

Blossom HCG Ltd

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Inspection report

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Date of inspection visit:
04 June 2021
17 June 2021

Date of publication:
08 July 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Blossom HCG Ltd is a domiciliary care service providing personal care to nine people with a learning disability and/or autism at the time of the inspection. People lived across seven supported living schemes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider and registered manager had limited governance systems in place which did not formally capture improvements or actions. The provider had failed to ensure statutory notification were submitted to CQC when they were required to do so.

People were not always adequately protected from the risk of infections. Staff did not wear masks when supporting people. There were no individual risk assessments or plans for this. The registered manager had acknowledged this concern and was looking to implement measure to safeguard people.

People were supported by staff who knew them well and were happy with the support they were received. However, people's current support needs and risks were not always captured in care plans or risk assessments. This meant when new staff came into support people, they would not be fully informed as to how people liked to be supported.

Staff had received some of the key training for their role, however some additional training was needed to ensure they met people's individual needs. The manager told us this was on hold due to COVID-19.

People's medicines were managed safely, and staff administering medicines underwent regular competency assessments.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The staff and registered manager were able to offer examples of how they offered people choice and control of their lives and where people needed encouraged to have confidence to make these decisions the staff were there to promote this. Staff were dedicated in ensuring the provide good care for people, however this was not always captured in the care plans and there were some training and

development needed to develop staff.

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 (published 05 October 2018).

Why we inspected

We received concerns in relation to infection prevention control measures. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to ineffective systems in place for safe infection control measures and a lack of governance systems.

Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Blossom HCG Ltd

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides care and support to people living in seven 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

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

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, assistant manager,

senior care workers, care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

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

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff were not wearing face masks when supporting people. The registered manager told us this was due to people they supported becoming anxious when seeing staff wear masks. People did not have individual risk assessments or support plans in relation to infection control and the use of face masks to highlight their individual needs. When speaking with some relatives they said their family member had been happy with the use of a face shield, however these had not been explored.
- The registered manager acknowledged that this had become a blanket approach across the service, and they did not take into consideration individuals' support needs or any specific vulnerabilities.
- We observed staff not abiding by social distancing rules whilst not wearing masks which further increased the risk to people.

Systems were either not in place or robust enough to demonstrate staff were using safety infection control measures. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an infection prevention control policy which linked staff to the latest government guidance. Staff were involved in regular testing and where people visited their temperatures were taken, checks for symptoms were documented and PPE was available despite not always being used.
- Following the inspection, the registered manager sent a memo to remind staff of the guidance, and where people were uncomfortable with staff wearing masks individual risk assessments were completed.
- Where people were anxious about staff wearing masks, the staff supported them with social stories and discussions. The registered manager had implemented additional measures, such as increased testing, checking staff competence with infection prevention control and spot checks.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were not always clearly identified and assessed. Where risk assessments had been completed, these did not always provide staff with clear guidance on support people when, for example, they became anxious and were at risk of potentially harming themselves or staff. Staff did not have access to detailed behaviour support plans to guide them how to support people in these circumstances

- Although risk assessments did not always provide staff clear guidance, staff knew people well and protected people's dignity and rights when they felt challenged by people they supported.

Systems and processes to safeguard people from the risk of abuse

- Staff gave examples of where they had raised safeguarding alerts for people and spoke about how they

reported any safeguarding concern internally and to the local safeguarding authority's safeguarding team.

- People and their relatives told us staff provided safe care. One relative told us, "They are an amazing provider. They gave me my life back. They gave me the opportunity to have [relative] looked after safely." Another relative said, "Yes, [relative] is very safe. They do a fantastic job. Forward planning, decision making, Staff [are] very organised. Great job."

Staffing and recruitment

- The registered manager said they had recruited new staff as it was identified that staff were working too many hours a week, which was starting to affect staff wellbeing. One staff member told us, "The morale is good, but because we are short staffed people are working at the max and I think people do it because they want to offer consistency for people but the hours but it is not sustainable."
- People were supported by a team who knew people well. This enabled them to have consistency of care and build relationships and trust with staff.
- Staff training needed to be developed, although this had been put on hold due to COVID-19, the registered manager was aware that not all staff had some essential training sessions. For example, some staff had not had training in autism or learning disability.
- People were supported by staff who had been through a safe recruitment and selection process. This included all pre-employment checks, such as a criminal record check and references, although not all references had been verified.

Using medicines safely

- People did not always have protocols in place for as and when required medicine, such as, paracetamol. Daily checks were completed to ensure people had been supported to take their medicines as prescribed.
- People had their medicines when they needed them. People had details of how they needed support to take their medicines.

Learning lessons when things go wrong

- Where safety concerns were raised staff had informal conversations about how they occurred and took action to prevent reoccurrence. However, the registered manager did not use systems to record the lessons learnt so this could not be shared amongst the wider team.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not ensured staff were providing safe care as they had not developed risk assessments to mitigate the risks for the lack of personal protective equipment.
- The registered manager said they needed to develop their governance and monitoring systems, and this had been on hold due to COVID-19. The management team had maintained regular contact with the supported living services and completed informal quality checks, however these were not documented, and actions were not captured to show where improvements were needed.
- The registered manager did not promote a consistent way of collecting information throughout their service. For example, each supported living service were capturing information in different ways. This did not offer consistency or provide oversight across the service. Staff were not always clear on their expectations.

We found no evidence that people had been harmed however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff gave two examples of where they had to safeguarding concerns for people, however, was not aware of their responsibility to notify CQC.

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

- The registered manager had a good understanding of people they supported and had a passion for wanting to deliver person-centred care. Relatives echoed the dedication the registered manager and staff had in making sure people were happy. One relative told us, "I would wholeheartedly recommend Blossom HCG Ltd. Staff are like a second family to my [relative]. They see us as a whole package. We can be open and honest with them. They say be open with us".
- Staff showed and told us they cared about the people they supported, and we observed people being supported in a compassionate way. Although some staff did not use respectful language when describing

people which at times did not promote people's dignity.

- Staff were led by what people wanted and people were encouraged to do things they enjoyed. People appeared comfortable with staff whilst being supported and relatives spoke highly of the staff and how they offered choice and control. A relative gave an example of their family member had specific ways of how to put on their shoes, another example was how staff understood how one person communicated their emotional and wellbeing needs through touch and affection. This was important to the person.
- People had communication with their family members when they wanted. One person had a tablet where they would send videos of their day and messages to their family member. When asked this was something they enjoyed doing and was important to them.
- Staff reported a positive ethos in the service and knew they could go to the management team for advice and support. One staff member told us, "I mean this from the bottom of my heart this is the best place I have worked. There is always someone on hand. In our job roles we are allowed to give our ideas and have our say. We are listened to and supported."
- The dedication and the consistency of the staff meant people lived their lives how they wanted. One relative said, "The staff learnt about [relative] as a person. They know when a situation is building up, they become unsettled. Staff listen to each other. They never make decisions without asking us."
- However, due to poor care plan documentation where new staff started supporting people these important details for people were not always captured. The registered manager was looking to implement an electronic care plan system.

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

- Staff gave feedback through individual face to face meetings with the management team. Staff had been involved in surveys in the past to formally capture their feedback.
- People had limited opportunities to share their views about the service formally. The management team did not capture feedback from people nor was there evidence that improvements were acted on. However, relatives felt listened to and involved in the care. One relative told us, "[Relative] has a positive behaviour support plan. Staff have all had training on [relative's] behaviour. There is an annual review. OT report as do speech therapy. It is about finding solutions and making sure [relative's] best interests are included. The staff are with us."

Working in partnership with others

- The registered manager gave examples of how they had regular input from other professions to achieve good outcomes for people.
- At the time of the inspection the registered manager was being supported by the local authority to improve on their systems and processes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate staff were using safety infection control measures. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively managed.