

# Barchester Healthcare Homes Limited

# Cherry Blossom Manor

## Inspection report

German Road  
Bramley  
Tadley  
Hampshire  
RG26 5GF

Tel: 01256886436  
Website: [www.barchester.com](http://www.barchester.com)

Date of inspection visit:  
15 October 2020  
16 October 2020

Date of publication:  
24 November 2020

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Cherry Blossom Manor is a nursing home providing personal and nursing care to 73 people at the time of the inspection. The service can support up to 77 people.

The two-storey building is spacious and purpose-built. People live in one of three communities. Wellington and Silchester, which provide residential and nursing care. People living with dementia are cared for in the Memory Lane Community.

### People's experience of using this service and what we found

People were safe from the risk of abuse. People told us there were, "nice staff" and they were, "treated well." Potential risks to people were assessed and managed. The majority of people and staff felt there were enough staff. We observed there were enough suitable staff to support people safely and to meet their needs.

Medicines were being managed safely at the home. We have made recommendations about ensuring all medicines are disposed of in a timely manner and to review medicines care plans. People were protected from the risk of acquiring an infection. Lessons were learnt following any incidents.

Overall there was a very positive working culture. A minority of staff were not as positive about the culture as their colleagues. The provider was already aware and addressing this for people. There was a clear governance framework and the registered manager had a good understanding of their role. Processes were in place to seek feedback on the service from people and staff. Relatives told us, "The service is excellent" and "They [staff] understand his needs better than we do. It's a pretty good quality of life." There was a focus on monitoring, learning and improving. The home worked in partnership with other agencies.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 March 2019).

### Why we inspected

We had received concerns in relation to: risk management, medicines, staffing, infection control and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Blossom Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Cherry Blossom Manor

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was completed by an inspector, an inspection manager and a member of the CQC medicines inspection team working on-site and two assistant inspectors working off-site. The CQC medicines team is made up of a mixture of pharmacists and pharmacy technicians. The assistant inspectors spoke with staff by telephone. An Expert by Experience spoke with people's relatives off-site. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced. We contacted the service prior to entry to ensure there was no-one isolating with confirmed or suspected Covid-19 and to ensure the inspectors complied with the service's policy on the use of personal protective equipment.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with 21 members of day and night staff, including care staff, nurses, the registered manager and members of the provider's senior management team. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included eight people's care records, 15 medicine administration records and 14 medicines related care plans. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. A further four relatives and thirteen staff contacted CQC to provide their written feedback on the service. We also spoke with a professional who regularly visits the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff. Relatives feedback included, "[Loved one] has been in [the home] for over three years and I've never been in doubt of safety." Another relative told us of the positive actions taken by staff following an incident to ensure their loved one's safety.
- The provider had effective safeguarding systems, policies and procedures in place. Staff had access to an up to date safeguarding policy and had completed relevant training on safeguarding and equality and diversity. They understood the types of abuse, their responsibility to report concerns, to whom they should report any concerns and how.
- The provider had in response to the recent concerns raised, completed a thorough investigation. People were safeguarded from the risk of abuse.

Assessing risk, safety monitoring and management

- The provider ensured potential risks to people's safety were identified, assessed and measures put in place to manage them. For example, people's risk of developing pressure ulcers was reviewed monthly. People had risk management plans which detailed how they were to be supported, through the provision of equipment and staff support. Staff had received skin care training and were instructed to observe and report any signs of redness on people's skin. A staff member confirmed, "We do the repositioning as we need to constantly."
- Where people presented with behaviours which challenged, staff had requested relevant assistance from professionals to support them. Staff had access to written guidance to enable them to support people appropriately with their behaviours.
- The management of potential risks to people, took into account their human rights. For example, one person's bed had been moved, to help manage the risk of them falling, whilst not inhibiting their freedom to move around their bedroom.
- Following incidents, staff completed a report, which was reviewed by the registered manager and signed off by the general manager, to ensure any required actions were identified and taken.
- The provider ensured relevant equipment and utility checks in relation to fire, gas and electrical safety were completed for peoples' safety. Staff had completed relevant moving and handling training. A relative confirmed, "They [staff] use a hoist and staff know how to use it."
- Staff maintained a daily record of the personal care people had received, to demonstrate the care provided. Relatives confirmed, their loved ones were always well kempt. Where required, staff also kept records of people's food and fluid intake and any support provided with re-positioning.

Staffing and recruitment

- The majority of people felt there were enough staff, two would have liked more and relatives had no concerns. People's feedback included, "Sometimes they [staff] are very busy," and, "There are enough staff." The majority of staff felt staffing levels were sufficient, some felt there needed to be more. Some staff told us if staff went sick at the last minute their shift could not always be covered. These staff reported people received their care, but it could on occasions be 'rushed' or take longer.
- We found no evidence people were not receiving their care as required or that their safety was compromised. Daily records demonstrated the personal care people received. We observed staff were not rushed as they provided people's care.
- The provider used their own tool and policy to assess people's dependency needs and decide the home's required staffing and skill mix. Staffing was kept under daily review. Staffing rosters showed the home was staffed in accordance with the provider's staffing tool. The service operated a, 'whole home approach' and staff in other roles, contributed additional support to people as required, for example, at meal times. The call bell analysis showed the vast majority of calls were responded to promptly. We found no evidence the staffing level provided was not sufficient to provide people's care as required and safely.
- The provider had safe recruitment practices to ensure only suitable staff were employed.

#### Using medicines safely

- Staff had recorded opening dates on the prescribed eye drops and liquid medicines which people used currently. However, for three people eye drops which had been open for more than 28 days were stored in the medicine trolley, alongside the eye drops currently in use. These had not been removed to be disposed of as per the provider's policy.

Recommendation: The provider should ensure medicines which are not in use are disposed of appropriately in a timely manner.

- Medicine care plans were not always person-centred. Some people were prescribed medicines for Parkinson's disease. These medicines have to be given at specific times. However, information about time specific Parkinson's medicine was not always included in their care plans. Another person was prescribed an anticoagulant. Information was not recorded in their care plan about the likely side effects of the anticoagulant and how to manage them. Anticoagulants are medicines that help prevent blood clots. Current medicines prescribed to people were not listed in the care plans as per National Institute for Health and Care Excellence (NICE) guidance.

Recommendation: The provider should review medicines care plans to ensure they reflect best practice guidance.

- Staff were polite and gained permission when they gave medicines to people. They signed for each medicine on the medicine administration record (MAR) after giving it.
- People's medicines were stored securely and at appropriate temperatures, including controlled drugs.
- Some people were prescribed medicines to be given 'when required'. Protocols were in place to help staff with information on how, why and when to give the medicines.
- Some people were given their medicines covertly – when a medicine is disguised when given. Medicines could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them. The provider had carried out appropriate assessments and consulted the pharmacist before giving medicines in this way.
- There was a medicine policy in place to support medicines management at the home. Staff members had their competency assessed and received training to handle medicines safely.
- People had regular medicine reviews carried out by a multi-disciplinary team which included nursing staff



from the home, a local GP, their next of kin, where appropriate, and allied health professionals such as dietician and physiotherapists.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff we spoke with all understood their responsibility to raise any concerns and to report any incidents.
- The provider responded appropriately when issues arose and involved staff, people and partner organisations in reviewing incidents. Lessons were learnt to support improvements, and these were shared with staff. A staff member told us, "When a care plan was not written according to the resident's needs, the manager did a meeting with all the nursing staff and we discussed how to improve our work and practice, giving advice to each other."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the service. Their feedback included, "One of the carers had tears in her eyes worrying about [loved one]. It's a really good place and it comes from the top."
- One person told us they found the atmosphere in one 'community' was not as positive as the others, and shared a negative experience. We raised this with the registered manager, who immediately took appropriate action to address this.
- The majority of staff reported a very positive culture in the home, their feedback included. "It's a great place to work" and, "I am very proud of the care we do provide." A small minority of staff said, morale was low and they did not experience positive working relationships. The provider was aware of this, and a recent report, acknowledged the atmosphere in one 'community', was not as "joyful" as the others. The provider had taken relevant action and has set up 'surgeries' for all staff to share any concerns or worries. Apart from the one incident, which was promptly addressed, we did not identify any impact for people.
- People and their relatives, reported the service was well-led. Their feedback included, "You can always go to the people in charge and they will always listen to you" and, "The service is excellent. If I need anything I will contact the manager directly who will sort things out. The senior nurses are also very good."
- The majority of staff supported this view. A number of staff said the registered manager supported staff very well and had led them through the pressures of the pandemic. One staff member said, "It was a challenging time to try to keep the morale high for staff and residents, but our manager handled everything amazingly well and was there to support the staff and residents, and keep the home safe during that uncertainty."
- The registered manager was focused on the provision of good quality of care to people by all staff. They had prepared and given a presentation to staff at the end of 2019, which reflected the improvements and positive achievements of the staff team as a whole across the year.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted upon their duty of candour. Records confirmed when this had been applied. A relative confirmed, "I know they always document everything and always let me know if anything happens."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear and effective governance, management and accountability processes. There was a clear organisational structure and management at all levels of the home, both internally and externally. This ensured the home could draw on expertise as required, for example, from the provider's clinical lead nurse for the area.
- Management systems were in place to identify and manage risks to the quality of the service. Indicators of potential risks to people, such as risks of pressure ulcers, falls, choking, nutritional concerns and medication, were monitored monthly, both internally, and externally by the regional director. This ensured any trends were identified and appropriate actions taken.
- There had been a focus on a range of measures to increase people's weight after managers identified a trend of people being at increased risk of malnutrition. Following this, in September 2020, there was an increase in people gaining weight and those who maintained their weight.

#### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager completed a daily walk around. This enabled them to have oversight of the service and for people and staff to speak with them if they wished. The registered manager also ensured out-of-hours checks on the service were made regularly by the management team .
- People had the opportunity to provide feedback at reviews of their care, at residents meetings or by speaking with the registered manager. People and their relatives could also use the internet to provide reviews of the service. Relatives told us they felt very included in the care of their loved ones. One relative said, "They understand the needs of all of us [the family] and help support us."
- A residents' survey had just started and the results from the staff survey were awaited. Staff were also about to distribute an activities survey, to seek people's ideas and thoughts.
- There were meetings for staff to express their views. Most staff told us that they could voice their opinions and concerns to the registered manager and that these were acted upon. Staff's feedback included, "We have a good management that operates an open door, so we can take any concerns we have to them."

#### Continuous learning and improving care

- The registered manager was very knowledgeable about the service.
- A range of audits were conducted both within the home and by the senior management and the provider's quality team. The provider used these audits to assess the quality of the service delivered and to drive improvements. Staff carried out monthly medicine audits to identify gaps and improve medicines management at the home. Where actions were identified, there was evidence these had been completed.
- There was a focus on learning from any incidents. For example, a root cause analysis and trend analysis was completed for pressure ulcers to identify any areas for improvement.

#### Working in partnership with others

- Concerns had been raised prior to the inspection about some professionals having experienced difficulties when arranging physical visits to people at the home during the pandemic. The home participated weekly in virtual multi-disciplinary clinics with professionals. People had been visited in person by external professionals where necessary. A professional told us they had not experienced any issues visiting during the pandemic.
- The provider's guidance for professionals' visits during the pandemic set out their processes to ensure people's safety where visits were essential and could not be completed 'virtually'. The registered manager had applied the provider's guidance, for the purpose of keeping people safe from the risk of acquiring an infection. Professionals were able to visit the home in accordance with the provider's guidance.

