

Alysia Caring Limited

Cherry Blossom Care Home

Inspection report

Warwick Road
Walton
Peterborough
Cambridgeshire
PE4 6DE

Tel: 01733510141

Date of inspection visit:
30 January 2020
31 January 2020

Date of publication:
18 March 2020

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

Cherry Blossom Care Home is a residential care home providing personal and nursing care to 70 older people at the time of the inspection. The service can support up to 80 people on three floors, each of which has separate adapted facilities.

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

Not all information required to be sent to us was sent to us, the registered manager has rectified this since our inspection.

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible, and there was equipment in place to help people remain as independent as possible. There were enough staff, and the senior staff also spoke with people regularly. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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 liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected. Staff worked well together, they understood the provider's aim to deliver high quality care, which helped people to continue to live as independently as possible.

Staff kept care records up to date and included national guidance if relevant. Complaints and concerns were dealt with and resolved.

Systems in place to monitor how well the home was running were effective. Concerns were followed up to make sure action was taken to rectify any issues. Changes were made where issues had occurred elsewhere, so that the risk of a similar incident occurring again was reduced. People were asked their view of the home and action was taken to change any areas they were not happy with.

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

Rating at last inspection

The last rating for this service was good (report published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 not always well-led.

Details are in our well-Led findings below.

Good ●

Cherry Blossom Care Home

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.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. 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 Care Home 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.

What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. 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. This information helps support our inspections. We also sought feedback from the local authority and professionals, such as Healthwatch, who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven visitors about their experience of the care provided. We spoke with nine staff members, including the registered manager, the provider's Operations Director, registered nurses, care workers and senior care staff, housekeeping, maintenance, kitchen and activities staff.

We reviewed a range of records. This included nine people's care records and medicine records. We looked at a variety of records relating to the management of the service, including the systems for monitoring the quality of 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 as 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 felt safe. One person told us, "I didn't feel safe at home on my own, but I feel safe here." Another person said, "I feel very safe living here."
- The provider had effective safeguarding systems in place. Staff told us that they had received safeguarding training and they understood what to do to protect people from harm, including discrimination, and how to report concerns. One staff member told us, "I would report any worries that I have."

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health and welfare such as moving and handling, falling, continence and the risk of developing pressure ulcers. They followed actions to reduce risks and reviewed assessments regularly to make sure any changes identified were acted on.
- Staff completed risk assessments in relation to people's environment. These included those for fire safety and equipment. This ensured that not only had risks been identified, but regular checks were also completed to make sure people were safe.

Staffing and recruitment

- There were enough staff on duty to support people safely and we saw that they had the skills to meet people's needs. People told us that staff attended quickly. One person said, "There is always someone around to help me and I don't have to wait long." A visitor told us, "Staff come very quickly when they are called." We found that staff were available when needed and they responded quickly.
- There was a system in place to recruit new staff to make sure there were enough staff on duty at all times. Staffing levels were determined through the use of a dependency tool. Staff all told us there were enough staff and this allowed them to spend time with people in conversation or just to be with them.
- Staff told us that pre-employment checks were completed before they started work. This kept people safe because it helped the provider make sure that only suitable staff were employed.

Using medicines safely

- Staff had received training in how to safely give medicines, they administered medicines safely and maintained records to show this. One person told us, "My pills come in a pot and [staff] watch me take them. If I forget what they are for, [staff] explain to me." There were instructions for giving medicines that needed to be taken in a specific way or only as required. There were also instructions for applying creams and where on the body these were needed.
- Medicines were stored securely, and staff continued to make sure medicines were secure by only administering these to one person at a time.

Preventing and controlling infection

- People told us that they lived in a clean and tidy environment. One person said, "They keep it very clean and bedlinen is changed regularly," and another person said, "The place is spotless."
- Staff had completed training in how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment to help prevent the spread of infection. One person told us, "They are always wearing their gloves and plastic aprons."
- Housekeeping staff followed a schedule of cleaning, which made sure that all areas of the home were cleaned on a regular basis. The home was clean, tidy and smelled pleasant when we visited.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the risk of these reoccurring.
- The registered manager told us that following concerns about how people's drinks were monitored, they and staff had developed a system for better recording of these. This ensured that staff had clearer information about how much fluid different cups and glasses contained. It also made sure that there was clear responsibility for checking that these records were completed each day. This resulted in more accurate records and action being taken earlier to prevent people from becoming dehydrated.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff completed assessments of people's needs before they started using the service. This helped them to make sure they had enough staff with the right skills to meet their needs. The information also helped them assess whether they needed additional guidance or support to meet people's cultural or religious needs, or whether existing staff would be able to fulfil the role. There were people from several nationalities living at the home and the diverse staff group were able to meet these needs well.
- Staff worked with health professionals and consulted national guidance about health conditions. This information was easily available for staff to consult when needed and it helped them better understand how people's specific needs should be met.

Staff support: induction, training, skills and experience

- Staff received training when they first started working at the home and this was updated each year. One staff member told us, "All the time I can ask for more training." They went on to tell us they had been able to complete more advanced training in some areas. Staff told us that they received other training, such as for specialised care needs. A staff member said their training in dementia care was "really good."
- Some staff had specific roles and responsibilities, known as 'Champions', to support other staff with knowledge and guidance. Champions in dignity and dementia supported staff to provide appropriate care and were a source of contact with external training providers.
- Staff members received supervision as individual meetings and they said that they could also contact the registered manager or senior staff at any time between meetings. They felt supported to do their jobs.

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

- People said they liked the meals they received. Four people told us, "The food here is very good." People told us there was a choice available and they could have their meal where and with whom they wanted. One person said, "If I eat in my room it comes with a lid on and is still tasty and hot." While another person told us, "[Chef] sometimes comes to speak to me if I lose my appetite and offers me different things I might like."
- People chose where they sat, they were able to eat at their own pace and courses were appropriately spaced apart. Staff provided support to people who were not able to eat and drink independently. This included prompting and encouraging people or directly assisting them. A visitor told us, "They accept that [family member] doesn't always want to eat, but they do everything they can without forcing her to make sure that she is nourished. I have eaten with her before and the food is lovely."
- Staff completed assessments and records to monitor what people ate and drank, where this was needed. This reduced the risk of people losing weight and made sure that advice was sought if it did happen.

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

- Staff completed an 'All About Me' form, which recorded important information about people, their needs, daily routines and preferences. People took the form with them when they visited other providers of care, such as hospitals. This meant that important information was available if the person was not able to tell others about their preferences and they did not have a staff member to help them with this.
- People were referred to health care professionals for advice and treatment, for example to dieticians or community mental health teams. One person told us, "I have regular chiropody, see the optician for checks and if I do need to go to a hospital appointment, someone (staff) comes with me."
- Staff followed the advice given and told us they had a good working relationship with visiting health professionals. We spoke with three health care professionals, who all confirmed this was the case. One health professional went on to say that staff were "good at anticipating when things were starting to deteriorate". A person told us, "I didn't feel at all well in the night and the staff called the GP."

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

- The provider had made adaptations to the home to ensure people were able to move around safely. A hand rail was in place along the side of each corridor and equipment was in place in bedrooms, toilets and bathrooms to allow people to safely use these areas independently. Some areas had specific adaptations for people living with dementia. These provided an environment that provided people with well-lit areas and furnishings, and items that gave sensory stimulation. One person told us, "I love my room and have my personal things here so it's like my home."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves. We saw that even where people were not able to make decisions staff still involved them as much as possible in the process.
- Where people did not have capacity, best interest decisions were recorded in care records. This meant that staff would easily know how to support people with specific decisions.
- The registered manager gave us a clear explanation of the DoLS application that had been authorised with conditions and staff followed the requirements of the condition.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said staff were kind and caring and they commented positively about staff members. One person told us, "The staff are like my extended family and look after me so well," and another person said, "They are very kind here and we have a good laugh sometimes." A visitor said, "Staff are always very respectful to [family member] and even between themselves. It is a pleasant place to be. The carers really do care. I would come here!"
- Staff showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences. People confirmed that staff knew them well and they were comfortable in the presence of staff. They were able to express themselves to staff and staff listened to them.

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

- People said that staff asked about how they preferred to have their care and support provided. One person told us, "I still feel in control of my life."
- Staff told us they provided care to people in a way that each person preferred but that still encouraged them to do as much for themselves as possible. Staff had enough time to support people and in the way they wanted. People were supported to make choices about their care throughout the day. One person told us, "[Staff] honour your choices. They accept it's my body and this is what I want to happen. They have organised all the things that have to happen and I just have to say if I need anything."
- Information about advocacy services was available for people in the reception area. People were supported to contact an advocate if they needed an independent person to support them with their affairs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and they made sure people were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care. One person told us, "Staff always knock on my door when they come, even if it's open." Another person said, "We can have a bath instead of a shower if we want one and the staff hold up a towel for me when I get out so I don't get cold or embarrassed."
- People's confidentiality was maintained; records and information about people were kept securely and not left in communal areas.
- Staff encouraged people to do what they could for themselves to maintain their independence. One person told us, "The staff encourage me to do what I can for myself, but they are there to help me if I need it."

I like that." Staff worked with health professionals to increase people's ability to care for themselves with the aim of returning home or to live as independently as possible. Staff are very respectful and always check you are ok.

- Visitors were made to feel welcome and had a variety of places where they could meet with people. One person told us, "When my friends and family come, the staff know them and make them feel welcome. Some of them have said they are going to put their names down to come!" A visitor also told us, "I come whenever I can and always get a nice welcome and can have a coffee with my Sister or here in the Bistro anytime."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care needs were met and they were happy with the care they received from staff. One person told us, "Oh they are well aware of what I want and don't want, but I wouldn't want to be anywhere else, even in my own home." A visitor also commented, "They give a level of care here which is second to none. Nothing is too much trouble and there is always someone on hand to make sure [family member] is comfortable." Staff always made sure items that the person used, such as continence aids, were available.
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely. We saw this particularly applied to people's mental health or psychological health needs. There was clear information about how to recognise deterioration and the actions staff should take to support people. Staff had built good relationships and knew people's likes, dislikes and preferences.
- Each person's care plan was reviewed each month unless there were any changes before that time. This ensured reviews were completed and staff monitored people's health and well-being regularly. People and relatives were involved in these reviews. One person told us, "[Staff] go through my care plan with me and sometimes my nephew is there." A visitor also said, "They let us know if there is a change in [person's] care plan or there is a meeting coming up which we can attend."

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.

- Staff provided people with information in formats and ways that supported their individual communication needs. People had information in visual formats to help them understand, especially when staff needed to describe items, such as meals. Interpreters or staff who spoke other languages supported people who did not speak English. Staff used a combination of hand gestures, simple words and phrases to communicate with some people. This was effective and provided those people with interaction in a warm friendly way.

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

- Dedicated staff members were employed to organise things for people to do each day. A program of these activities was available and people were encouraged to take part. One person told us, "They remind me

what activities are on, especially the ones they know I like. We have a newsletter, but it sometimes gets buried in my magazines." Staff provided activities that focussed on reminiscence, such as on the theme of a time machine, where they encourage people to talk about different eras. This helped people to enjoy taking part in interests and hobbies they had when they were younger.

- One person told us, "The activities are very good and I join in those I like." People who were taking part in activities during our visit were happy and engaged in what they were doing. Another person said, "[Staff know I have always tried to keep my mind active. I'm not one for just sitting here. I decide what activities I want to do, or not do. There is no pressure."
- Staff also arranged visits by local community groups, such as local school children. This supported people to have contact with others outside the home and reduced the risk of social isolation.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received. However, none of the people we spoke with felt they had ever needed to make a complaint. One person told us, "I don't think I have ever complained about anything here." A visitor told us, "But I really don't have any complaints and I feel the managers are approachable if I need to speak to them."
- Information we received before this inspection showed that complaints had been investigated and responded to by the provider. People had a complaints procedure to follow if these were raised.

End of life care and support

- Guidance was available in people's care records about their end of life wishes. One person told us, "I have paid for my funeral plan and all the details are with the office." A staff member told us that they would also speak with people's relatives if the person was unable to tell them details if they needed this care. Visitors confirmed this; one said, "We have all been spoken to about [family member's] final wishes and it is all on file."
- Staff had received training in caring for people at the end of their lives. Additional guidance was available for staff in the form of an end of life policy and the support of community health care professionals. One person told us, "I couldn't go through this (end of life) without all the people here to help me. They are amazing. The Macmillan nurse comes to see me regularly and so does the GP."
- Staff also supported relatives during this time. One visitor told us, "The staff here are not just doing their job. They go above and beyond." They went on to describe how staff had contacted them when their family member's condition deteriorated, "and made us so comfortable. Plates of sandwiches, drinks on tap, space in the lounge when there became too many of us... They just couldn't do enough for us all."

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.

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

- The provider sent us information about most events and incidents that happened, such as possible harm, and what action they had taken to resolve or improve things. However, we found that notifications about incidents between people living with dementia had not been sent to us. Having explored the reasons for the lack of notifications with the registered manager the commission was assured that there were reasonable reasons for the lack of notifications and that this has now been fully rectified.
- The service displayed their inspection rating on their website and at the home.
- Staff were positive about the skills and abilities of the registered manager. One staff member told us, "[Registered manager] is very approachable, they always say that we are people's first point of contact." They went on to say that because of this the registered manager listened to staff for their opinion. A person also said, "The [registered] manager is lovely and comes round in the morning to check we are all ok. I have no complaints and would recommend it here."
- Staff understood their roles and any extra responsibilities they had, such as a senior care assistant position. They explained these to us and we found that people were also able to explain the different roles and what this meant for them.

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

- The manager and senior staff were passionate about developing a person-centred culture within the service. One person said, "The place runs very well and I have never seen or heard anything which has worried me." A visitor told us, "I think the staff all work well together and create a lovely atmosphere that makes it very easy for people to live in. It's certainly made a very emotional time more bearable." They understood their responsibilities to ensure people received the care they needed and stepped in to support staff when needed. One staff member told us, "We do get on really well, we all communicate really well and we all help each other."
- Staff were also committed to providing high-quality care and support. Staff told us they loved working at the home, one staff member said, "This is [people's] home and we work in their home. We have to maintain and respect their dignity and choices, and ensure we work in people's best interests." Another staff member told us, "I love the job satisfaction as I go home and know that I have really made a difference."

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

- People and staff had completed a survey, which was still being collated by the provider organisation before being shared with the staff team. Meetings were held for people and any action identified was addressed. One person said, "We have regular meetings and they are always asking for suggestions. They usually use them too." A visitor told us, "We come to the regular meetings and feel there is a good level of communication throughout the home."
- Staff completed reviews of people's care, which also provided people and relatives with the opportunity to feed back about the service they received.
- Staff told us that they attended meetings each month, which gave them regular support and information was shared quickly with them.

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement and made those improvements in a timely way.
- Records of complaints, accidents and incidents were analysed to find trends or themes, such as the staff involved or the cause. This enabled the registered manager to take action where needed and reduce reoccurrence.
- The registered manager had taken action to identify where improvement may be needed and we found there was a positive and enthusiastic atmosphere and work ethic in the home. We also found that staff were happy, they liked coming to work, and they liked and respected the registered manager. The culture of the home was one that felt positive about change and improvement.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority safeguarding team. The provider and senior staff contacted other organisations appropriately.