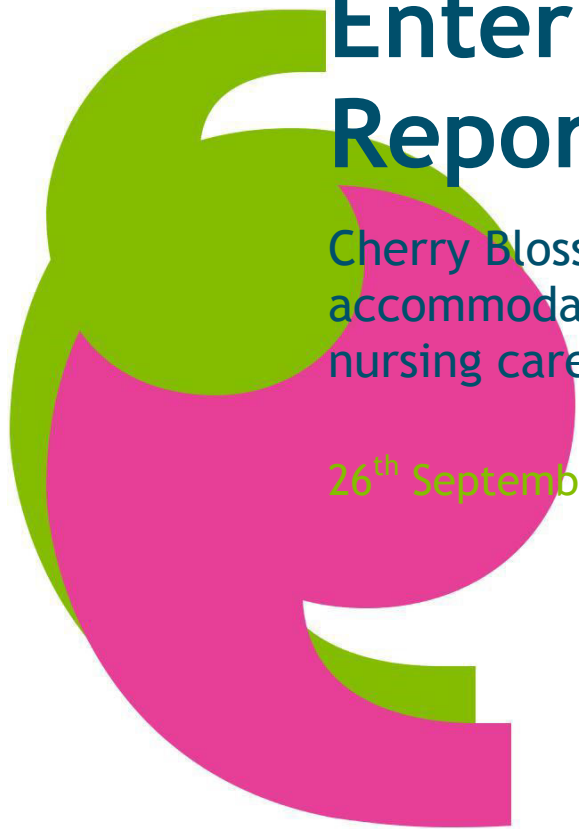


# Enter and View Report

Cherry Blossom Care Home: providing accommodation, personal care and nursing care for up to 80 older people.

26<sup>th</sup> September 2016



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# 1 Introduction

## 1.1 Details of visit

Details of visit:	
Service Address	Cherry Blossom Care Home, Warwick Road. Peterborough. PE4 6DE
Service Provider	Alysia Caring
Date and Time	26 <sup>th</sup> Sept, 2016. 11.00 – 1.00 hrs
Authorised Representatives	Heather Lord and Barry Henson.
Contact details	01733 510141

## 1.2 Acknowledgements

Healthwatch Peterborough would like to thank the service provider, residents, carers, and staff for their contribution to the Enter and View programme.


## 1.3 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.

# 2 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 are protected by legislation if they raise a concern.

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## 3 Purpose of Visit

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### 3.1 Background to Visit

The background to this visit follows a C.Q.C. unannounced inspection on the 11<sup>th</sup> March 2016 and the subsequent report dated 28<sup>th</sup> April 2016. This was the first inspection since the provider registered this service in March 2015.

This visit is part of a series of ‘Enter and View’ visits to local care homes within the Peterborough area organised by Healthwatch Peterborough.

A copy of the survey has been supplied but to summarise; the questions in the survey consist of initial observations by the authorised representatives on their arrival. A section of questions specifically for residents/carers/family members on their view of the home, its staff, how safe they feel, if they are offered privacy and dignity and spoken to in an appropriate and respectful way. These are supported by observations made by the authorised representatives. This is followed by a set of questions and observations relating to activities within the home and finally a section relating to meal-times, again these are supported by observations. A separate set of questions are included for staff covering their personal views on the home and training provision, again these are supported by observations.



## 3.2 Methodology

Six weeks before the Enter and View visit a letter was sent to the Care Home Manager explaining Healthwatch Peterborough were undertaking a series of 'Enter and View' visits to local care homes within the Peterborough area. These visits would take place during the September - December 2016 period, to homes that have not already been visited. Cherry Blossom Care Home is one that has not been visited previously.

We also explained that whilst Healthwatch have the statutory rights to carry out these visits 'unannounced', we would prefer to only carry these out as 'announced' visits and agreed this with the manager at this time.

A second letter, sent to the Care Home Manager, two weeks before the Enter and View, provided the date and time of the visit and included posters and leaflets to display as well as a sample survey. This communication was followed-up by a telephone call to the Care Home Manager to confirm the visit.

The documentation was displayed in the Care home to inform both staff, residents and carers and their families of the forthcoming visit and explain the purpose of Enter and View.

A Healthwatch team visited the Care Home for two hours commencing at 11.00hrs on Monday 26<sup>th</sup> September 2016, observed relevant facilities, activities and spoke to residents, carers and staff.

## 3.3 Objectives

The objectives were to;

- Observe how the Care Home operates and provides its services.
- Collect the views of residents, carers, family members and staff and any visitors to the service.
- Identify 'Best Practice' and any areas of concern.
- Provide a 'layman's view' on the service provided.

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# 4 Observations

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## 4.1 External Approach and Reception

The premises are on a quiet road in a residential area. There is a car park but our view that the parking area was somewhat limited was confirmed by several residents who said that visitors sometimes had problems finding parking space.

The foot path on the 'public road' near to the home is not 'mobility friendly' i.e for those in wheelchairs, using pushchairs, have mobility challenges.

The building is new (opened in 2015), purpose built and has a good external appearance.

Access via the locked main front door is controlled by a receptionist who has visibility through glass doors, intercom connection with visitors and can unlock the door electronically. There is also a numerical key-pad which allows staff members to open the door and enter of their own volition.

The internal Reception Area is clean, airy, tastefully furnished and welcoming. The team was cordially greeted by the receptionist. We were required to sign-in to the visitors' book.

The latest CQC Report, Rating and an action plan was displayed. Also displayed were a booklet about the home, cards from relatives and a Healthwatch poster. There were no hand-gel dispensers in the reception, but we were informed these were available in the nurse stations on each floor.

## 4.2 Layout

The building has three floors served by stairs and lifts.

The ground floor houses the main residential units, administrative and recreational facilities. The first floor is used for residents with dementia and the top floor is the 'nursing unit' which is devoted to residents who require nursing care.

Ground Floor: Consists of the Manager's office and other administrative facilities and 19 residents' private rooms.

Although we did not enter any of the residents' rooms, when passing the doorways those observed looked clean, light and airy and many had been 'personalised' by residents. We were informed all were had en-suite bathrooms.

The Bistro cafe has tea/coffee making facilities and snacks including crisps fruit and cake. A Cinema for communal film viewing this was very clean and tidy, although the seats might be considered a bit low for some of the more infirm residents. A Hair Salon with, two chairs, basins and fittings. This is staffed by a hair-dresser three days a week and offers facilities to each floor on a dedicated day of the week. We were advised that this is very popular with the residents. There is a common day room which is used for various activities. This was being used for a game of dominoes on the day we visited and was supported by 5 residents and the Activities co-ordinator.

First floor: Devoted to residents with varying levels of dementia. There are 31 rooms on this floor and we were informed there were 24 residents.

On this floor there was good use of large pictures, icons/names on doors as well as 'plush' cats and dogs and old style objects for residents to identify with. There is a common day-room/dining area.

On this floor there was an odour which was limited to immediately outside of the lift. This was raised with the Deputy Manager during the tour of this floor who acknowledged it. This issue was also raised at the end of visit meeting with the Manager. The 'odour' was explained and appropriate action was discussed by the Manager and Deputy Manager in order to remedy this.

A toilet used by residents was observed as not clean. This was immediately taken up by the Deputy Manager with the cleaning staff. It was also noted at the end of visit meeting with the Manager.

Top Floor: There are 30 beds devoted to residents who require nursing care. There are currently 18 residents in this area who require nursing assistance. The area is clean, bright and friendly. There is a common day-room/dining area.

## 4.3 Residents

We spoke with a number of residents, both individually and in groups.

Without exception the comments on the staff and on the standard of care were very complimentary. 'Staff are polite and helpful and can usually find time to stop and 'pass the time of day.'

The number of visitors received by individuals obviously varies. If privacy is required residents can retire to their own room with the visitor. If not, the day rooms are large enough to have a private conversation without others listening-in, alternatively the Bistro café is available. Comments from visitors were equally positive about the staff and in particular about the catering services.

Staff were seen to treat residents and visitors in an appropriate manner.

All residents responses were very positive about 'feeling safe' in this care home.

A good variety of activities are available to residents. An 'easy read' format was available and appeared on noticed boards. We were informed they were also in residents rooms. Residents were encouraged to participate, none felt forced to participate.

As long as they are physically and mentally competent to do so, residents may come and go as they please. Activities were discussed with the Activities Coordinator; in particular we discussed the use of volunteers as well as out-door activities.

## 4.4 Meals

There are two chefs and all food is prepared and cooked on the premises.

Additional staff in teams of two/three and four were seen plating-up and supporting meal times.

For those residents who are able, meals are taken in the common days rooms on each floor. For any who are unable to eat in the day rooms, meals are served in their bedrooms.

Staff assistance and encouragement where required by some residents. Such assistance/encouragement was observed to be given in a quiet and sensitive manner. One instance was witnessed first-hand on the dementia floor when one resident seemed 'reluctant' to eat his meal, encouragement and assistance was given, resulting in the resident eating independently, which he had not done up to this point.

Meal choices are shown on a board near the door.

Special dietary requirements are catered for, as are alternative choices for residents. One person commented that following concerns about a residents weight loss, a discussion had taken place about her diet, that included a discussion with the chef, this had revealed all food was 'fortified' to maximise nutritional value. Weight charts were observed to oversee/support this concern and in fact the resident in question had put on weight since arrival in the home.

When questioned about the food and meals generally, all comments received were positive regarding choice, variety, taste, presentation, cleanliness and assistance, where required.

The Healthwatch team members observed lunch being served and eaten in two of the day rooms. Serving staff were helpful and explained meal choices where necessary. Service was efficient and the food looked hot when given to residents.

The meal on the day of the visit consisted of soup, Cornish pasty/shepherds pie/stuffed peppers/veg. Desert was rice pudding.

The food appeared hot, appetising and well presented.

The timing of the meals was not recorded in total but for the time observed there did not appear to be any long delays in people getting their food.

One of the chefs came and walked around during the meal, exchanging pleasantries with the diners, who appeared happy to see him and responded well.

## 4.5 Activities

A dedicated Full-time Activities Coordinator has been on staff for two months.

Every second week there is a discussion with residents at which suggestions may be made and a programme of activities decided.

A copy of the 'easy read' programme of the activities available during the week of the visit is attached. Residents are encouraged to participate. Those playing dominoes when the team visited appeared to be enjoying themselves.

In addition to the activities on the attached programme, dependent on the time of year and prevailing weather there have been open days and BBQs which are also open to families. There were also trips to the local shops (ie Hobbycraft) and local restaurant (the Paul Pry).

Although it was noted that this activity is limited to only a few residents due to limited staffing numbers and no mini-bus travel provision - the activities coordinator explained this aspect was being considered by the home.

Residents have input on the choice of cinema films, which are normally shown once a week.

The Bistro Cafe is mainly used when there are visitors.

There is a large sheltered garden with well laid out paths, lawns and flower beds which is available and is enjoyed when the weather is suitable.



## 4.6 Staff

In addition to the Manager, the Healthwatch team spoke with three staff members. All were very enthusiastic about the home and the service it provides.

All other staff members observed by the team were friendly, and were clean and tidy in appearance.

Staff receive Induction Training relevant to their activities, First Aid Training, and Safeguarding Training. There is a weekly fire drill.

There are 85 staff members who provide 24 hour coverage.

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## 5 Recommendations

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1. Consideration could be given to whether the car parking area could be re-configured to offer more spaces.
2. We would recommend the use of hand gel in the reception area.
3. In the cinema lounge high-backed, raised chairs should be utilised, alternatively cushions that offer raised seating should be available for those with limited mobility. If the latter option is introduced we would recommend due consideration of head and back support in the chairs provided, especially as prolonged use may then become uncomfortable for residents.
4. The provider should consider either the regular hire or purchase of a mini-bus for external activities/trips. This would enable more residents and staff to take part in these activities that could then be more varied and offer travel further afield. This would be of real benefit to the residents.
5. Activities in the garden could include boule and croquet - both possible for people with impaired mobility.
6. Use of the garden area for producing fruit/vegetables and/or other plants that may be of use internally (i.e. flowers for a vase)

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## 6 Comments from providers

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The following comments have been received from the providers on the recommendations contained within this report.

Recommendation 1:

- This is highly unlikely as this will mean taking away the garden space we have for our residents and Relatives haven't raised a concern with us about parking spaces.

Recommendation 2:

- As discussed with you on the phone, we do hold hand gel on each floor by the care stations which are used by relatives.

Recommendation 3:

- We will monitor the use of our chairs and take appropriate action.

Recommendation 4:

- As you mention in the report our residents meet regularly to discuss the activities they wish to participate in and none have requested regular long distance visits, they have requested to go to the pub nearby and nurseries and as most Care Home we will hire buses as needed when the weather is more suitable for our residents to go on trips. We do have a car at the home, which is at the residents' disposal if they wish to make trips out.

Recommendation 5:

- We will put this on the agenda of the next meeting with the resident to discuss if this is what they wish to do and if so we will include them in our activities at the home.

Recommendation 6:

- We do have a herb garden on a raised bed in the garden and our residents do tend to them and the herbs are used in the kitchen. Our residents also help with the flowers for the hanging baskets in the summer. We are also looking at putting a Green House in the garden for next year.



