

Blossoming Hearts Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Blossoming Hearts Care Agency Limited is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Grantham and surrounding areas. At the time of the inspection visit there were 25 people using the service.

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

This was the providers first inspection since registering with us. We found several shortfalls regarding systems and processes which meant people were placed at potential risk of harm. We did not find that there was direct impact to people because of this, but the provider fully accepted the potential risks and acted immediately to rectify the shortfalls.

Staff were not recruited safely. The provider had not undertaken their own criminal records checks relating to two staff employed. The provider implemented immediate measures to check all staff recruitment and restricted lone working of staff who did not currently have enhanced disclosures undertaken by the provider. Recruitment interviews were not structured to enable the provider to fully assess the competence and suitability of candidates, following the inspection the provider developed a comprehensive set of interview questions to use in all future interviews. Improvements were also required to ensure pre-employment checks and full employment history were thorough and comprehensive.

The provider did not always follow their own medicines policy which resulted in several shortfalls in relation to the administration of medicines. Informal observations of medicines administration were being done by the registered manager, but this was not formally recorded. The registered providers own policy included a pro forma for undertaking formal observations, but this was not being used.

Improvements needed to be made to risk management. Pre-admission assessments were being routinely carried out and had identified areas of risk for people, these risks were not always formally assessed and the provider did not provide staff with sufficient information about how to reduce risk.

The service employed sufficient numbers of staff to ensure that people receive the support they require. Staff received safeguarding training and were aware of how to protect people from abuse. Staff received infection control training and were aware of how to reduce the spread of infection on a day to day basis.

People's needs were assessed at the point of using the service and included evidence of the involvement of people using the service. The provider described how people were involved and consented to their care, but this was not always formally recorded to demonstrate people's consent to care and treatment. People told us they were asked for consent. Staff received training to carry out their roles effectively. People had access to healthcare services and the provider worked with a range of health and social care professionals. 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 caring and treated people with respect, kindness and compassion. People and relatives confirmed this. The provider had developed a positive culture and had the interests of people using the service at heart. People were consulted about their care and were asked to provide their views and opinions about the service they receive. We saw evidence of high levels of satisfaction and many written compliments about the service being provided. Staff told us that people's privacy and dignity was upheld to the highest standards, people confirmed this. Care plans would benefit from more information about people's likes and dislikes and could be more person centred. There was evidence good person centred information was obtained for a document called the 'hospital grab pack'. People's care plans would benefit from having similar information about them so that staff are clear about what is important to people.

The service had received no complaints in the last 12 months. The provider described a philosophy of addressing lower level issues promptly to avoid formal complaints being made. We saw evidence of many compliments made by people using the service. Staff received end of life training and could describe what good end of life care looked like.

Governance systems required improvement to ensure regulatory requirements were met. Care plan audits were being undertaken, but no other 'themed' audits were being carried out to check that regulatory requirements were being met. There was no formal evidence that the provider was analysing data to learn lessons. The provider told us anecdotally how lessons had been learned from previous experiences but this was not formally recorded to demonstrate the continual improvement the service had made.

Staff were very positive about the support and guidance they receive from the provider. The registered manager and director have a 'hands on' style of leadership which has benefited people using the service. Staff were engaged and enthusiastic about their roles.

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

Rating at last inspection

This service was registered with us on 07/03/2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

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 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.

Requires Improvement ●

Blossoming Hearts Care Agency 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

This inspection was carried out by a single inspector.

Service and service type

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

We gave the service 48 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. 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

During the inspection we spoke with three people and one relative, two care staff, the registered manager and the director. We reviewed records related to the care of four people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, and three staff files.

After the inspection

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

Is the service safe?

Our findings

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

At this inspection this key question is 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.

Staffing and recruitment

- Staff were not always recruited in line with current regulatory requirements. Records showed that due to not fully understanding the requirements the provider had not obtained suitable DBS checks for four staff. A DBS check is a search carried out by the Disclose and Barring Service to check an applicant's criminal history and identify any convictions, cautions, warnings and reprimands. The provider took immediate action to restrict these staff from lone working. After the inspection the provider sent us evidence of DBS checks being carried out for all staff.
- Pre-employment checks were not always thorough. For example, one staff member had received a reference from a colleague they had previously worked with, but the reference was not from the employer and therefore would not necessarily include details of previous conduct or disciplinary issues. Another staff member had no references in their recruitment file.
- Records showed the provider had not always obtained a full employment history from their employees before an offer of employment was made.
- Interviews of prospective staff were undertaken, and brief notes of the interview discussion were kept on file. The provider did not use a set of questions to determine the suitability and competence of possible new staff at interview. We spoke with the provider about this and following the inspection they sent us a copy of the interview questions which would be used in the future.
- Records showed, and people confirmed they were supported by a reliable and regular staff team who didn't let them down. One person said, "The only two experiences I have had was when staff have called in sick, they did get someone to cover, but my [relative] was here I didn't mind on those two occasions. The office called us to let us know an hour before the call was due." They went on to say, "I have a maximum of three staff who are all very knowledgeable."

Due to the providers failure to ensure that staff were of good character people were at risk of abuse and harm. This was a breach of regulation 19(1)(Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- The provider had a clear policy relating to the administration of medicines, which included references to the most recent legislation and best practice guidelines. We found the provider did not always follow this policy and procedure.
- People were at risk of not receiving their medicines as prescribed. Medicines prescribed to people on an 'as needed' basis were not being managed safely. Protocols for the administration of 'as needed' medicines

were not in place for people meaning that staff had no clear guidance to describe how and when the medicine should be administered.

- The provider did not deploy a system to ensure staff were competent to administer medicines following their training. The registered manager told us they would observe staff after their training, but this was not recorded to evidence it had been done. This was not in line with the providers own policy which had clear guidance about how and when competency assessments should be done.
- The provider was not following their own policy and procedure for auditing the administration of medicines. The registered manager told us that they spot checked medicines administration records when visiting people in their homes but did not have documented evidence to show this was being done.
- People told us they were happy with the support they received with their medicines, one relative told us, "We use a dosette box, I usually administer the early morning tablets. There are about five different tablets which the carers administer, they are pretty good at this and they note what they are giving [relative] in the records." A dosette box is used to organise tablets. The box has separate compartments for days of the week and/or times of day such as morning, afternoon and evening
- We recommended the provider review their medicines administration policy and ensure all practices associated with medicines administration adhered to the policy.
- Immediately following the inspection, the provider reviewed their policy and sent us evidence to show audits, competency assessments and PRN protocols were in place and being used effectively.

Assessing risk, safety monitoring and management

- Risks to people were not always managed effectively. Care records showed assessment and care planning had identified risk for several people. One person had been identified as being at risk from skin breakdown. Whilst there was some basic information in the persons care plan about the risk, there was no clear plan for the staff to follow to help reduce the risk as far as possible. Another person was taking medicines on a short-term basis due to a health condition, but the risks associated with this were not assessed which meant the person was at risk of not receiving their medicines as prescribed.
- Staff we spoke with were knowledgeable about how to support people who were at risk from health conditions and described the support people required to reduce risk as far as possible.
- Care records included fact sheets about people's health conditions, which supported staff to understand how this may affect them and the support they may require.

Systems and processes to safeguard people from the risk of abuse

- The provider had a clear policy and procedure to ensure that people were protected as far as possible from the risk of abuse.
- Staff received regular training to ensure they could recognise the signs of abuse and report their concerns. One staff member said, "Physical, verbal, financial abuse - you document your concerns and report them straight away. If nothing was done I'd go further and higher to people like yourselves [Care Quality Commission]."
- Staff told us they were aware of the providers whistleblowing policy, "If I thought something was wrong and nothing was being done I would blow more than one whistle. Abuse of any kind is 100 percent not acceptable. Even if it was my family I'd whistle blow" said one staff member we spoke with.

Preventing and controlling infection

- Records showed that staff were trained to prevent the spread of infection. People we spoke with consistently told us that staff were vigilant in this area and would always wash their hands and wear single use gloves and aprons when delivering personal care.
- Staff told us that supplies of gloves and aprons were readily available at the office base for them to collect.

Learning lessons when things go wrong

- The provider recorded accidents and incidents but did not have a system in place to analyse the information and look for trends and patterns and learn lessons. Immediately following our inspection, the registered provider showed us evidence to confirm they had implemented a process to ensure that accidents and incidents would be analysed more closely in the future.

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 this inspection this key question is 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's needs were assessed prior to the provider agreeing to deliver care. Records showed assessments were sufficiently detailed to ensure that people's needs and wishes were captured accurately. People confirmed this.
- The registered manager told us they carried out all initial assessments with people wishing to use the service.

Staff support: induction, training, skills and experience

- Records showed staff received a full induction when they started working with the provider. This included a period of 'shadowing' where new staff work alongside more experienced care staff before providing care and support to people on their own. The induction also involved completing the care certificate and essential training to meet people's basic needs. The care certificate is an agreed set of standards which define the knowledge, skills and behaviours expected of specific roles in the health and social care sector. One staff member said, "I did the care certificate, some online training and shadowing, it was quite in depth and good. [The registered manager] supported me."
- Records showed, and staff told confirmed they received the training they needed to care for people with specific health needs. One staff member told us, "I've had training in catheter care, diabetes and epilepsy training."
- People and relatives consistently told us staff were competent. One relative told us, "We have two female staff who cover the whole week, they really know what they are doing. They let me know in advance when we are running out of supplies."

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

- Records confirmed staff received training regarding food hygiene as part of their mandatory training requirements.
- People were responsible for providing their own food and drink. Some people required support to prepare meals and drinks as part of their care and support.
- People told us they were happy with the support they received to eat and drink, "I love hot meals at lunchtime, I have an AGA [range cooker] and the carers help me with vegetables."

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

- The provider had developed a hospital grab pack document, which included good detail about the

person's health and care needs. The document is designed to ensure health professionals working in hospitals know the most important information about the person so their needs can be met effectively when they are in hospital.

- Care records showed people were supported to access healthcare services such as the GP if they needed it.
- The registered manager told us they liaised with a range of health professionals to ensure that people were supported to maintain their health. They told us, "I work with the district nurses and have provided information regarding dressings and pressure wound care. I've liaised with GP's, physiotherapists and occupational therapists – recently to help someone we care for to have a new walking aid."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Care plans did not always include evidence to confirm people had agreed and consented to care being delivered in the way they had agreed. We spoke with the provider about this. They agreed to ensure to arrange for people and/or their representatives to sign their support plans to evidence their consent. We found this was largely an administrative misunderstanding, people and relatives confirmed they had been fully involved in developing their care and had been consulted about their consent.
- Staff received training regarding the MCA. One staff member said, "It's about people's capacity to make decisions for themselves and not assuming they don't."

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 this inspection this key question is 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 relatives consistently told us staff treated them well and were kind to them. One person said, "I can only speak highly of everyone who comes here, they have become like my friends. I can't think of a favourite they are all my favourites." Another person said, "They sit on my bed when they arrive and ask, 'How are you? How did you sleep? How is your pain?' They don't rush and have genuinely got to know me. I am very comfortable with them now. It takes the pressure off [Relative]. They are nice to [relative] as well, they make him a drink when they make me one."
- Staff told us they would be happy for a relative to receive a care service from the provider. "Yes, I would definitely. People I work with are really good and do their job to a high standard. There is great support from the office and they are always on the end of the phone if you need them."
- Records showed staff were provided with training to raise their awareness of equality and diversity.
- The provider told us how they ensure the service they deliver supports equality, diversity and human rights, they said, "We treat everyone with respect and dignity. We record peoples wishes and make sure care is person centred. If you want it, within reason you get it. We talk to the family to get to know them too."

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

- Although some care records we reviewed did not include signatures from people to confirm that they were involved in making decisions about their care, people consistently told us they were fully involved. One person said, "[The registered manager] came to my house and sat with my husband and I and talked everything through. We agreed what they could do for me. I am due a review next month [The registered manager and director] will come out again soon and make sure I am happy with everything."
- People told us that they knew the provider and registered manager well and they listened to them. "I think they are excellent and the carers all respect and like [registered manager and provider], they like them very much I am a great admirer of them too."
- People were given the opportunity to complete an annual survey, so they could provide feedback about the quality of care received. Responses we saw from the most recent survey were mostly positive. The provider was in the process of developing an action plan to address any shortfalls.

Respecting and promoting people's privacy, dignity and independence

- Records showed staff received training in relation to privacy and dignity.
- Staff we spoke with were knowledgeable about how to maintain people's dignity and understood their responsibility to uphold people's confidentiality.

- People told us staff were respectful of their homes and treated them with respect. One person said, "The carers always knock on door, they always take their shoes off and always ask me what I want." A relative told us, "[My relative] doesn't always want a shower and I have overheard discussions where they were respectful and fully respected [My relative's] wishes."

Is the service responsive?

Our findings

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

At this inspection this key question is 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

- People's care plans contained sufficient detail, to meet people's needs. We found some care plans would benefit from containing more person-centred information about how they liked to be supported, their daily routines and preferences. As described earlier in the report, the provider had developed a 'hospital grab pack document'. This document was very detailed, and person centred, we advised the provider to ensure the information in the 'hospital grab pack' was incorporated into people's care plans.
- Staff we spoke with knew the different ways people like to be cared for. People's care was reviewed with them and their relatives, and care plans were updated to reflect any changing needs. This showed the service was responsive to people's changing needs.
- People confirmed they were involved in planning their care, one relative said, "[The registered manager] wrote it up and there is a copy in the house. Yes, we were consulted it was developed with [my relative] and I there.
- Records showed that staff had received training in the principles of person-centred care.
- Staff told us the duration of calls were sufficiently ample to enable them to spend time to get to know people. One staff member told us, "We don't do 15-minute calls, and we get the time to spend with people. Records confirmed this."

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.

- At the time of the inspection, no-one required information providing in alternative formats. The provider told us they would be able to provide care plans and information about people in large print if required.

Improving care quality in response to complaints or concerns

- The provider had received no formal complaints during the previous 12 months. They told us that they had adopted a thorough approach to addressing lower level concerns promptly to avoid more significant issues arising in the future.
- People told us they knew how to complain and knew who to contact if they had a problem.
- We noted that the provider had received approximately 25 compliments from people using the service and their relatives during the previous 12 months. In one compliment from a relative it was recorded, "Thank you from the bottom of my heart. I will never forget the help you gave when everyone else I turned to on that

day turned me away."

End of life care and support

- No-one was receiving end of life care at the time of our inspection, but we looked at how end of life care was planned. People and relatives were encouraged to express their views about wishes regarding care towards the end of life. People and relatives were supported to discuss their end of life care, and staff knew how to support people and their relatives in the way they wanted.

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 this inspection this key question is 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

- There was insufficient oversight of service delivery because systems and processes were not operated effectively to ensure compliance with regulations. During our inspection visit we found regular quality assurance checks were not being completed to assess, monitor and mitigate the risks relating to the health and safety of service users.
- The provider was using a third-party organisation to provide a management and governance system which included operational policies and procedures for the service. The provider did not follow their policy relating to governance. We suggested the provider to revisit and review their governance policy and ensure the processes were operated to ensure regulatory requirements would be met in the future.
- The providers failure to follow their own processes to assess and monitor the performance of the service meant they had seriously restricted their ability to learn from previous incidents and focus on key themes for improvement.

Failure to ensure that systems and processes were established and operated effectively to ensure compliance with regulation was a breach of regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider described to us what they hoped to achieve in the future, but this was not always communicated clearly to the staff team to enable them to achieve this. As a new provider they were in the process of developing a set of values for the organisation to ensure that their aims would be met.
- Staff told us, and records confirmed regular training and team meetings took place to ensure care was provided in an open and transparent way. This included being honest about what was not working well and committing to improving people's quality of life. One staff member told us, "I have put ideas forward to improve things and they [provider] listened to me and it was put in place."
- Staff said they felt well supported by the manager and their colleagues. Staff we spoke with demonstrated enthusiasm for supporting people to deliver care in a way that people wanted.
- Staff we spoke with consistently described morale within the team as good.

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 provider notified CQC of significant events as they are legally required to do. This meant the provider was informing us about significant events that occurred in the service which assist us to monitor the quality of care.
- The provider had a complaints policy which described the process for responding to complaints in an open and honest way. People and staff described the provider and registered manager as open and inclusive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People consistently told us that the registered manager and provider engaged with them regularly. One relative told us, "[The registered manager] emails me regularly, I have the mobile numbers for [the provider and registered manager] and we talked last week. During the last six months I have spoken to them a number of times, we always get a call to let us know if they are going to be late I am really fond of Blossoming Hearts."
- The registered manager and provider worked in partnership with a range of health and social care professionals to improve people's care. People's funding authorities, as well as other health and social care professionals were in regular contact with the service about ensuring people's needs were met.
- Staff and the registered manager recognised when people's needs changed. They made appropriate referrals and arranged meetings with health and social care professionals promptly to ensure people had good outcomes.

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 17 HSCA RA Regulations 2014 Good governance Failure to ensure that systems and processes were operated effectively to ensure compliance with regulation.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Due to the providers failure to ensure staff were of good character people were at risk of abuse and harm.