Alysia Caring Limited

Cherry Blossom Care Home

Inspection report

Warwick Road
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Tel: 01733510141

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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

Cherry Blossom Care Home provides accommodation, personal care, and nursing care for up to 80 older people. The accommodation comprises of 80 single bedrooms located over three floors which can be accessed by stairs or lifts. All bedrooms have en- suite facilities. There are communal lounges with kitchenettes, dining areas and a garden for people and their visitors to use. The ground floor has a bistro, hair salon, day centre and a cinema room.

This unannounced inspection took place on 23 May 2017.

At the time of the inspection there was a registered manager in place. 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.

Whilst risks were assessed to reduce risks of harm to people, this was not always recorded. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. However, people's risk assessments were not always updated after significant events.

Medication was administered by trained and competent staff and people could be assured that they received the medication that they required.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider was able to demonstrate how they supported people to make decisions about their care. Where people were unable to do so, there were records showing that decisions were being taken in their best interests. DoLS applications had been submitted to the appropriate authority. This meant that people did not have restrictions placed on them without the correct procedures being followed.

Staff knew what actions to take if they thought that anyone had been harmed in any way. Local safeguarding procedures had been followed when necessary.

There were enough staff available to meet people's needs. The recruitment process was followed to ensure that people only worked with people after satisfactory checks had been carried out. Staff received the training they required to meet people's needs and confirmed that they felt supported in their roles.

Staff were kind and compassionate when working with people. People's privacy and dignity were upheld. Visitors were made to feel welcome to the home. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed, people received the support they needed from staff to eat and drink.

Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

Care plans gave staff the information they required to meet people's individual care and support needs. The care provided was based on people's preferences.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

Governance systems had improved since our previous inspection and action plans were now in place to address any shortfalls.

Further information is in the detailed findings below.

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.

Staff were aware of the actions to take to reduce risks to people.

Medication was administered by competent staff.

Staff were aware of safeguarding procedures.

Is the service effective?

Good

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. People's rights were being promoted and/ or protected.

Staff were supported and trained to provide people with person centred care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good

The service was caring.
Members of staff were kind and caring and knew people well.

Relationships with families and friends were promoted.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were planned for and evaluated to ensure they met their current requirements.

People were encouraged to take part in activities and events that they enjoyed.

There was a system in place to receive and manage people's compliments, suggestions, or complaints.

Is the service well-led?

Good

The service was well-led.

The systems for assessing, monitoring, and identifying areas for improvement were effective.

Staff felt confident to discuss any concerns they had with the registered manager and were confident to question colleagues' practice if they needed to.

People and staff were involved in, and able to make comments in relation to the running of the service.

Cherry Blossom 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 inspection took place on 23 May 2017 and was unannounced. The inspection was carried out by three inspectors.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

During our inspection we spoke with nine people who lived at the service, nine relatives, the registered manager, the deputy manager, the clinical services manager, a team leader, housekeeper and two care assistants. We also spoke with three healthcare professionals who were visiting people. We looked at the care records for nine people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas. This helped us understand the care provided to people who had limited communication skills.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Cherry Blossom Care Home. One person told us, "I do feel safe yes, there are always people going about, they always ask if I'm alright."

Whilst risks were assessed to reduce the risk of harm to people, this was not always recorded Staff monitored people's health and welfare needs and acted on issues identified. However, risk assessments did not always contain the information about how risks could be reduced to people, providing this guidance to all staff. For example, if someone was at high risk of having a fall what action could be taken to prevent it from happening. We also found that risk assessments were not always updated after a significant event to ensure they were still relevant. When staff reviewed risk assessments they did not have all the relevant information they needed about accidents the person had experienced. The registered manager confirmed after the inspection that the process had been changed to ensure that there was a clear record of falls for each person in their electronic records. This meant that that up to date information could be taken into consideration when people's risk assessments and care plans were reviewed.

Medicines were administered by staff who were trained and assessed to be competent to do so. Staff told us and records confirmed that they had completed training in the administration of medicines. People were given their medicines in line with the prescriber's instructions.

We observed staff administering medication to people. The staff member checked if people wanted their medication and explained what it was for. They also checked that the medication had been swallowed before signing the records to show the medication had been administered.

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm and who they would report their concerns to. Records confirmed that when there had been any concerns about people's safety the relevant agencies had been contacted. Records also showed that where appropriate, people's families were kept informed of any concerns.

We saw that there was a sufficient number of staff working to meet people's needs. One person told us, "I think there are enough staff. I'm always looked after if I ring my bell." The registered manager stated that they used a dependency assessment tool to record how much support people needed. They then usually tried to staff above the minimum levels required to meet people's needs so that any unplanned staff absence was accounted for. The clinical services manager also told us that when one person had recently been receiving end of life care the staffing levels had been increased so that there was a member of staff with the person at all times.

A visiting healthcare professional told us that one person regularly became agitated at lunch times so the staffing had been increased so that a member of staff could stay with them at this time. This had prevented the person from becoming anxious. Staff told us they usually had time to meet people's needs and provide

them with the support they required. We noticed that call bells were answered quickly during the day of the inspection. We saw that the registered manager also worked "on the floor" when staff absence meant that they needed to. We saw that staff had time to sit and talk to people. We also saw that when staff assisted people with tasks such as eating this was not rushed and carried out at a pace that suited the person they were supporting.

Staff were aware of the procedure to follow if anyone had an accident or incident. We observed staff assisting one person after they were found sitting on the floor. Staff reassured the person and assisted them in a kind and calm manner whilst ensuring their safety. Accident and incident forms had been completed when necessary. There was a log of accidents and incidents each month so any patterns or trends could be identified and action taken as necessary to prevent a reoccurrence.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. The records showed that references had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the service.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. The assessments showed that the staff member completing the assessments with people had tried to make the information accessible to them. When best interest decisions had been made these had been recorded. When needed, DoLS applications had been submitted to the local authority. Staff were aware of the requirements of the MCA and the relevant codes of practice. This meant that people were only having decisions made on their behalf or their liberty restricted after following the correct procedures.

Staff told us that the training programme equipped them for their roles. One member of staff told us they had received dementia training. This had resulted in them changing their approach to a more suitable one when working with people with who were living with dementia. New staff completed a thorough induction. The registered manager stated that new staff were expected to complete the Care Certificate. The Care Certificate is a nationally recognised qualification. The registered manager stated that all staff are required to complete mandatory training including infection control, manual handling, safeguarding of vulnerable people, basic food hygiene and fire safety. The registered manager stated, and records confirmed, that people had attended the training or were booked to attend it. When needed staff had been supported to improve their language skills to ensure they were suitable to work with people.

Staff told us that they felt supported. They said that they received regular meetings with a line manager when they were in their probationary period and formal supervision and appraisal sessions thereafter.

People confirmed that they could choose what they would like to eat and drink. One person told us, "The food is very nice. We get the choice of three meals. They know what I like." Another person said, "The food is quite good really. We get a choice of two or three [dishes]. I get enough to drink but if I wanted anything, all I have to do is shout." Another person told us, "They [the staff] always ask me if I want a cup of tea, day or night. I love tea. They all know that. They wake me up with a cup of tea." Nutritional risk assessments were in place and where required people's food and drink intake were monitored. When needed people were supported to eat and drink. Staff were aware of any special dietary requirements and food allergies.

The records showed that when people needed to see a doctor or other healthcare professionals this was always organised for them in a timely manner. One person told us, "If you're feeling poorly they get the doctor, and the nurses pop in." People also confirmed that they were supported to access any healthcare

professionals when required. For example, one person had lost weight and a referral had been made to the dietician who was going to see them on the day of the inspection.

Good

Is the service caring?

Our findings

We found that people were being looked after in a caring way. One person told us, "The care is very good. They are very cheerful and willing to help you no matter what. You make friends with them. It's like a small family." Another person told us, "Staff are lovely. I get on well with them." A third person said, "Staff are lovely they come to you when you ring the bell."

We noticed one person's bed was angled so they had a clear view of their television. They told us, "The carers done that for me, otherwise I get a crick in my neck." We also saw flowers were presented from the provider and staff to a person whose birthday it was on the day of the inspection. A relative also told us that the chef had made a cake in celebration of their family member's birthday.

We observed a member of staff assisting someone to walk. The staff member ensured that they went at a suitable pace and chatted to them and asked if they would like a drink. The person was smiling and looked like they were enjoying the interaction with the staff member. We also observed staff members assisting one person with a hoist into a more comfortable chair. The staff explained what they were doing at each step and when the person became anxious they reassured them.

People told us they thought the care staff treated them with dignity and respect and promoted their independence. One relative told us, "The bedroom is nice but the most important thing to me is the care and dignity [that staff provide.]" One relative told us, "It was such a big decision to move mum here. Now I can visit every day and we have that mother-son relationship back. I can leave all the care to the staff. The carers give her dignity. I can walk away today and know she's safe. That's worth everything."

People told us that they could have visitors at any time and they were always made to feel welcome. One relative told us, "The staff are lovely. It's a nice home." Another relative told us, "I love this care home. The staff bend over backwards to help and care for [family member]." A third relative told us, "Staff do a fantastic job. The team leader is fantastic." One relative told us, "Staff have looked after all of us. When mum is poorly they (the staff) have given us a hug and made sure we have eaten."

People had been provided with information about advocates when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

The support people received was focussed on them as an individual. One person when asked if they thought staff understood what help they needed replied, "Oh yes, that's what this place is all about. We get good care we really do." Another person told us, "They [the staff] ask you what time you want to go to bed. They are very flexible. They say it's your choice [if you want a shower] They say it's what we are here for."

Care plans included the information that staff required so that they knew how to meet people's needs. For example, for one person who was reverting back to using their first language (which was not English) guidance was given to staff for communicating with them. Care plans had been reviewed regularly to ensure that they were accurate. One relative told us, "I was involved in the setting up of the care plan." Wound care plans did not always state how often dressings should be changed. However staff were able to tell us the expected frequency that they should be changed and showed us that this was also recorded in the diary to alert staff when they were due. Records showed that the dressings had been changed at the expected frequency.

People and their relatives felt like their opinions mattered and they were involved in decisions about their care. One relative told us, "Staff have asked lots and lots of questions to get to know [family member] and their likes and dislikes." One person's care plan stated, "Staff to give me time to process the information they give me so that I can understand what has been said and answer. I can chat with staff and make choices about what I wear and what I eat. Staff to support with decision making when I get confused." One relative told us, "Staff know [family members] likes and dislikes, she feels involved, and communication is good."

One visiting health care professional told us how staff responded to people's needs and provided the care and treatment that was needed and this had resulted in people's physical health improving.

The staff organised regular activities that people enjoyed. One relative told us, "The cinema gets used. On Saturday they had the king's speech [film showing] and they brought in ice cream and coffee." They also told us, "I take [family member] to the bistro. It's somewhere to go." Seasonal activities were also organised such as new year's celebrations and making Easter bonnets. On the day of the inspection we saw a member of staff supporting people to carry out armchair exercises. People told us that they had enjoyed trips out to shops and a local pub for a meal. We observed a member of staff painting someone's nails. One person stated having their hair and nails done made them, "Feel human." The planned activities were advertised throughout the home so people knew what was available. People could also attend the day centre that was located in the home if they wished to.

There was a record of compliments received. There was also a complaints procedure in place. One relative told us, "I've never made a complaint here I haven't found it necessary. They have always dealt with anything I have raised." Another relative told us, "They [the staff] ask if I have any issues and how I feel about the care. I can raise things." The records showed that complaints that had been received and been investigated and dealt with appropriately.

Good

Is the service well-led?

Our findings

At our previous inspection the well-led domain was rated as requires improvement. This was because audits were not effective as they should be. During this inspection we found that improvements had been made and the rating is now good.

There was a process in place to audit the care plans. However the three audits that were completed in April 2017 that we looked at had only been partly completed. The registered manager stated that this had been an oversight and following the inspection we received information to confirm that the audits were now complete.

In two areas of the home we saw fluids charts that showed that people weren't always reaching their expected fluid intake. We were told by a nurse on duty that it was the nurses' or team leaders' responsibility to monitor the charts and discuss it during them with staff during the handover period so that appropriate action could be taken. However, the records and discussion with staff showed that the lack of fluid intake had not been discussed during handover regarding the two people's records we looked at. We also found that repositioning charts had not always been fully competed, however we found that the person whose chart showed that they had not been repositioned for 16 hours had not acquired any pressure areas.

Staff and people spoke positively about the support the received from the registered manager and deputy manager. One staff member told us, "The manager is very approachable, she's lovely." One person told, "I know [managers name] she is very nice."

The registered manager stated that she monitored the staff training matrix to ensure that staff completed the training they required to meet people's needs. The training included dignity in care so that staff were told about the values and behaviours they were expected to display when working with people. Staff were aware of the whistle blowing procedure. This showed that the provider had an open and honest culture.

The registered manager had an understanding of their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications had been submitted to the CQC when needed.

There was a positive culture within the service. Staff that we talked to told us that they enjoyed their job. One staff member told us, "I love it here. When I was first here and unsure of things I never felt intimidated. Staff told me to just ask any questions and I fitted in straight away." One member of staff stated that they would be happy for a family member to live at Cherry Blossom Care Home. They told us, "Yes of course. Because if you are caring for someone you have to have that passion. The staff here have that passion."

One healthcare professional told us, "Staff seem well motivated and know their patients."

People were involved in the running of the service. Regular meetings were held for people and their relatives so that they could discuss any issues or make recommendations for improvements. There was a poster

displayed on the nurses station for a, "Resident and relatives meeting." One person told us that their relative had attended the meeting. However, another person told us they were not aware of the meeting. The minutes of the meeting showed that people were asked their opinions on activities, management of the service, food and any other concerns.

Regular staff meetings were being held. Care staff confirmed that they could add any items to the agenda that they wished to discuss.

People were supported to maintain their links with the local community to promote social inclusion. We saw that people used the facilities in the local community regularly such as shops and pubs.