told us they did not have any complaints but they knew who to speak to if they had; people were confident they would be listened to.

**Outstanding** 

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

The service was very well-led.

The registered manager was fully committed to the continuous improvement of the service and dedicated to making people feel valued and improving their care and self-esteem.

The registered manager worked in partnership with other services and agencies to keep up to date with current legislation and to share best practice.

People made very positive comments about the management of Cherry Tree Lodge and said they would definitely recommend the home to others.

The visions and values of the service were fully understood by the staff team. All staff enjoyed working at the home.

**Outstanding** 

# Cherry Tree Lodge Private Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 8 January 2019. The inspection was carried out by an adult social care inspector and an Expert 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.

In preparation for our visit, we checked the information we held about the service and the provider and included this in our inspection plan. We considered the previous inspection report and asked for the views of the local commissioning teams, the community pharmacist and a specialist healthcare professional. We reviewed information from statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, such as what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with eight people living in the home, five visitors, six care staff and the registered manager. We also spoke with two healthcare professionals who had been involved with the service.

We had a tour of the premises and looked at a range of documents and written records including three

people's care plans and other associated documentation, two staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and records relating to the auditing and monitoring of service.

We looked at results of the recent customer satisfaction survey completed by people living in the home, their visitors, staff and visiting health and social care professionals; we looked at the reviews about the service left on an independent web site. We also looked at the most recent reports from the local authority monitoring team (November 2018) and from the community pharmacist.

# Is the service safe?

## Our findings

During the inspection, we observed people were comfortable in the company of staff. We observed staff interaction with people was kind, friendly and patient. People told us they felt safe. They said, "I am very safe here. I am with people who care about me." A relative said, "I trust this home and the staff completely."

Staff had safeguarding vulnerable adults' procedures and whistle blowing (reporting poor practice) procedures to refer to. Staff understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice.

The registered manager was clear about their responsibilities for reporting incidents and safeguarding concerns. Action to be taken and lessons learned from any incidents or concerns had been discussed with staff. Arrangements were in place to respond to external safety alerts to ensure people's safety.

The risks to people's health, safety and wellbeing were being managed. Risk assessments included up to date information for staff about the nature of the risks and how staff should support people to manage them. Information about any changes in people's risks or needs, was communicated between staff during shift changes.

Records were kept in relation to accidents and incidents that had occurred at the service, including falls. Referrals were made to appropriate agencies and an analysis of the information was carried out to identify any patterns.

Financial protection measures were in place to protect people. Staff were not allowed to accept gifts or assist in the making of, or benefiting from people's wills. Safe processes were in place for the receipt, ordering, administration and disposal of medicines. Staff had access to a full set of medicines policies and procedures; they had received training and checks on their practice had been undertaken.

People had consented to their medication being managed by the service. There was a system to ensure people's medicines were reviewed by a GP that would help ensure people were receiving the appropriate medicines. We discussed, with the registered manager, the importance of recording opening dates on boxed and bottled medicines.

A safe recruitment process had been followed. This ensured that staff employed were suitable to provide care and support to people living at the home.

The staffing rotas indicated sufficient numbers of care and ancillary staff were available and staffing numbers were adjusted in line with people's changing needs. There was a stable team and any sickness or annual leave was managed well. Agency staff were not used. The registered manager worked flexibly in the home and out of hours support was provided as needed. We observed staff were patient and person centred in their interactions with people; they had the time to sit with people, have meaningful conversations with

them and undertake activities with them.

We found all areas of the home to be clean. Staff had access to protective wear such as disposable gloves and aprons and, suitable hand washing facilities were available to help prevent the spread of infection. The service had a designated cleaner and an infection prevention and control champion was responsible for conducting checks on staff practice, attending local forums and for keeping staff up to date.

Equipment was stored safely and regular safety checks were carried out on all systems and equipment. Training supported staff with safe practice and to deal with any emergencies. Each person had an evacuation plan in place that assisted staff to plan the actions to be taken in an emergency.

The environmental health officer had awarded the service a five-star rating for food safety and hygiene. There was doorbell entry to the home and visitors were asked to sign in and out, which would help keep people secure and safe.

We found that records were managed appropriately at the home. People's care records and staff members' personal information were stored securely and were only accessible to authorised staff.

## Is the service effective?

### Our findings

People told us they were happy with the service they received and felt staff were competent and knowledgeable. They said, "I am happy and enjoying my life." A relative said, "Because the staff are well trained, they are able to do a great job of caring for everyone." Healthcare professionals said, "They refer promptly should anyone require intervention. They are responsive to suggestions" and, "They are on the ball and instructions are followed to a tee."

People's needs were assessed before they moved into the home to ensure their needs could be met. Most people, or their relatives, were enabled to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed them to experience the service and make a choice about whether they wished to live in the home and staff could determine whether the home was able to meet their needs. The service had policies to support the principles of equality and diversity, and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including race, sexual orientation and religion or belief.

Staff told us the training, supervision and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. The training plan showed staff received a wide range of training and all staff had achieved a recognised care qualification. New staff participated in a structured induction programme.

Staff told us communication about people's changing needs and the support they needed was good. There were systems in place to ensure key information was shared between staff; staff spoken with had a very good understanding of people's needs.

People considered they received medical attention when they needed and were well supported with their healthcare needs. Appropriate referrals had been made to a range of healthcare professionals. The nurse practitioner and district nursing team regularly visited the service to monitor the care and treatment of people living in the home. Staff accessed remote clinical consultations which meant prompt professional advice could be accessed at any time and in some cases, hospital visits and admissions could be avoided.

Detailed information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known and considered, and care was provided consistently when moving between services. Visitors confirmed they were consistently informed of any changes to their family member's health.

Everyone told us they enjoyed the meals and they had been given a choice. They said, "I really like the food here" and, "The food is really good. We had a lovely Christmas and all the meals were delicious." One visitor said, "[Family member] likes to eat small amounts and often. The home has been so helpful, they have given [family member] plenty of choice and food when she wants it. [Family member's] weight has increased."

Most people sat at the dining tables whilst others chose to remain in their armchairs or in their bedroom.

The dining tables and side tables were attractively set with fabric napkins, themed decorations and condiments. Adapted cutlery and crockery and protective clothing was provided to maintain people's dignity and independence. People were offered meal choices and the meals served were nicely presented and looked and smelled appetising; the portions varied in amount for each person. We overheard friendly conversations and banter during the lunchtime period and we observed staff patiently supporting and encouraging people with their meals; pleasant background music was provided. Hot and cold drinks and alcoholic drinks were offered during the meal. We observed cold and hot drinks and snacks being served between meals.

Information about people's dietary preferences and any risks associated with their nutritional needs was maintained on the care plans and shared with kitchen staff. Food and fluid intake monitoring charts had been implemented for those people deemed at risk. People's weight was checked at regular intervals and appropriate and prompt professional advice and support had been sought when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. There were policies and procedures to support staff with the MCA and DoLS and records showed staff had received training in this subject. We noted four applications had been submitted to the local authority for consideration and two other authorisations had been approved. The registered manager was aware of the need to inform the relevant local authority of any changes to the restrictions placed on individuals who lived in the home; this helped to ensure people's rights were protected.

Staff understood the importance of gaining consent and promoting the rights and choices of people. People's overall capacity had been assessed and their capacity and consent to make decisions about care and support was referred to in the care plans. We observed staff giving people the opportunity to make decisions about their daily life, including where they wanted to sit, what they wanted to eat and what activities they wished to do. Staff were patient and encouraging in these interactions which enabled people to feel they had a real choice about decisions which affected them.

We noted people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place. Each person's doctor had signed the record and decisions had been taken in consultation with relatives and relevant health care professionals. A DNACPR decision form in itself is not legally binding. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. Where possible, we found people's care plans reflected their decisions and preferences in relation to this.

The home was comfortable, homely and warm and was very well suited to the needs of people who lived there. The registered manager and staff had created a calm, safe and fulfilling environment that enhanced the lives of everyone who lived at the home, particularly people with a diagnosis of dementia. People told us they were happy with their bedrooms. The gardens were safe, attractive and well maintained. We found safe places for people to walk in and seating was provided for people to enjoy the gardens in the warmer

weather.

## Is the service caring?

### Our findings

People made very positive comments about the staff. They described them as exceptionally kind and caring, pleasant, marvellous and friendly. People told us they were treated with care and kindness and were treated equally and fairly. They told us staff regularly went out of their way to help them and they were more than happy with the care they received.

People said, "My life here is lovely. I get help with my care and I always look nice" and "Whatever I need the girls get it for me. Nothing is too much trouble. I do feel loved." Visitors commented, "I have only experienced a lovely warm, caring atmosphere. The residents seem happy and content", "The staff make this a family here" and, "[Family member] says the staff are wonderful to her and treat her with kindness and dignity." Everyone we spoke with told us they would have no hesitation in recommending Cherry Tree Lodge to others and staff would be more than happy for any family member to be cared for in the home.

Compliments and reviews highlighted the caring approach by staff. All the contributors spoke extremely highly of the caring and compassionate nature of staff. One review stated, "Fantastic place. Caring staff who always go above and beyond the call of duty. I would highly recommend Cherry Tree Lodge to anyone", "I cannot rate Cherry Tree Lodge highly enough, they have given [family member] the love and care we could only dream of" and, "I must say that from the first tour around the building to arrival day and every day since, the team were great and cared for [family member], treating her with respect and dignity."

One of the values of the home was 'Live, love and be loved'. People spoken with, told us Cherry Tree Lodge was like a big family where everyone was made to feel cared for, welcomed and involved; our observations during the inspection, supported this. We found staff were supported, motivated and encouraged to provide the highest standards of care and they demonstrated highly respectful and caring attitudes towards the people they supported. We noted that staff were constantly attentive, asking people what they wanted to do, if they wanted anything and what support they required. We observed excellent caring, affectionate and respectful interactions between staff and people; we observed lots of smiles, hugs and laughter.

Staff made people feel important and valued in many ways. For example, they commented on people's clothing and asked how they were feeling. We observed staff anticipating and responding to people's needs such as by helping them to move from one place to another or to provide a drink of their choice or magazine. We observed one person was becoming anxious; staff brought the person's bracelets and the person settled. This showed staff cared for people and knew them well enough to anticipate their needs.

People were actively involved in supporting others in the local community. People had been involved in raising funds for local charities and for local school children. For example, a Christmas jumper day raised funds for Save the Children and another fund-raising event had raised money to allow local schoolchildren to experience out of school visits. This meant people and staff in the home recognised the value and importance of supporting less fortunate people of all ages and backgrounds; this in turn helped people to feel they were making a valued contribution to society and to the local community.

People were encouraged to maintain relationships with family and friends. Friends and relatives were made welcome and involved; we observed them participating in the activities and the life of the home. We observed staff were consistent in their caring approach towards people and their visiting family members. We observed friendships had developed between staff, visitors and people living in the home; we also observed visitors involving other people in their conversations and showing they cared for each other.

People who used the service were supported in a way that met their individual communication needs and in line with their care plans. Care records were very personalised and included important information about people's preferences, choices, routines and backgrounds; this information was used to help staff support people in the way they wanted and helped staff hold meaningful conversations with people. For example, consideration had been given to providing people with activities that were tailored to their previous employment and lives before coming into the home. Information in the care plans showed people living in the home had been head teachers, typists and administrators, many had looked after pets and children; activities involving words and numbers, children and pets visiting the home, provided people with activities that were meaningful to them. Staff made sure they gave people their full attention and ensured people had the time to process information and take part in conversations. We observed one member of staff sitting with a person; they showed patience and responded to repeated questions as if it was the first time the person had asked it.

An equality, diversity and human rights approach to supporting people was well embedded in the service. The registered manager commented, "For someone with a diagnosis of dementia it is important to empower them to know they have a right to be involved in the decisions about their care. We empower our residents by spending time with them in conversation and listening to them. With the practical opportunities we give them, that in turn can also demonstrate their wants and preferences, allowing their everyday lives to contain dignity and autonomy". Staff understood people's rights to be treated with fairness, respect, equality, dignity and autonomy, without discrimination. They had access to a set of equality and diversity policies and procedures and had received training in this area. Throughout the inspection, staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

We saw that people were supported to meet their spiritual and religious needs. Church representatives regularly visited the home to offer communion and spiritual support. Staff were mindful of people who preferred not to participate in church services and offered them the opportunity to sit in quieter areas. The registered manager confirmed that people from different faiths could be supported in the home.

There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. People were fully supported to wear clothing of their choice; we observed ladies were wearing jewellery and perfume and a hairdressers visited regularly.

Staff respected people's privacy and were warm and respectful in their attitude towards others. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms and made sure any personal care interventions were provided behind closed doors. Staff understood the importance of promoting people's independence. We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. We observed them encouraging people to do as much as they could for themselves. For example, soup mugs had been provided for people who enjoyed soup but struggled using a spoon another person was given much encouragement to walk short distances with their walking frame. Care records recorded people's abilities and attainable goals for the future.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms and they could spend time alone if they wished. All staff were aware of how to respect people's confidentiality and there was information available to inform people on how their rights to confidentiality would be respected.

People were provided with an overview of the services and facilities available on admission to the home. The information was available in other formats to ensure it was accessible to everyone. Useful information was displayed on the notice boards.

## Is the service responsive?

### Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating has improved to outstanding.

People were happy with the personal care and support they received and made positive comments about the staff and about their willingness to help them. People told us, "The staff are brilliant", "The activities are good. I join in when I want; there is no pressure" and, "I have been in two other homes and felt this was right from day one. The feeling was good the moment I entered the building." A relative said, "All [family member's] needs have been taken care of and we have no concerns about anything" and, "The activities are really good and they have great fun." One person commented, "The owners and staff invested in a full and rounded care package and took time out to explain and offer much needed advice." A healthcare professional commented, "The staff know people inside out; they know what people need and when there are any changes in their health or wellbeing."

The ethos of Cherry Tree Lodge included 'You are never too old'. Throughout our inspection, we observed this to be true as the home was full of activity, involvement and fun. Visitors described the 'family atmosphere' of the home and told us gave people an excellent quality of life to be enjoyed at their own pace.

The service had been successful in engaging with people in the local community. People were involved in sending letters, postcards and birthday cards to other people; the communications had provided an insight into other people's lives and helped develop new relationships. A nursery group regularly visited the home and joined in activities with people living in the home; staff described how new relationships had been developed between some of the children and people living in the home. The registered manager described how this had created such a positive impact on people, particularly one person who had been suffering from low mood following a bereavement. The person's mood had improved and they now looked forward to the children's visits. One person told us, "The children that visit the home every week are great. I really look forward to their visits".

Staff had clearly developed good relationships with people in the home and spent all of their time engaging people in conversation or in a wide range of group and individual activities that met people's diverse needs and interests. We observed people chatting to each other and their visitors and staff, reading newspapers and watching TV. We observed people taking part in an alphabet and numbers game to stimulate their minds and memories. One person had a dementia but staff had identified the person's areas of interest being word games and puzzles; we observed staff supporting her to engage in the activities she really enjoyed. Other people were engaged in creating pictures; we noted some of these had been framed and displayed on the walls of the lounge. A member of staff regularly brought her dog in; we observed people talking to and stroking the dog, getting so much enjoyment from their interactions.

A number of resources were available which people could use independently or with staff support. Records showed people participated in concerts, crafts, movies, colouring, movement to music and quizzes. Theatre

groups visited the home on a regular basis and we were told 'Gin and Tonic' afternoons were held. People told us they had made hats in the summer. One person said, "We spent lots of time in the garden in the fresh air. It was wonderful; we had meals outside. The staff worked so hard to make our time in the summer fun."

We observed the extremely positive effect that music and dance had on people. The registered manager told us how music was beneficial to people and particularly stimulating for people with a dementia. In the afternoon we overheard much laughter in the lounge and found people engaged in a movement to music session. People and their visitors and staff were dancing, singing and playing musical instruments. A conga was taking place through the lounge and dining areas and even people with walking frames were involved, dancing in time to the music. People who were unable to dance were singing, clapping and tapping their feet to the energetic music. One person said, "This is a wonderful place to live. [Staff member] dances with me and I really enjoy that. There is always music to listen to."

The management and staff provided people and their families and friends with excellent care and support at the end of their life and ensured people's end of life was as comfortable, dignified and pain free as possible. One person described how staff had supported them when their family member had died. They said, "Without the wonderful staff I don't think I would have been able to carry on. They supported me in every way possible. I always had someone to talk to and cry with." Families were offered support following the death of a family member and staff always paid their respects at funerals; staff were also provided with appropriate and timely support as needed.

Management and staff at Cherry Tree Lodge had the skills and knowledge to support people at the end of their lives. They had achieved accreditation in the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for people approaching the end of life which is delivered by frontline care providers. There was advanced care plan documentation which provided a framework for staff to ask difficult questions, enabled people to express their choices and make informed advance decisions. People and their families were very involved in this process.

Records showed that people received personalised care that was responsive to their needs. The care plans were organised and included information about people's likes, dislikes, preferences and routines which would help ensure they received personalised care and support in a way they both wanted and needed. People's care plans also reflected human rights and values such as rights to privacy, dignity, independence and choice.

Information about people's changing health needs and specialised care needs were recorded and the advice given by health care professionals was documented and followed. Healthcare professionals considered the staff were skilled, proactive and knowledgeable. Staff told us the care plans were useful and informative.

People's care and support had been kept under review and records updated on a regular basis or in line with any changes. People said they were kept up to date with any changes and involved in decisions about care and support. Daily records were maintained of how each person had spent their day and of any care and support given; these were written in a respectful way. There were excellent communication systems in place to ensure staff were aware of and could respond to people's changing needs. Workbooks recorded any interventions that had taken place, any changes to people's needs and action taken, professional contact made and activities undertaken. Twice daily checks were completed by staff on medicines and the security of the building to further ensure people's safety.

People told us they did not have any complaints, but told us they would feel confident enough to speak with

a member of staff or to the registered manager if they were unhappy. There had been no complaints made about this service in the past 12 months.

A customer satisfaction survey had recently (December 2018) been completed by people living in the home, visitors to the home, staff and health and social care professionals. The feedback was extremely positive. People could make suggestions or comments in a secure box in the entrance. Many compliments had been received at the home and left on an independent web site. The comments supported our view that staff were extremely responsive to people's needs and committed to providing high quality, compassionate care.

Technology and equipment was used to enhance the delivery of timely, effective care and support. Internet access enhanced communication and provided access to relevant information for staff. E-learning formed part of the staff training and development programme and all staff had mobile access to policies and procedures and updates to help improve communication. Electronic equipment was used to alert staff when people were at risk of falling and used to support people at risk of skin damage. Some people had their own landline in their bedrooms and were able to receive incoming calls from friends and relatives in private. The home had Wi-Fi throughout which people could use through their own devices to follow their interests or engage with people outside of the service. One person used an electronic device to listen to music and to watch movies on. Staff accessed out of hours professional medical advice and participated in training with the electronic telemedicine services.

People with a disability or sensory loss were given information in a way they could understand. The registered manager told us information could be provided in different formats to meet people's communication needs. We found there was information in people's care plans about their communication skills to ensure staff were aware of any specific needs.

## Is the service well-led?

### Our findings

At our last inspection in July 2016, this key question was rated as good. At this inspection, the rating has improved to outstanding.

Throughout the inspection, we observed many examples of how the registered manager and staff team at Cherry Tree Lodge showed a clear commitment to providing a high-quality service which ensured that people could live as fulfilled and enriched lives as possible. The atmosphere in the home was warm, active and welcoming and people spoken with told us they felt lucky to be living in the home.

People said, "This is a great place to live; I always have plenty to do" and, "This is a wonderful place." Relatives said, "This home is just the best. I would recommend this home to anyone who needs good care and a home", "You will not find a better home" and, "We have seen some great changes at the home over the last few years. [Registered manager] has made a big impact. The staff are fantastic. I think the choice of staff has made a difference. They are a well-trained group who know what is expected of them."

The visions and values of the service were fully understood by the staff team and were displayed in various ways throughout the home. They included, 'Live, love and be loved' and 'You are never too old'. The registered manager told us how important it was that people felt they had lived each day to their maximum enjoyment, were fulfilled, loved their home and being part of a community and most importantly felt loved themselves.

The registered manager and staff were fully committed to the continuous improvement of the service and were dedicated to making people feel valued and improving people's care and self-esteem. A dedicated and enthusiastic staff team was in place, led by an excellent and passionate registered manager who followed best practice and pursued opportunities to influence care in order to attain better outcomes for people living at the home. The registered manager saw the recruitment, retention and development of staff knowledge and skills to be of critical importance to provide people with excellent care, confidence and the feeling of safety.

The registered manager saw the home as an integral part of the community and was passionately committed to providing people with high quality care. The registered manager was involved in a local dementia support group, Dementia Friendly Rossendale, providing people in the community with advice and support from people with specialist knowledge. Drop in sessions were held each month in the local GP practice and also in the home. Cherry Tree Lodge offered religious services, community fund raising events and meetings where carers and family members could obtain social care advice or participate in arts and crafts and other leisure activities in the home. Excellent links had been developed with local school and nursery children who would regularly visit the home. There were clear examples of how this had improved people's lives and had given younger people an awareness and appreciation of older people. People described how they looked forward to these visits and how special relationships had been developed. For one person, the visits had restored their interest in socialising and had improved their health and wellbeing.

Without exception, everyone spoken with made positive comments about the management of Cherry Tree Lodge and said they would definitely recommend the home to others. A healthcare professional said, "An excellent care home. The standards of care are excellent." One person commented, "The owner helped me out with advice in relation to a person not stopping at their facility, which was greatly appreciated. Five stars."

All staff said Cherry Tree Lodge was an excellent place to work. They told us they had access to plenty of training opportunities, received regular supervision and were very well supported by the registered manager. When compliments were received, these were shared with staff and their success was celebrated; this made them feel valued.

People spoke very highly about the staff and the registered manager. The registered manager led by example, and people felt the registered manager was a strong, visible and approachable presence in the home; we observed good relationships between the registered manager, staff and visitors to the home. Healthcare professionals spoke highly of the skills and knowledge of the management and staff and how this made a positive impact on people's lives. They said, "The staff refer appropriately and in a timely way. They keep detailed records and know the people they support really well."

The home was consistently well staffed with a stable team. The registered manager told us that by valuing staff and providing good staffing levels this ensured good standards of care, gave staff time to spend with people and their relatives without being rushed and helped to maintain a stable, enthusiastic and happy workforce. Staff and people spoken with told us how it made a difference to spend quality time with people and not to feel rushed. In addition, the management team recognised the importance of making staff feel valued in order for them to deliver high quality care.

The registered manager was passionate about improving social care for the present time and for the future; the staff team were supportive in this. She had undertaken a Masters Degree in Dementia to support her with improving the care people received and with the environment. The registered manager told us that people's lives had been enhanced in many ways by following best practice guidance, working in partnership with other agencies and developing links with organisations. This included, working with the Salford University Dementia Institute which had led to developing an environment that was stimulating, safe and homely and enhanced people's lives. We found the décor of the home was bright and each person's bedroom was decorated to their tastes, pictures and interesting items to promote discussion were displayed around the home. The garden areas had been improved with safe walkways and raised planters so that people's interests and pursuits could now be enjoyed in all weathers; people described how they had enjoyed summer time in the garden. A 'bus stop' had also been provided in the gardens as one person often became anxious and wanted to go home on a bus; staff found that when the person stood at the bus stop they became calm and relaxed. The registered manager was clear about future improvements to the environment to enhance people's lives.

Developing good working relationships with a range of health and social care practitioners had led to better care reviews and advanced care planning. For example, people had benefited from regular medication reviews and the registered manager had noted a reduction in prescribed medication, a decrease in the number of incidences of falls and improvement in continence. Improved communication with the community nursing team had led to good relationships, a mutual respect for each other's roles and prompt and appropriate treatment which could reduce the risk of the person going into hospital.

The registered manager was active in supporting and working in partnership with other services, a variety of other agencies and healthcare professionals to keep up with current legislation, guidance and to share best

practice. For example, the registered manager was involved in working in collaboration with hospital and community healthcare professionals to improve clarity around people's roles, to improve awareness of the risks of out of hours discharges and ultimately to improve and provide consistency with discharge processes. Strong links had been developed with the local commissioners to access appropriate guidance and training. Staff attended local infection, prevention and control meetings and safeguarding meetings and had become champions in their chosen areas; this helped increase staff awareness and improved practice within the service.

The registered manager worked in collaboration with other local registered managers and attended Care Home Quality Forum meetings to share good practice and to provide support for each other. Subjects of interest and information from CQC inspections were discussed within the group. This showed the registered manager was open, honest and transparent with others and committed to improving care for people.

The home had achieved the Gold Standard Framework Accreditation in End of Life Care; evidence showed they provided excellent support and care to people and their relatives at the end of their lives.

There were very effective systems in place to assess and monitor the quality of the service. We noted shortfalls had been identified, timescales for action had been set and actions were monitored by the registered manager. For example, shortfalls had been identified with the application of creams; the registered manager had provided designated staff with appropriate training and they provided other staff with five-minute sessions to improve this area. It was identified during mealtime observations that some people did not have the motor skills to managed soup; soup mugs were provided to ensure people's dignity and independence were maintained. The need for a change to staffing availability was highlighted; adjustments were made to the rotas in consultation with staff. This showed the service was flexible when meeting people's needs.

People were encouraged to share their views and opinions about the service and feedback was gathered through care plan reviews, resident meetings and complaints or compliments; the information was used to continuously improve the service.

The registered manager worked alongside staff to monitor the quality of the service and the effectiveness of staff practice. Staff told us the registered manager wanted only the best care for people and this was reflected in the way the home was managed.

Staff morale was high and staff told us they felt valued. We observed an excellent and respectful working relationship between the registered manager and staff. Staff spoke positively about their work and felt supported to carry out their roles; they felt they could raise any concerns or discuss people's care with the registered manager or at regular staff meetings.

People's care records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. Our records showed that appropriate notifications had been submitted to CQC and other agencies. The service's CQC rating and a copy of the previous inspection report was on display in the home and on the web site.