Enter and View Report

Details of visit Service address:	Cherry Blossom Manor German Road, Bramley Green, Hampshire RG26 5GF
Service Provider:	Barchester Healthcare Ltd
Date and Time:	9th December 2015, 10:30am till 14:00
Authorised Representatives:	Patricia Haste, Sian Martyn and Libby Thomas
Contact details:	Healthwatch Hampshire, Westgate Chambers, Staple Gardens, Winchester SO23 8SR

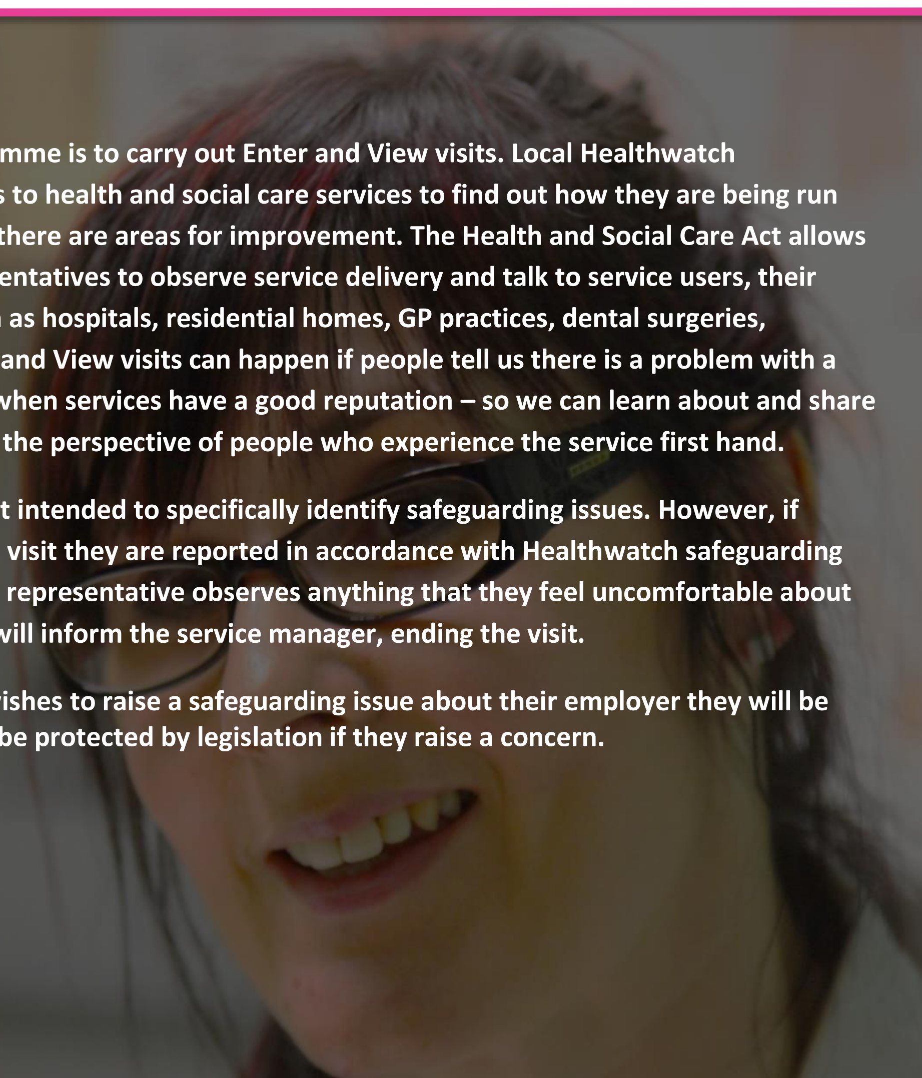
Acknowledgements

Healthwatch Hampshire would like to thank Cherry Blossom Manor, staff, residents and visitors for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?



Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they will be protected by legislation if they raise a concern.

Purpose of the visit

What we hoped to get out of the visit is:

- observe and comment on the delivery of care to residents of Cherry Blossom Manor, taking into particular consideration:
  - Communication
  - Staff skills and training
  - Handling of concerns and complaints
- capture the experience of residents, relatives and staff and any ideas they may have for change
- observe residents and their visitors engaging with the staff and their surroundings
- understand how dignity is being respected in a care home environment
- observe the physical environment of the care home

Strategic drivers

As part of its work programme this year, Healthwatch Hampshire has been looking into residential care across Hampshire. Healthwatch has referred several matters relating to care homes to the CQC and other agencies as a result of which and also due to emerging trends from its client relationship system (CRM), Healthwatch decided to conduct its own comprehensive project to gather stakeholders feedback and experiences. In support of this aim, Healthwatch is conducting several pieces of work, the findings from which will be amalgamated into a single project report.

Project work areas:

- Survey of relatives and family of those with someone in residential care
- Focus group for care workers
- Enter and View to gain a residents perspective

Methodology

This was an announced Enter and View visit.

On the day of the visit, the team first met with the home manager to discuss care at the home and ask questions. After which the Enter and View team were given a tour of the care home by the Activity Coordinator. Following this the Manager invited the team members to talk to the residents, their visitors and staff. The team members were allowed unaccompanied access to communal areas of the home, with the exception of residents rooms as these are not subject to Enter and View regulations.

Later Authorised Representatives separated and joined residents and their visitors at shared tables for lunch to speak to them about their experiences of care at Cherry Blossom Manor. Representatives verbally explained to participants who they were and why they were there, handing out explanatory Healthwatch leaflets to people they spoke to. Consideration was given to the medical fitness of residents and their capacity to give consent for participation.

Representatives spoke informally with several residents and a range of staff including care workers, activity coordinator, a cleaner and the home manager.

A significant part of the visit was observational, involving the authorised representatives walking around public and communal areas in the home, gaining an experiential sense of the surroundings to get an understanding of and witness resident's engagement with staff members and the facilities. There was an observation sheet prepared for this purpose into which authorised representatives made notes.

Summary of the findings

Overall representatives felt that the visit provided a good insight into residential care.

Cherry Blossom Manor appears well run and managed by professional and caring staff. Residents seemed comfortable, cheerful and positive about the home. Staff were visible and the visiting team saw evidence of staff interacting with patients in a friendly and positive way. Staff were confident in their abilities to deliver care.

The home was very clean and well kept. The environment was bright and fixtures and fittings all looked very new and of a high standard.

Results of Visit

Our visit took place on Wednesday 9th December 2015 at 10:30 am.

Healthwatch Hampshire authorised representatives were greeted by the receptionist and care home manager. The team were lead into the ground floor lounge where they were given an overview of Cherry Blossom Manor and had the opportunity to ask questions. After which authorised representatives were given a tour of communal areas of the home by the Activity Coordinator and then allowed to speak freely to residents, visitors and staff over lunch and afterwards.

General Overview and Environment

Cherry Blossom Manor is a nursing and residential care home, which provides specialist dementia care. The home also offers respite care and short stays. Cherry Blossom Manor is located in the rural village of Bramley on the outskirts of Basingstoke. Representatives were told that the community has four other care homes managed by different providers.

Cherry Blossom Manor is privately owned by Barchester Healthcare Homes Limited. The care home was purpose built and as in keeping with the surrounding houses, it opened in December 2010. Authorised representative's first impressions were how clean and well-presented the home looked. The care home is spacious and furnished to a high standard throughout. Communal spaces have different colour themes and coordinated soft furnishings give a comfortable and elegant homely feel whilst providing a good level of contrast to help with visual perception.

The home has two floors with 35 rooms downstairs including two double rooms for couples (the latter were unoccupied at the time of the visit) and 42 rooms upstairs in the specialist dementia care community known as 'Memory Lane', this includes 14 beds for others. All rooms are en-suite.

Cherry Blossom Manor can accommodate up to 77 residents. At the time of our visit the home had 60 residents and the Manager commented that occupancy rarely goes over 65 residents. Inhabitants are predominantly privately funded, though at the time of the visit there were a significant number of local authority and continuing healthcare (CHC) funded residents.

Occupancy on 9/12/2015 by funder	
Private	32 (53%)
Local Authority	25 (42%)
CHC	3 (5%)

Gender of residents	
Male	24 (40%)
Female	36 (60%)

The main entrance has level access and the front doors open automatically on approach making the home easily accessible for all. On entry, first come into a lobby area where there was table with a visitor's signing in book. Displayed on the wall above were the home's CQC rating and action plan. The adjoining reception area was bright and staffed. Located off reception was the manager's office. Also in the reception area was a table with a book for viewing of thank you cards and letters dating back to when the home opened.

A staff member was on reception when the team arrived. When representatives passed back through the area during the visit they noted that reception wasn't always covered. CCTV is in operation and Representatives were told that residents and visitors are free to come and go as they please at all times of the day.

Residents seen included several wheelchair users, they appeared to move around freely and areas were free of obstructions. There were hand rails in the corridors.

Communal areas are well equipped and there was a choice of rooms for different activities. There is also a room where families can hold their own get togethers. Representatives noted that televisions in communal lounges were either on quietly or a radio was heard in the background.

Areas seen were very clean. One resident commented that the cleaning was *'spot on'.* Representatives were told by a cleaner that resident's rooms are routinely cleaned every other day and bins are emptied daily.

Dementia Care

Authorised Representatives were told that 80% of residents have some form of cognitive impairment.

The ground floor accommodation is intended for people living with early stages of dementia and for residents with personal care needs. Some residents living on the ground floor at the time of the visit were on short term reablement or respite placements.

The dedicated Memory Lane community on the first floor specialises in dementia care. The environment has been specially designed to provide a safe and secure surroundings whilst aiming to stimulate and enrich resident's lives.

Themed corridors on Memory Lane contained lots of reminiscence artwork such as old newspapers, music memorabilia and an indoor garden area. Each resident's room door had their name on it and a memory box containing a range of small artefacts reflecting the occupant's life.

On Memory Lane several large faced clocks were seen as well as a calendar and an orientation. Whilst being shown around, some residents stopped the staff member leading the Representatives and commented on the calendar and board saying what a good idea it was and requested one for downstairs.

Each room has its own en-suite and there are also toilets along the corridor which were distinguishable by their yellow doors, providing colour and contrast to identify them from other doors on the corridor.

The care home has a pet dog 'Bailey' belonging to the Administrator. He roams around the home freely, meeting and greeting visitors and also works with the activities team to benefit some of the residents.

Staffing

Authorised Representatives were told that staffing levels are planned to meet resident's needs using a dependency tool called 'DICE'. The system calculates staff requirements i.e. if residents are more able, less staff are needed. The Manager said that they'd found since the systems introduction the home had needed fewer staff than prior. Shifts operate from 8 till 8. In addition to care workers and nursing staff, Cherry Blossom Manor has two deputy managers both of whom have clinical skills, plus a host, three activity coordinators covering the week, two maintenance workers - one of whom is also a part time carer corroborating the managers comment that the home has a *'versatile team'* who could provide additional support when required. There was an on call rota for the manager and both deputies.

Staff spoken to said they found their work enjoyable and rewarding. Additional comments received from staff were that the work could be stressful at times and that more staff are needed. One staff member said there was lots of paperwork and that sometimes staff felt pressured by the expectations placed on them. Adding they felt another role was needed to be able to balance and complete all the required tasks within paid hours. A staff member suggested using more volunteers to chat with residents so staff are less rushed and pressured.

The Manager told Representatives that staff turnover is low. Recruitment at the home is ongoing, Tuesday weekly is recruitment day. Care agency staff are used at the home. At the time of the visit there were four nurses on block contract and bank contracts are also in use. Authorised Representatives found staff visible, caring, attentive and knowledgeable.

Some of the comments received from residents were that *"the staff are very good but rushed*", *"they do not encourage me and there are not enough".* One resident said that their "*favourite thing is chatting to others".*

Skills and Training

The visiting team were told that the majority of training is delivered in house. All staff are required to complete relevant training for their role, including safeguarding with regular updates and periodic E learning. Weekly mandatory training sessions are held. Representatives were also told about external training such as the 'Six Step End of Life' programme. The Manager said that staff are encouraged to qualify to NVQ level 3 and leadership and management NVQs were offered.

Staff told Representatives that they had completed quite a few training sessions including dementia which they commented they found beneficial to their role. Other comments from staff were that there wasn't much training for activities. Representatives detected a lack of understanding between some of the care workers and activities coordinators in terms of their roles and responsibilities. Some staff expressed feelings that the activities team had capacity to do more when care workers were stretched.

The Manager explained to Representatives that the home aims to have staff supervision meetings every eight weeks. Staff told representatives they were receiving these every six weeks or more frequently if needed with the opportunity to have ad hoc sessions as necessary.

Residents spoke positively about staff, said that the *"nurses are good"* and that they felt confident about staff's abilities.

Communication

Representatives heard about various meetings, held with different frequencies at the home:

- Handover meetings are held every morning and evening. Handover sheets are updated by the managers and carers can see these. All residents records are held on paper based systems. A staff member suggested that it would be good to introduce a handover at 2pm as well for staff starting their shift.
- Stand up meeting is held every day.
- Weekly clinical meeting, last approximately 2 hours.
- Care meetings held monthly.
- Residents and family meetings held every three months. The manager sets the agenda for this, including any issues that have come up at the home or activities to be aware of. Family members are actively encouraged to attend these and all receive an invitation.

Overall staff said they are consulted about changes at the home. Other feedback received from staff was that they're not always told about more routine day to day operational matters such as when someone is off sick which can impact on their workload. Generally staff felt that it would be nice if there was more communication, adding that it would be nice to have staff meetings more frequently, for example a set time twice a month.

All staff were seen wearing clear name badges. On the day of the visit a 'meet the team board' had just been installed outside the lifts on the first floor. This didn't yet have any photos of staff on it but this will provide a good way of identifying staff members for residents and their visitors.

There was a communication post-box in reception for relatives to deposit any written comments, concerns or compliments. The Manager told Representatives that family are always notified when the Dr has been, if the resident has fallen etc.

Complaints, comments, concerns

The complaints procedure was seen displayed on noticeboards in the home.

The comments box and any communication is reviewed daily by the manager who said that they deal with any matters proportionally in writing.

Staff when spoken to said they knew how to raise concerns and also to take residents voices to meetings. There was a logbook for recording concerns. Any complaints and/or concerns are be delegated by the manager to senior staff to action. Staff when asked said they felt confident that residents could tell staff things. Also staff told Representatives that they try to talk to the families as much as possible to help build a trust.

When Representatives spoke to the residents, some said they didn't know who to tell concerns too. One resident said they were worried there were too many residents. Another was concerned about their money and billing.

The Manager said that they had an open door policy and tried to manage situations rather than firefighting by speaking to the team involved. The Manager said that they try and see families' as much as possible, sitting and chatting with them, which helps to encourage resident's relatives and friends to help with things like trips and fetes and gets them more involved.

Activities

There was plenty of communal spaces on both floors for residents, with well-equipped facilities giving individuals variety and choice. Representatives were told by the Activity Coordinator that communal lounges were about *'choice and needs'*.

Of particular note, the ground floor physically disabled (PD) lounge and kitchen was, representatives were told, on occasions used for family events though it tended to be used more frequently by residents for reading and/or quiet times. The resident's kitchen area enables cooking activities such as baking cakes and bread, making fudge and decorating biscuits which some residents may miss when no longer living independently.

Ground floor corridors were decorated with sensory art and pictures, such as tapestry, fabrics and sculptures particularly for those with visual and/or cognitive impairment encouraging people to touch them.

Upstairs on Memory Lane there was a different theme in each communal space. In the 'messy' activity room, residents were in the process of making their own Christmas card for a loved one. Bookcases were filled with arts, crafts and puzzles. In another room, the activity coordinator was in the process of setting up a sensory space. Plans are to have column fish tanks and special lighting with changing colours and intensity to add to the sensory experiences.

Authorised representatives observed a group of residents playing Bingo for prizes. This activity is held every Wednesday. Friday morning there is 'coffee and chat'. Staff aim is to involve residents as much as possible in planning for what's coming up. Authorised Representatives were also told about other group activities including a pantomime performance, carol singing and various outside club visits. Residents can go on outings which have included trips to an owl sanctuary. The home has its own mini bus which can take one wheelchair at a time. Church services are held on separate days to meet resident's spiritual needs.

Representatives were told that residents all have a choice of activities, though some staff said this isn't necessarily the case all the time. Sometimes, staff said, only a select few are chosen to participate in an activity or the carers choose on the resident's behalf. One resident told a Representative that they felt they're only able to play bingo. They enjoyed music and singing but said they weren't informed of some of the activities.

The home is encouraging visits and building links with neighbouring non-Barchester care homes. Recently residents from another home had visited for a Punch and Judy show. Some of the home's lounges are used by local groups for meetings and the home said it has good relationships with the local community i.e. schools.

A mobile hairdresser visits the home once a week, although residents can bring in their own if they prefer. There is also a visiting chiropodist every eight weeks for which residents can pay additionally and a visiting dentist is available, usually twice a month.

Food and refreshments

Residents all have a choice of meals. Lunch menus are taken round with the tea trolley in the morning for residents to choose. Individual dietary requirements are catered for and residents can also request food off the menu. Snacks are available throughout the day and residents are offered wine with their meals.

Residents can choose to have their meals in a communal dining area or they can eat in their rooms if they wish. Residents freely choose where and who they would like to sit with to eat; though representatives were told by staff that residents tend to sit in the same groups and staff know their preferences. Visitors can join residents for meals. A couple of Representatives sat with a resident and his father at lunch in the dining area.

Residents are encouraged to be independent at mealtimes. Resources were available to help with eating such as plate guards. The crockery for residents in Memory Lane is yellow and heavier, so it doesn't knock over as easily. At lunch time Representatives observed staff helping those that needed assistance to feed themselves or wanted their food cut up.

Representatives heard much positive feedback from residents on the food and portion sizes. Though one resident said that the food was cold, only the soup is hot. Another said she had been told she couldn't have ice cream because there was none left but there was still some.

Systems are in place for fluid charts, food charts and checks regularly to monitor resident's weight and nutrition requirements.

Tea and coffee making facilities are available in some of the communal spaces for residents and their visitors.

Promotion of Privacy, Dignity and Respect

At the time of the visit, evidence is that the home was operating to a good standard of care with regard to privacy, dignity and respect.

Residents can choose to have either a female of male carer. All staff were pleasant and attentive. Staff seemed very caring and considerate and were visible for the entire visit.

Some resident's room doors were left wide open. Representatives observed residents being addressed by their first names and evidence of staff interacting with residents positively and regularly. The mood and apparent happiness of residents witnessed by the visiting team was good.

Staff that representatives spoke to seemed happy and enjoyed working at the home.

Additional findings

The Manager told the visiting team that until recently the home had paid the local GP surgery a retainer. Residents are registered with different Doctors depending on previous arrangements and personal choice. The Manager told Representatives that they find varying degrees of service from doctors.

The home has no defibrillator onsite. Decision on resuscitation is made by the GP in consultation with the family. The home tries to avoid hospital admissions.

Recommendations

This report highlights the good practice that was observed and reflects the opinions of residents and staff about the care and support provided.

Points for consideration:

- Healthwatch commend the homes policy that family and friends can visit at any time. What measures are in place apart from CCTV to ensure all visitors sign in and out and as reception isn't continually staffed, and to prevent anyone walking in
- Provide a calendar and orientation board for the ground floor communal area
- Provide staff with clarification of job roles and responsibilities to encourage better peer support and working relationships
- Review methods of communicating daily operations with staff
- Concerns, comments and complaints more reassurance for residents on what to do/who to speak to
- Ensure all residents are made aware of activities and given the opportunity to participate if they wish.

Service Provider response

"We are a cheerful, motivated team that thrive to continually improve our service"