

Barchester Healthcare Homes Limited

Cherry Blossom Manor

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

This service is a care home. It provides care for older people, some of whom have nursing needs and some of whom are living with dementia.

People's experience of using this service:

- We received positive feedback about the service and the care people received. The service met the characteristics of Good in all areas.
- People received safe care. Medicines were managed safely and there were enough staff to support people and keep them safe.
- People were supported by skilled staff with the right knowledge and training.
- Staff had respectful, caring relationships with people they supported. They respected people's dignity and privacy and promoted their independence.
- People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.
- Effective quality assurance processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

The rating at the last inspection was requires improvement (5 April 2018). The overall rating for the service has now improved to Good.

Why we inspected:

This was a planned inspection of the service based on the last rating.

Follow up:

We did not identify any concerns at this inspection. The provider had made the required improvements to achieve a rating of Good. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was completed by two inspectors and two 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. Both experts had experience of caring for older people who use services.

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.
- Cherry Blossom Manor accommodates up to 77 people. The home provides support and treatment for people who require residential, nursing and respite care. The building has two floors and a number of secure outdoor spaces. The upstairs floor specialises in providing care to people living with dementia. At the time of the inspection 64 people were living at the service.
- 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 was an unannounced inspection. This meant we did not give the provider any notice of our inspection visit.

What we did:

- Before the inspection the provider sent us a Provider Information Return. Providers are required to send us

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
- During the site visit we spoke with 12 people, five friends and relatives of people, the registered manager, three registered nurses, two visiting healthcare professionals, six members of care staff, the activities coordinator and the head of housekeeping. We also observed people receiving care and support in communal areas.
- We reviewed six people's care plans and medicines administration records. We also reviewed the provider's overall development plan, the staff rota, staff meeting minutes, meeting minutes for people and their relatives, the provider's quality improvement record, the incident log and the provider's complaints file.
- After the site visit we spoke with two members of care staff. We also reviewed additional evidence sent to us by the provider including the staff training matrix, the provider's fire evacuation plans for both day and night, and rotas for the four weeks prior to inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection in April 2018 we identified there were not enough staff to support people at key times such as meal times. At this inspection we found the provider had made significant improvements to staffing levels and people received the care and support they needed during meal times.
- People told us they felt there were enough staff. One person said, "They have a good group of people. They were a little light before. Things are constantly changing- [there are] never too few staff." Another person said, "When you call them they come straight away. [There] must be enough [staff] otherwise you would have to wait."
- The registered manager used regular meal time observations to identify areas of improvement. They told us, "We use the whole home approach – using other departments to help. [We] will have help if need be from the kitchen assistant, chef and activity staff. We also have volunteers –they join with us during meals." This meant people got the support they needed at meal times.
- We observed people eating lunch. Staff were attentive to people's needs and meal times were calm and unrushed. We saw there were enough staff available to serve people's meals on time and to assist people who needed help to eat.
- The registered manager used dependency tools to assess the amount and type of support needed for people. Rotas we reviewed for the four weeks before inspection showed there were enough staff on shift each day to meet people's needs and keep them safe.
- Robust checks and safe recruitment practices were in place to ensure only suitable staff were employed in the home.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Cherry Blossom Manor. One person said, "I've got friends here and I feel very safe here - there's enough staff, there's always someone there." Another person said, "I feel safe here, my [relative] visits a lot. It's quite good really."
- Training records showed staff had completed safeguarding training which was regularly refreshed.
- Staff we spoke with stated that any concerns were reported to the registered manager, who informed the local authority safeguarding team, CQC, the person's family and the person's GP if appropriate.
- The deputy manager told us staff also discussed safeguarding in meetings. They said, "We do meetings twice a month. We make sure they understand with supervision - making sure everybody is aware."

Assessing risk, safety monitoring and management

- People's care plans contained individualised risk assessments which staff had signed each month after they were reviewed.

- Risk assessments addressed risks such as choking, falling and malnutrition. Other assessments included continence, skin integrity, moving and handling and risk of developing depression.
- Pain assessments were used by staff to assess people's pain if they were unable to express themselves verbally due to living with advanced dementia.
- We reviewed the home's fire evacuation plans. There were suitable safety arrangements in place to evacuate people in case of fire including regular fire alarm tests, an evacuation plan and details of fire refuge areas which people could stay in until help arrived. Staff also took part in regular fire drills to ensure they knew which actions to take in the event of a fire.

Using medicines safely

- Safe systems were in place to manage medicines. We saw that in the medicines storage room all medicines were securely stored.
- The temperature of the medicines room was measured and recorded to ensure it was within safe ranges.
- For medicines which needed to be stored in a fridge staff had recorded daily maximum and minimum temperatures. This meant medicines were stored according to the manufacturers' guidance and were safe for people to use.
- People's medicines administration records (MARs) contained important details such as their GP's name and contact details and any allergies people had. We saw that people's MARs had been completed correctly and that there were no unexplained gaps.
- If people needed 'homely remedies' such as cough syrups, protocols for their use were in place and had been signed by each person's GP.

Preventing and controlling infection

- People were protected from the spread of infection by suitably trained staff, who had completed the provider's infection control and prevention mandatory training.
- Protective equipment such as gloves and aprons were available and we saw that staff used these appropriately when providing care and when serving people's meals.

Learning lessons when things go wrong

- Staff understood the duty of candour.
- A senior staff member told us that following an incident, a root cause analysis was carried out followed by a supervision meeting. They said, "We learn from incidents to prevent future incidents as much as you can, for example, falls or unpredictable behaviour."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection we found people living with dementia did not always receive individualised support that met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found the provider had deployed staff effectively so people living with dementia got the support they needed during key times such as meal times. This meant the provider was no longer in breach of this regulation.
- We observed people having a meal in the specialised unit for people living with dementia. One person was not managing their meal and called out for help. Staff immediately responded and supported the person to finish their meal.
- People were shown two meal options so they could make an informed choice. Staff explained what each meal was, listened to people and provided their chosen meal. The atmosphere was calm and unrushed. People appeared to enjoy the meal time experience.
- People's needs were met because the registered manager completed detailed pre-admission assessments.
- Assessments were comprehensive and detailed people's needs in areas including communication, personal hygiene, continence, mobility, risk of falls, skin integrity, mental health and cultural, spiritual and social values. Care plans for cultural, spiritual and social values included information about people's religious beliefs to help staff provide support for people to practise their faith.

Staff support: induction, training, skills and experience

- People were supported by staff who had received comprehensive training. Staff completed the provider's mandatory training which was based on the Care Certificate. The Care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff files we reviewed contained records of regular supervisions and appraisals. Staff were supported to identify areas for development. Senior staff also completed competency observations on care staff regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered freshly cooked, nutritious meals. If people were identified as being at risk of malnutrition, staff provided them with supplements and high calorie foods.
- People could choose from the home's menu which was changed regularly. Alternatives were also offered. One person told us, "There's an alternative menu – if I don't like something I can choose an omelette from the alternative menu."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff if they needed visits from healthcare professionals.
- People's care plans contained records of visits from GPs, nurses and foot care specialists. Staff responded quickly to changes in people's health and contacted the relevant health care professionals when people needed care or treatment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appointments with dentists and other professionals as required. Staff regularly reviewed people's health needs to ensure they received timely, appropriate support.

Adapting service, design, decoration to meet people's needs

- Cherry Blossom Manor was purpose built. Corridors were well lit and spacious and allowed wheelchair access. Dining rooms were light and homely with suitable furniture. Bathrooms contained adapted baths and showers for those with additional mobility needs.
- The home had been adapted to support people living with dementia. Corridors had been painted in different colours to help people orientate themselves.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported by staff who understood the principles of the MCA and applied them when giving care and treatments.
- The registered manager had submitted appropriate applications under the Deprivation of Liberty Safeguards. They had notified us of these applications in line with legislation.
- People's care plans showed decision specific mental capacity assessments had been completed and the relevant professionals and family members had been involved in these. One person was unable to make an informed decision about receiving their food through a feeding tube. Records showed the decision to support the person to eat with a feeding tube had been thoroughly explored and the appropriate professionals had been involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with told us staff were caring. One person said, "They're very understanding and helpful. They've been a very good support during a very difficult period for me." Another person said, "[They're] very kind and caring. Although I've not been here long they know what I like to do." Another person told us, "I have a good relationship with the staff, I love them."
- We observed that staff were compassionate, patient and kind. They knew people well, took time to speak with people and provided individualised support. We observed one staff member sitting with a group of people in the coffee lounge. They took time to speak to each person individually and offered them drinks and snacks. The staff member spoke calmly and quietly to each person and exchanged laughs and smiles with them.

Supporting people to express their views and be involved in making decisions about their care

- People we spoke with told us they were involved in planning their care and support. One person said, "My [relative] was with me when they put together my care plan. They explained everything to us."
- During our inspection visit we saw that staff frequently asked people what their preferences were for care and support.
- The provider had a complaints policy and people knew how to complain. The registered manager had an 'open door' policy. During our inspection we saw several people approach the registered manager to speak to her in her office. This showed the registered manager was approachable and available.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was protected by staff. This was confirmed by people we spoke with. One person said, "They [staff] will knock before coming in to my room - they wait for me to tell them they can come in."
- People told us staff supported their independence. One person told us, "If I am able they will let me do what I can."
- Staff we spoke with understood the importance of upholding people's dignity and promoting their human rights. One staff member said, "We make sure we give choices – we always ask questions. Every person is treated in a different way dependent on what they need. [It's their] human rights."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found people, their relatives and staff gave mixed views about the activities provided for people. At this inspection we found the range of activities and opportunities to socialise had been increased.
- People living at Cherry Blossom Manor received individualised care. Staff held conversations with people and regular meetings to gain their feedback on care provided. Records we reviewed showed staff had acted on people's feedback.
- The provider complied with the Accessible Information Standard, which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- For people with a visual impairment staff had produced information in large print. They had also produced visual aids to help them communicate. For a person who lived with deafness, staff had contacted the National Deaf Institute for equipment to support the person to express themselves.
- Records of residents' meetings showed staff sought people's views and made changes based on preferences people expressed.
- There was a varied activities schedule which included larger or smaller group activities. The registered manager told us some people were less likely to engage in whole group activities, so staff had planned opportunities for people to enjoy activities in smaller groups.
- Some people told us they preferred not to join in group activities, so activities staff provided one to one sessions for people in their own rooms. This meant people received care which met their needs and preferences.

Improving care quality in response to complaints or concerns

- People we spoke with told us they knew how to complain and would raise any concerns. One person said, "We all have the occasional niggle but nothing major - they do listen."
- Complaints were investigated thoroughly, according to the provider's policy.

End of life care and support

- When people reached the end of their lives, staff provided individualised care and support to help people remain comfortable and pain free.
- Care plans we reviewed contained specific instructions for staff about pain relief, care and support and where people chose to remain in their last days.

- The provider had completed an accredited end of life care programme delivered by the NHS called 'The Six Steps'. The programme aims to enhance end of life care through supporting staff to develop their skills around end of life care.
- Staff used a tool from the programme to provide individualised end of life care support to people to ensure their symptoms were managed, they were given appropriate pain relief and received support from relevant health professionals.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection the service did not have a registered manager. At this inspection the registered manager had completed the application process and their registration with us had been granted.
- Effective systems were in place to assess and improve quality and safety in the service.
- The registered manager maintained an overall service development plan. This included required actions, staff responsible for actions and timescales for completion of actions. The provider's regional managers also completed monthly quality assurance assessments. This ensured the registered manager's audits were effective in maintaining and improving quality and safety in the service.
- Staff roles and responsibilities were clear. We observed a daily handover meeting with staff from the home's different departments. Relevant information was shared such as new admissions and maintenance works. Staff were clear about what was expected of them and communicated with each other effectively. This helped ensure all staff were informed about daily changes in the home so they could provide safe, effective care for people.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager displayed a person-centred ethos and wished to place people at heart of the home. This was clearly communicated and shared by the staff team.
- The registered manager was supported by a dedicated, competent staff team and delegated tasks associated with managing the service appropriately.
- People we spoke with told us staff worked with them to ensure their care needs were met. One person said, "I've been asked if we're happy with how things are and told who to speak to if there is a problem."
- Relatives of people unable to make informed decisions about their care told us staff worked with them to plan individualised care for their loved ones. One relative told us, "Staff interact well with [relative]. We all visit, it's great. I did the care plan with the duty manager."

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

- People who used the service, staff and the public were engaged in it as people and their relatives were involved in planning people's care and support.
- Staff maintained community links through inviting people to events such as a memory café. Staff also completed a piece of work to reduce loneliness in older people. Older people living locally were invited to dine with people in the home.

- Staff also engaged with local services including the ambulance service. They were invited into the home to share coffee mornings with people. This helped people to remain integrated with the local community.

Continuous learning and improving care

- The registered manager maintained an up to date log of accidents and incidents. Records we reviewed showed staff had acted when incidents occurred to prevent reoccurrences. Following incidents such as falls, measures were put in place to protect people from further falls. These included extra staff supervision and sensor alarm mats for people at high risk of falls who had been assessed as not having the capacity to understand the risk of moving about unaided.
- The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

Working in partnership with others

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met. People's care plans contained records of meetings and discussions with nurse, GPs and social care professionals.
- The provider was working in partnership with the clinical commissioning group to improve medicines management and reduce the number of people being admitted to hospital from the home. Records we reviewed showed that because of this project, admissions to hospital had reduced over the last six months.