

Blossom Home Care Ltd

Tadcaster Enterprise Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tadcaster Enterprise Park is a domiciliary care service providing personal care. The service was supporting 13 people at the time of our inspection, including those living with dementia, physical disability, older people and younger adults.

Not everyone who used the service received personal care. The Care Quality Commission (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 had not notified CQC of service user deaths. This was a breach in regulation and will be considered outside of the inspection process.

People's safety was supported. Staff were aware of risks to people and how to reduce these. People were supported to take their medicines as prescribed.

Staff worked effectively as a team to ensure people received consistent care that met their needs. Staff worked with people's relatives and healthcare professionals to monitor people's health and help people to lead healthier lives.

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.

Staff were very caring in their approach. People formed close relationships with them. They valued how staff supported their privacy and dignity, helping them to feel confident and comfortable with their care. People received emotional support when needed. Staff worked in discrete and sensitive ways, respecting people's family lives.

Care was provided in person-centred ways, considering people's preferences. People valued the interaction with staff, supporting their wellbeing and reducing their social isolation. Staff looked for opportunities to help people pursue their interests in ways that were accessible to them. People's end of life care wishes were considered; relatives commented on the skilful, sensitive care provided at this difficult time.

People, relatives and staff had the opportunity to engage in the running of the service. The provider was committed to providing effective care and enabling people to live in their own homes. This was reflected in people's experiences of their care. The registered manager used quality assurance checks to ensure standards were maintained and improved on in the service.

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

Rating at last inspection

The service was registered with us on 29 September 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Tadcaster Enterprise Park

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with CQC. 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

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 July and ended on 24 July 2019. We visited the office location on 17 July 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the clinical commissioning group who works with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We looked at three people's care records and three medication administration records. We looked at three

staff recruitment, induction, training and supervision records. We viewed a range of records relating to the management of the service including audits and accident and incidents records.

We visited three people who used the service and two relatives. We spoke with another three relatives over the telephone to ask about their experience of the care provided. We spoke with the registered manager, deputy manager and three care staff.

After the inspection

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's health needs were understood. Their care records detailed symptoms staff should be alert to and when to seek medical advice.
- Staff understood where people required support to reduce risks. Care plans contained information about measures in place to keep people safe.
- Environmental risks to people and staff had been assessed to support their safety.
- Equipment had been checked to ensure it was safe for use. Information on who was responsible for maintaining it was recorded.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff understood their responsibilities to safeguarding people against the risk of abuse and raised concerns when needed.
- The provider had a safeguarding policy and systems in place to ensure concerns were reported including out of normal office hours.
- When accidents and incidents occurred, appropriate action was taken to keep people safe and reduce the risk of these reoccurring.

Staffing and recruitment

- Safe recruitment processes were in place and followed.
- Staffing levels were reviewed monthly to ensure there were sufficient numbers of staff to provide care and support to people.

Using medicines safely

- Medicine support plans detailed what support people required to take any medicines safely as prescribed.
- Medication administration records contained information to ensure people were supported to apply topical medicines, for example creams where required.
- When medicine errors were identified during checks these were investigated and action taken to reduce the risk of them reoccurring.

Preventing and controlling infection

- Food safety and hygiene was well managed by staff. This included checks to ensure opened food was dated and stored appropriately to reduce the risk of people becoming unwell from this.
- Staff had access to personal protective equipment, for example, gloves and aprons. We observed this being used correctly to prevent the risk of infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received an initial assessment to ensure the service was able to meet their needs.
- Re-assessments were completed following changes in people's needs. People and their relatives were involved in this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Written consent was obtained from people prior to them receiving care.
- People's capacity to make decisions about their care and support was recorded. The records did not follow the MCA principal of presuming people had capacity. The registered manager agreed to review this.

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

- Staff supported people's food and drink preferences according to their assessed needs.
- People's food and fluid intake was monitored to ensure they had enough to eat and drink. Where people were at risk of losing weight staff managed this. One staff member told us, "I worked with one person who didn't eat, I made omelettes and they love it now."
- Staff encouraged people to have a balance diet and make healthier choices.

Staff working with other agencies to provide consistent, effective, timely care

- People received support from regular staff who had a good understanding of their needs and wishes.
- Staff communicated effectively with people's relatives, sharing information about their family member's needs to ensure people received consistent support and any concerns could be monitored.

Supporting people to live healthier lives, access healthcare services and support

- Staff closely monitored any changes in people's health and took appropriate action when concerns were identified. One relative said, "They keep track if there is a mark that may be developing into a sore."
- Concerns about people's health were raised with the relevant health professionals such as GP and district nurses. Staff acted on their advice to maintain and improve people's health.

Staff support: induction, training, skills and experience

- New staff received an induction to their role. They had the opportunity to shadow other care workers to understand people's care and support needs. Their induction was tailored according to staff experience and confidence.
- Staff completed mandatory training in areas identified by the provider, including moving and handling and first aid to equip them for their role.
- Additional specialist training was arranged according to people's individual needs.
- A robust system of competency checks was in place to assess staff knowledge and skills and remind them of best practice.
- People and their relatives felt staff had the knowledge and skills needed for their role. One relative said, "They know how to use the equipment, I feel confident in them using this."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives provided consistently positive feedback on the high-quality care they received. One relative said, "We're completely happy with the care we've got"
- Staff were friendly and caring in their approach to care. One person had written, 'As soon as my bedroom door opens I see that smile and caring attitude.'
- People enjoyed their care visits and felt this improved their wellbeing and quality of life.
- Caring relationships were shared between people and staff. One person said, "We've got a very good relationship. I like that we can have a little chat, a laugh and a smile."
- People's emotional needs were understood. Staff were aware of when people may be low in mood and knew how to respond to this sensitively.
- Staff were aware of people's equality and diversity needs. For one person they described supporting them to watch bible readings online, enabling them to follow their religious beliefs.

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

- People were involved in decisions about their care, the timings of this and how they wanted specific tasks doing.
- Staff were attentive to people's preferences. One relative told us, "They've taken the time to find out what [person] does and doesn't like; they know [person] likes things just so."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in dignified ways. When people were incontinent this was dealt with promptly and sensitively, minimising any distress or embarrassment to them.
- The private and family lives of people were respected. Staff worked around family routines and lifestyles.
- People's privacy was maintained when they were receiving care. This helped people who had initially had reservations about care to accept this and become more comfortable with it.
- People were encouraged to be independent where possible. For example, selecting their clothing or having items prepared for them to shave. One relative said, "They enable [person] to live as normal life as they can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care was provided in person-centred ways, respecting people's preferences. For example, placing a person's call bell so it did not rub against their skin and carefully considering each aspect of how a person was positioned to maximise their comfort.
- Care records contained detailed information about how to support people with their personal care in a step-by-step way. People advised staff were aware of this information and used it to inform their care. One person said, "They understand me and my needs, I can tell by the way they treat me."
- Staff recognised when people had good or bad days and adapted their support accordingly.
- People's care was reviewed to consider if their care remained appropriate for their needs or if any changes were needed.

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 understood people's preferred methods of communication. One care worker described a person's non-verbal communication and said, "I can tell what [person] wants because of their body language."
- Some relatives and people had experienced difficulty in viewing their care records following the provider transferring to an electronic care system. The registered manager agreed to review this with them, considering their communication needs.

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

- Care visits provided meaningful interaction for people, reducing their risk of social isolation and improving their mental wellbeing. One person said, "Sometimes the care workers are the only people I see, I like that we have a little chat to discuss what we've done, talk about holidays and things."
- Staff found ways to help people maintain their interests. For example, a care worker identified television programmes of interest to a person based on their previous occupation.

Improving care quality in response to complaints or concerns

- People and their relatives were able to contact the provider via their preferred route of communication. They were satisfied with the responses they received to their concerns.
- Concerns and complaints were addressed promptly. Improvements in care quality were made and

sustained following these.

End of life care and support

- People's end of life wishes were considered as part of the assessment of their care needs.
- Staff recognised additional skills and support were needed to provide end of life care. One care worker said, "We do everything we can to make people comfortable."
- Relatives had complimented the provider on the sensitive, responsive end of life support their family members and they had received. One relative had written, 'Words cannot express how grateful I and [person's] family are to you all for the compassionate care to [person] in our time of need. They made [person's] journey to heaven peaceful, pain-free and calm.'

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.

This is the first inspection for this newly registered service. This key question has been rated 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 care and transparency.

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

- The provider had not submitted notifications about deaths to the Care Quality Commission as they are required to do by law. This is being addressed outside of the inspection process.

This is a breach of Regulation 16 (Notification of death of service user) of the Care Quality Commission (Registration) Regulations 2009.

- The registered manager respected their staff team and recognised their commitment to delivering high quality care.
- Staff felt well supported in their roles. They were, able to seek advice from colleagues and office staff.
- Staff received regular supervisions to support and monitor their performance. Objectives were set to support their development and understanding of their role and responsibilities.

Continuous learning and improving care

- Monthly quality assurance checks were completed by the registered manager to monitor quality and safety across the service. This included checking care records.
- The timing of people's care visits was monitored to ensure people continued to receive timely care and support.
- The provider met with the registered manager to review the service and discuss changes. There were no recorded audits completed by the provider to evidence their monitoring of the service.

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

- The provider aimed to provide high quality care. People, relatives and staff felt this was reflected in the service provided.
- The provider was focused on enabling people to live independently within their own homes. The registered manager described examples of where the service had promoted people's independence to reduce people's care, and in some instances stop it altogether.

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

- When accidents and incidents occurred the provider completed a thorough investigation, provided

feedback and where required, an apology to interested parties.

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

- A questionnaire had been sent to people and their relatives to seek their views and experiences of the service. The registered manager was continuing to gather and review the responses received.
- The provider was aware of people and staff's equality characteristics, such as their religion and respected these.
- The registered manager had held one staff meeting to share the outcome of audits with staff. The registered manager agreed to look at how they would continue to share information with the staff team and involve them in the running of the service.
- A questionnaire had been developed to gauge staff views on the service and provider.

Working in partnership with others

- The provider worked with relevant organisations and professionals when needed.
- The provider had a good working relationship with its commissioners. A professional told us, "I've found them to be responsive, they have regularly contacted us to advise of changes in care required."