

Blueberry Transitional Care Ltd

Cherry Blossom

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Cherry Blossom is a residential care home providing personal care and accommodation to six people with a learning disability. At the time of the inspection three people lived at the home.

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

People and their relatives were not consistently involved in the review and development of care plans.

Relatives and people told us they felt safe with the staff who supported them.

Staff had regular safeguarding training and knew about the different types of abuse. Staff understood their responsibilities in relation to protecting people from the risk of harm. Where risks to people had been identified, risk assessments were in place.

People received their medicines when they needed them. Staff were very knowledgeable about people's changing needs.

People were supported by staff who were well trained and competent in their role. People were assessed before they used the service to ensure their needs and preferences could be met.

Staff understood the importance of ensuring people's rights were understood and respected.

People and their relatives told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.

Where people lacked capacity, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

Right support:

People were supported to be independent and have choice and control. Improvements are required to ensure people's voices such as reviews being conducted.

Right care:

Care was delivered in a way which meant people's human rights were respected.

Right culture:

Cherry Blossom were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisation's visions and values which were centred around supporting people to live meaningful lives.

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

Rating at last inspection and update

The service was inspected but not rated (published 18 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous published report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Is the service effective?

Good ●

The service was Effective.

Is the service caring?

Good ●

The service was Caring.

Is the service responsive?

Good ●

The service was Responsive.

Is the service well-led?

Requires Improvement ●

The service was not always Well Led.

Cherry Blossom

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 carried out by one 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. The inspector visited the home on 29 April 2021 and the Expert by Experience made telephone calls to relatives on 30 April 2021.

Service and service type

Cherry Blossom 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 gave a short notice period of the inspection because of the risks associated with COVID19. This meant that we could discuss how to ensure everyone remained safe during the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the provider and registered manager. We looked at three people's care records to see how their care was planned and delivered, including preassessment records and risk assessments. Other records we looked at included, accident and incident records, safeguarding, fire safety procedures, complaints and compliments, staff scheduling, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

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 as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we found systems and processes were not established or operated effectively to prevent potential abuse of people living at the home. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff supported some people that displayed behaviours that may challenge others. At the last inspection we found where restraint was used it was not clear and transparent it was the least restrictive and for the shortest period of time. At this inspection we found restraint was used as a last resort. Records we reviewed and staff we spoke with demonstrated de-escalation techniques were used to manage distressing behaviour. For example, one staff member told us, 'Restraint is used as a last resort, we use distracting techniques, sometimes just talking to them about one of their interests can de-escalate a situation.'
- Recorded incidents of restraint included the duration, de-escalation techniques used, staff members involved and the position of staff members implementing the restraint.
- The registered manager regularly reviewed physical incident records. This resulted in checks being undertaken to ensure the restraint implemented was proportionate to the distressed behaviours displayed by people.
- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse such as physical, emotional, financial, neglect and institutional".
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I witnessed any type of abuse, I would take action to protect the person and report it to my manager. If I believed the incident had not been managed appropriately, I would contact the police, CQC and local safeguarding team".
- People and their relatives explained how staff maintained people's safety. A relative told us, "Staff know how to calm [name of resident] and the staff have been most supportive during the pandemic to keep them safe and help them understand. I am given private time on a video call with [name of resident] but staff are always in the background to assist if [name of resident] gets upset and needs support." One person told us, "I feel safe with the staff, they keep me safe and happy."

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of incidents. For example, the number of physical incidents within the home were recorded to identify any trends. As a result of this analysis the registered manager was able to identify triggers for people and the most successful de-escalation techniques. The registered manager used this data to work in partnership with other professionals to amend physical restraint techniques. This resulted in one person receiving a ten second hug from a staff member with another staff member witnessing the hug. The hug technique was used to manage distressing behaviour.

Assessing risk, safety monitoring and management;

At our last inspection we found timely action had not been taken to safeguard people from potential risk of harm. This placed people at potential risk of harm in the event of a fire. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we found fire doors did not have self-closures, this placed people at potential risk of harm in the event of a fire. At this inspection we found all fire doors were fitted with self-closures.
- Risks from both people and the environment were identified by the registered manager and clear person-centred assessments of how these risks affected people were recorded.
- Individual risk assessments were regularly reviewed and met the specific needs of people to keep them safe. For example, we saw assessments to monitor the weight of people and risk assessments containing instructions to keep people safe when travelling.
- Staff we spoke with were able to describe the identified risks and how to safely manage them in line with the individual risk assessments in place.
- The home had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, servicing and maintenance of all equipment.

Staffing and recruitment

At our last inspection we found recruitment processes were not effective in ensuring staff were suitable for their roles prior to employment. This was a breach of regulation 19 (Fit and Proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At the last inspection we found some recruitment files did not contain evidence that a disclosure and barring check (DBS) had been undertaken. We also found gaps in employment histories and references had not always been validated to ensure the information was accurate. At this inspection we found staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. References were validated and there were no gaps in employment histories.
- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.

- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure safe practice.
- Administration of medication records indicated people received their medicines when needed. This was confirmed by the people and their relatives we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain good nutrition and hydration.
- People had choice and access to sufficient food and drink, throughout the day. Food was well presented, and people told us they enjoyed it.
- People's feedback about food was sought regularly by staff asking people and making observations. One person told us, "I like the food here and the staff also take me out for meals."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where required staff monitored people's health and worked well with external professionals to ensure people's health care needs were met.
- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident that changes to people's health and well-being were communicated effectively.

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 when this is in their best interests and legally authorised under the MCA. 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.

- We found pre-assessment care plans had not been signed by people or their legally appointed representative confirming their consent to the care they received. We raised this issue with the registered manager who confirmed this would be addressed.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience

- People were confident staff had the skills and knowledge to meet their needs. One relative told us, "I feel the staff are trained in the needs of [name of resident]."
- Staff were positive about the training they received, and they were confident they had the right skills to meet people's needs. A member of staff said, "The training is much better now. I believe I have the skills to meet the needs of the people we support"
- New staff had completed a comprehensive induction, were well supported and either had health care qualifications or were completing a nationally recognised qualification, the Care Certificate. This covered all the areas considered mandatory for care staff.

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

- The premises provided people with choices about where they spent their time.
- We found that decoration around the home was clean and tidy and people were able to move around the home freely.
- People's rooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a team of staff who were kind, caring and considerate.
- One relative told us, "Staff will comfort [name of resident] when upset during phone calls. [name of resident] tells me they are happy, and I see the staff being kind". " Another relative told us, "The staff will celebrate different religious festivals and [name of resident] joins them all".

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

- People, relatives and staff told us how people were supported to make choices regarding their daily life, this included clothing, meals, personal belongings and how people wanted their support to be delivered. One relative told us, "Staff seem kind and caring, [name of resident] is not complaining. I have no complaints they are well looked after. [name of resident] always looks nice, clean and tidy". " One staff member told us, "The residents make daily choices and are involved in how they would like to receive support."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the management told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space. One relative told us, "Staff listen to [name of resident] and are respectful of their privacy. "
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found care plan reviews lacked involvement from people, their relatives and legal representatives. People and their relatives told us they were involved in the development of care plans however there was a lack of a structured review programme. One relative told us, "The manager and I wrote the care plan, this was during the lockdown.". Another relative told us, "I have never seen it [review and care plan]." The registered manager stated they would improve care plans reviews and implement a structured review programme that would involve people and their relatives and legal representatives.
- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs. This meant staff could support people to express their needs and views where the person experienced difficulties.
- Documentation could be produced in accessible formats, such as large print for people who required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to take part in activities that they chose, both within the home and in the community. We observed people being supported to access the community and participate in games and music activities within the home. One relative told us, "The staff take [name of resident] for a walk in the park. Open space is important, and the garden is safe. [name of resident] is taken to the shops as lockdown allows, the staff write a list with [name of resident] in the house and then go to buy it."
- People were supported to maintain contact with relatives during the Covid-19 pandemic, for example using electronic devices and phone calls. As a result of the Covid-19 pandemic the provider had implemented additional activities people could participate in within the home such as table tennis and gardening. During a meeting people informed the provider they were missing going to the cinema because the local cinema was closed due to the Covid-19 pandemic. The provider was currently in the process of creating a cinema room within the home for people to watch films of their choice.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and regular phone calls with the management.
- Relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open way.
- The service had not received any complaints however the provider had procedures in place to receive and respond to complaints.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems and processes were not established or operated effectively to prevent potential abuse of people living at the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection we found the provider did not have adequate systems in place to monitor the quality of the service. For example, incident reports of restraint used within the home were not reviewed. The lack of systems meant these reports had not been analysed to support the ongoing review and management of people's distressed behaviours. In addition, we found staff had recorded derogatory language when describing people's distressing behaviour. Furthermore, care and support plans were not regularly reviewed and lacked reference to the impact COVID-19 had on people's routines. In addition, some people were prescribed 'as required' (PRN) medicines, the PRN protocols lacked information to ensure staff members knew when to issue the PRN medication. Furthermore, we found training information provided to us was inaccurate and the provider was unable to provide training certificates to confirm staff members had undertaken physical intervention training.
- At this inspection we found the provider did have systems in place to monitor the quality of the service. Incident reports were regularly reviewed and analysed to support the ongoing review and management of people's distressed behaviour. For example, one person found the fire alarm distressing. The registered manager arranged for staff to conduct sessions with the individual to discuss the sounds an alarm makes and why the alarm is needed. When a scheduled fire test is due the staff will prepare the person so they know when the alarm will sound. This has resulted in the person not being distressed by a planned fire alarm, the individual is now a fire Marshall for the home.
- In addition, we found recorded incidents contained appropriate language when describing people's distressing behaviour. Care plans made reference to the impact of Covid-19 and gave instructions on how to support people with activities within the home and using the local community such as parks.
- Furthermore, PRN protocols contained clear instructions for staff members to follow and had recorded entries detailing why PRN medicines had been administered. In addition, we found the staff training matrix

was up to date and training certificates were contained in staff folders. All staff members had received training in physical intervention and the training provider was certified as complying with the Restraint Reduction Network standards (RRN) standards. This is a set of standards that provide a national and international benchmark for training in supporting people who are distressed in social care settings.

- We found systems and audits in place had not identified the lack of recorded evidence in care plans that people, their relatives and representatives were involved in reviews of care. We also found care and support plans were not signed by people, their relatives and representatives. In addition, for people who lacked capacity it was not consistently recorded in care plans who was their legal representative. The registered manager informed us this would be resolved.
- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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

- Staff were actively encouraged by the registered manager to raise any concerns in confidence one staff member told us, "I have no issues raising concerns."
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.
- We found the registered manager was notifying us in relation to incidents that they were legally required to do so, as a result we were aware of significant events that had occurred within the home.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "[Name of registered manager] is a very nice person and listened and acted on what I said. I can phone anytime."
- Staff promoted the providers vision and felt well supported by the management team. A staff member told us, "Things are much better now, I feel supported in my role. The management are very flexible and accommodating."

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

- People told us they were involved in sharing their experience of the service. One person told us, "I have been to our meetings and have a say."
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "We suggested having an online system to reduce the risk of written errors and this has been implemented by the management."
- People and relatives completed questionnaires seeking their views on the service provided to people. We saw the responses were almost all positive and identified areas where the quality of care had improved such as more activities for people.

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits and monitoring the skills, training and competence of the staff team.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The registered manager and staff team worked closely with other organisations including the local authority to improve outcomes for people. A professional told us, "The home is very settled now, I've no concerns since the registered manager started." Another professional told us, "[name of resident] is very settled now and improving, the registered manager is working hard to improve the service."