

Consensus Support Services Limited

Blossoms

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Blossoms is a residential care home providing personal care to adults with learning disabilities and autism. The service is registered to provide care for up to six people in one adapted building. There were six people living at the home at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large domestic property. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People received warm, competent care and support and relatives spoke positively about staff and management. Relatives told us people were safe and they were protected by staff who understood their responsibilities and how to keep people safe. People were protected from risks by very detailed, regularly updated risk assessments.

People had comprehensive care plans which detailed their strengths and promoted their dignity and independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's needs. Staff received comprehensive training to enable them to carry out their roles effectively. Staff were happy working for the service and felt supported by the registered manager and colleagues. Staff success was recognised and celebrated.

There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. We observed that there was a relaxed atmosphere and people and staff had good, caring relationships.

The home was well equipped, clean and tidy and good infection control practices were being followed. People's rooms were well-personalised.

People took part in activities they enjoyed and were encouraged to access the community. Visitors were welcomed. The home had good relationships with health and social care professionals. People had a

healthy, varied diet and ate food they enjoyed.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People and relatives were happy with the care and support they received and spoke positively about staff and the registered manager. People's care and support needs were met by staff who knew them well and enjoyed working with them.

People and their relatives were involved in the planning and delivery of their care, and regularly asked for feedback which was acted upon when appropriate. Staff were encouraged to be actively involved in service development.

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 3 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Blossoms

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 conducted by one inspector.

Service and service type

Blossoms is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with one person who used the service and spent time with others who weren't able to communicate with us verbally. We spoke with two relatives about their experience of the care provided. We

spoke with four members of staff including the registered manager and support workers.

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

After the inspection

We sought feedback from the local authority and professionals who work with the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff helped them to feel safe.
- Staff completed training in safeguarding vulnerable adults which they told us they found useful. They demonstrated they understood their responsibilities in relation to safeguarding and how to keep people safe.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team. Information about safeguarding was on display for staff to refer to at any time.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care.
- Staff promoted independence and encouraged people to do as much as they could for themselves. For example, one person had been supported to map their route to walk independently to a work placement.
- Fire drills were regularly conducted and staff demonstrated a thorough awareness of what to do should a fire occur in the home. People's care plans included Personal Emergency Evacuation Plans to ensure they were given the correct support in the event of an emergency.

Staffing and recruitment

- People received care from a regular group of staff who knew them and their loved ones well. One relative told us, "I'm on first name terms with all the staff - staff stay there a long time."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were assessed for their abilities to manage their own medicines. Where people required support with their medicines, people received these as prescribed.
- Staff received training in the safe management of medicines and followed best practice guidelines when administering people's medicines.
- When people received medicine 'as required', for example, paracetamol, this was clearly documented in their care plans.

Preventing and controlling infection

- All areas of the home were clean and free of odour. Furnishings and equipment were well maintained, reducing the risk of infection.
- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- The management team were pro-active in using information from audits, complaints, incidents and safeguarding alerts to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 before they commenced using the service to ensure staff understood their needs and preferences. One relative told us, "[Person] has settled really well. I was really worried but it's been great, it's given me a lot of confidence."
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs, for example falls and nutrition assessments.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles. For example they shadowed experienced staff to get to know people they would be caring for and had an 'induction buddy' to ensure they always had someone to seek additional support from.
- Staff told us the training they received was of good quality and enabled them to carry out their roles effectively. One staff member said, "[We get] enough training, yes, we are quite hot on that."
- Staff received regular supervision and guidance to support them in their roles. Staff told us their manager was very supportive.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking. They sought the advice of specialist professionals when they identified a need, for example the speech and language therapy (SALT) team.
- People were supported to be involved in preparing their own meals. This enabled them to choose food they enjoyed and encouraged independence.
- Staff had training in food hygiene and provided balanced meals that helped maintain people's health and well-being

Adapting service, design, decoration to meet people's needs

- We saw that thought had gone into adapting the environment to suit people's needs. For example, when the lounge was redecorated, people had visited furniture shops to choose sofas.
- The building was well-maintained and pleasantly decorated. People and relatives spoke positively about the appearance. People's had spacious bedrooms which were highly personalised with items they had

chosen.

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

- People were supported to make healthier life choices such as diet and exercise. For example, one person had long term health needs. As a result of staff promoting healthy eating medication was no longer required to manage the person's condition.
- Staff supported people to attend health appointments and referred people promptly to their GP or other medical services when required. For example, when people who moved into the service had been prescribed the same medication for a long period of time, staff were proactive in ensuring they were reviewed by healthcare professionals to ensure this continued to be appropriate.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Information regarding the principles of the MCA was on display for staff to refer to. Staff demonstrated they understood these principles.
- Staff carried out regular mental capacity assessments to establish people's insight and understanding of their care needs. This enabled people to make informed decisions about their care, or health and social care professionals make best interest decisions about people's future care.
- Where people's relatives were acting lawfully on their behalf, this was clearly documented in care plans, and copies of the relevant legal documents had been obtained.
- We saw that DoLS applications had been appropriately submitted and authorisations were complied with.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received care from staff who knew them well. Staff enjoyed their work and had formed good relationships with the people they supported. One staff member told us, "I lift [people's] spirits, if they're having fun that's good."
- People told us staff were kind and friendly. One person told us, "I like my support worker." A relative told us, "[Person] is happy, I have no qualms whatsoever, [they] get on with one carer in particular. I can't speak highly enough of [staff]."
- Staff took pride in people's progress and spoke positively about the people they cared for. When asked the best thing about working for the service, one staff member said, "Best thing about working here - how relaxed the atmosphere is, we go at [people's] pace."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with their circle of support.

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

- People, and their relatives when appropriate, were involved in the planning of their care. For example, during a residents' meeting, people had created a poster called 'what makes a good support worker.' This included their must-haves and wishes for qualities and attributes of staff. This was on display for staff to refer to and also used by the registered manager during recruitment.
- The provider had information available to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and people's independence was promoted. One staff member told us, "Promote dignity and independence? Oh yes that's what we do, that's why we are support workers." A relative said, "They are respectful of [person's] privacy and dignity."
- People were supported to attend a number of vocational and educational placements which enabled them to gain new skills and enhanced their quality of life.
- Staff ensured people were encouraged to do as much as they could for themselves. One person was keen to carry out a particular daily living task in the home and staff ensured this was left for them to do. A relative said, "They encourage [person] to be independent."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were involved in creating and updating their care plans. Relatives told us they also felt their views and wishes were listened to.
- People's care plans reflected their preferences and cultural needs. Staff used this information to ensure people received their care in the way they preferred. For example, one person was supported to visit churches in the area.
- People's care was planned and delivered in a person-centred way. Staff treated each person as an individual and considered people's personalities and previous lives. Relatives told us, "Since [person] has been here, [they] have been a lot calmer, possibly the last placement was quite segregating, more of an institution, it's more reliable and routined here," and, "There is nothing I would change to make it better for [person]."

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.

- Information was available in range of formats, for example, easy read or large print.
- Care plans detailed information on people's communication needs, including what they found difficult and alternatives forms of communication staff could use.

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

- People were supported to access a wide range of activities, hobbies and pastimes which enhanced their lives and well-being. This included volunteering at a local charity shop, attending a day centre and taking part in sporting activities. We saw photographic evidence of many social gatherings.
- People were supported to maintain relationships with people who were important to them and develop strong relationships with other people who used the service. The registered manager told us how one new person had been made 'part of the club' by other people using the service.
- Relatives told us they were encouraged to visit. One relative told us, "We've been to parties there, [person] is very happy for us to go there. I could drop in any time, I'd be made welcome."

Improving care quality in response to complaints or concerns

- People were provided with information on how to make complaints when they first started using the

service, and this message was reinforced in monthly keyworker sessions.

- The service had a complaints policy which set out how complaints should be recorded, investigated and learned from. We saw the registered manager respond appropriately to a complaint.
- Relatives told us they knew who to speak to if they had any concerns, and they were confident these would be dealt with appropriately.

End of life care and support

- At the time of inspection the service was not supporting anyone in end of life care. People and their relatives were given the opportunity to record what was important to them at end of life.
- Staff supported people when they experienced grief and loss, and worked to help them understand what happens when people die.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted person centred care in all aspects of the service. Relatives told us the positive attitude of staff helped people to lead fulfilling lives. One relative said, "I'm very pleased with the care here, it's very homely, the staff are very friendly." Describing the service, one staff member said, "It's like a family – [people] have been here a long time and they've been allowed to grow as a family."
- The staff team felt supported by the registered manager and the provider's other senior staff. One staff member told us, "The wider management – we know quite a few of them."
- We found an open and positive culture where staff genuinely wanted to support people to set and achieve goals. The registered manager told us how one person's face 'lights up' when receiving praise for achievements.

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

- The provider had organised a two-day seaside event to celebrate staff and the people they supported. Plans were in place for people from Blossoms to attend and take part in games, activities and a gala evening with an awards ceremony.
- People were asked for their feedback during individual sessions and at group meetings. Issues and suggestions were acted upon.
- People were involved in staff learning, for example, by taking part in safe manual handling training.
- People's equality characteristics were considered when sharing information, accessing care and activities.
- The provider valued staff and ensured they felt appreciated. The registered manager told us staff achievements were recognised through Worker of the Month and Long Service awards.

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

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

- The management team carried out regular audits and checks to ensure people continued to receive high

quality care. Where issues were identified, the managers acted to improve the service.

- The service was led by an experienced registered manager and staff felt well-supported. One staff member told us, "[Registered manager] is very very approachable. Out of hours and weekends. The [team co-ordinator] is always available."
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge. They told us they found these meetings useful.

Working in partnership with others. Continuous learning and improving care

- Staff worked with other professionals including specialist nurses, social workers and consultants to ensure continuity of care and good outcomes for people. The registered manager had arranged for staff to receive specialist training to support people with their podiatry needs.
- People's records contained 'health action plans' with details of upcoming appointments and reviews to ensure that their physical and mental health needs were met. We saw that people were supported to maintain good oral health.
- The provider recognised the importance of using technology to improve the service. The registered manager was in the process of transferring staff files to an electronic system and was exploring electronic care planning systems.
- Staff valued learning and told us when they had requested further training this had been arranged.