

Carevantage Ltd

# Blossom Home Care Durham

## 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

Blossom Home Care Durham is a new service registered to provide support to people living in their own homes in County Durham. The service is registered to provide personal care to younger and older people, people living with sensory impairments, people living with dementia, people living with mental health issues, people living with physical disabilities and people living with a learning disability or autistic spectrum disorder.

Not everyone using Blossom Home Care Durham receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care.' This is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. On the day of our inspection Blossom Home Care Durham were supporting 24 people with the regulated activity of 'personal care.'

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

People and relatives spoke positively about Blossom Home Care Durham. People said they felt safe with the staff who supported them. People said they received good care from a consistent staff team who arrived on time, were professional and communicated effectively. People and relatives said staff were kind and caring and promoted people's independence in a safe way.

Risks were identified and managed appropriately. Recruitment procedures were values-based and robust. There were enough staff to meet people's needs and people were protected from the risk of abuse. Staff had been trained in infection prevention and control and used personal protective equipment to help keep people safe.

Staff had the skills and knowledge to carry out their role effectively. Staff training in relevant areas was up to date.

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.

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.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People were provided with the right support which enabled them to make choices and promoted their independence. People received the right care that was provided in a person-centred

way which promoted their dignity. The service provided the right culture for people in an environment where they were included and empowered by care staff.

Care records were person-centred and reflected people's current needs. People were involved in decisions about their care. Staff were aware of people's communication needs and how best to support them. People's concerns and complaints were dealt with promptly and lessons were learnt where appropriate.

People's views and opinions of the service were sought and acted on. People told us the service was well managed. Effective systems were in place to monitor the quality of care and support provided. We found the management team receptive to feedback and keen to improve and develop the service. The management team worked with us in a positive manner and provided all the information we requested.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 8 February 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Blossom Home Care Durham

## **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 Health and Social Care Act 2008.

#### 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave a short notice period of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 6 April 2022. We visited the location's office on 15 March 2022.

### What we did before the inspection

We reviewed information we had received about the service since they were registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

An Expert by Experience spoke with four people who use the service and six relatives on 23 March 2022. We spoke with the nominated individual who was also one of the franchise owners. A nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the service manager, office manager, recruitment manager, the franchise manager and one homecare worker.

We reviewed four people's care plans and risk assessments, medicines records, three staff recruitment files, quality monitoring records and COVID-19 risk assessments.

### After the inspection

We received feedback from four staff members. We continued to seek clarification from the provider to validate evidence found. We looked at staff training, mental capacity assessments and complaints 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People and relatives told us staff were on time and had enough time to care for people safely. One person said, "I always have the same staff and they know me now. They are looking in advance for me all the time. They make you feel part of the family. There have never been any missed visits."
- There were enough staff to meet people's needs safely. People received consistent care from staff who knew them well.
- Recruitment procedures were safe and thorough. Staff files contained references and other appropriate background checks.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe.
- Staff had completed safeguarding training and had access to relevant policies and procedures. They understood how to raise any concerns about poor practice.
- The management team and staff were clear about when to report incidents and safeguarding concerns to other agencies.

### Using medicines safely

- Medicines were managed and administered safely. People and relatives were happy with the way they received medicines. A relative said, "Staff deal with all of [family member's] medicines and it's all written up on the app so we can see it."
- Staff completed training in medicines administration and their competency to administer medicines was assessed regularly.
- Medicines audits had identified areas for improvement in terms of recording. This had resulted in further training on the electronic recording system being given to staff, with good effect.

### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's safety and welfare were identified and well managed.
- People's care plans included risk assessments about current individual care needs and their home environment. Control measures to reduce risks, such as trip hazards, were set out in care plans for staff to refer to.
- Accidents and incidents were thoroughly documented, reviewed to look for trends, and lessons were learnt where appropriate.
- There were systems in place to reflect on events and ways of working. Staff were encouraged to share their learning and discuss best practice.

## Preventing and controlling infection

- Staff had completed training in infection prevention and control and were provided with the personal protective equipment they needed. One person told us, "Staff all wear the correct PPE."
- The provider had relevant policies in place to support effective infection prevention and control.

# 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.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to carry out their role effectively. Staff had completed training in relevant areas to ensure they could carry out their role safely and competently.
- People and relatives felt staff were competent in their roles. A relative said, "They all seem to be well trained and know what they are doing, and I would say that they do it well."
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received ongoing support through regular supervision sessions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they started to use the service. Assessments were centred around each person's needs and choices. There was clear involvement of the person and detailed descriptions of care tasks with a focus on the person's wellbeing, which led to a holistic approach.
- Care records included evidence of people's consent to their care and support. People we spoke with confirmed consent was sought appropriately.

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

- Staff supported people with eating and drinking where they had needs in this area. One person told us, "Staff help with my meals, but also encourage me to prepare meals as well as it's good for me." A relative said, "[Family member] doesn't drink enough as they find it embarrassing having to use a commode, but staff really encourage them to drink, as [family member] must drink plenty."

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 maintain their health and wellbeing.
- Care plans promoted people's health and staff supported people with accessing other health services when needed.
- Where people needed assistance, staff alerted a health care professional or family member if they had concerns.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People told us they were involved in decisions about their care.

# 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

- Staff supported people in a kind, caring and compassionate way. One person told us, "Staff are all really kind and nice to me and they treat me with respect." Another person said, "Staff treat me as an individual and I've built up a good rapport with them."
- People and their relatives were all very positive about the caring nature of staff. One relative commented, "Staff are all so kind towards [family member] and they chat while they are washing them and always ask if they need painkillers. Staff always treat [family member] with dignity and will always let them know what they are going to do." Another relative said, "The staff are all very caring people and we are so happy."
- People's care records reflected people's communication needs, for example, if a person had a hearing impairment, and detailed how staff could support them with this. They also included information about their diverse needs, such as religious and cultural needs, where relevant.
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- People were supported to express their views. Staff understood people's wishes, preferences and choices. One person told us, "The staff make you feel part of the family."
- Meetings took place with people and their representatives to discuss their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People, and where appropriate families, were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing their care plans and their views were listened to and respected.
- People and relatives told us staff supported people to be independent without compromising their safety. One relative said, "Staff encourage [family member] to be independent...it is hard for [family member] but it's also good for them to do it and it gives them a little confidence. [Family member] keeps on trying and they always have a smile on their face whenever the staff walk through the door."
- People's information was stored securely and used appropriately in line with the provider's policies and government regulations. Each staff member had own secure login details to access any information stored electronically.

# 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

- People received care and support that was focused on their individual needs, preferences and the things which were important to them. A relative told us, "We were all involved in [family member's] care plan and it is followed by staff properly. Nothing has ever happened that we haven't been happy with and we know [family member] is in good hands with this agency. We are really very happy with them all. Staff seem to know what [family member] likes and make them feel happy."
- Staff monitored people's changing needs and brought these to the immediate attention of the management team, who promptly arranged for reviews or referrals, as required. Care plans were reviewed and updated regularly to ensure they reflected people's current needs.
- The management team and staff understood the importance of promoting equality and diversity and respecting individual differences. Staff we spoke with knew people's needs and preferences well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. People's communication needs were assessed and appropriate measures were put in place to support them.
- Care plans contained relevant information about people's communication needs and information could be provided in different formats if this was required.

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 records included information about people's important relationships.
- People were supported to attend events and do activities they valued, if this was in line with their care plan. People's care plans included information about their life histories and how they wished to spend their time.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns, although nobody we spoke with had any. The service took a proactive approach to complaints, for example, identifying potential causes for complaints and

taking mitigating action.

- Concerns or complaints were dealt with in a timely and appropriate way.

End of life care and support

- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans.

# 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 good. 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

- People and relatives told us the service was well managed and they were happy with the care provided. One person said, "I have no complaints at all with this company. I know who the office staff are and I feel fine about calling them about anything. They are easy and helpful to talk with. Staff always ask me how everything is going whenever they come in. This company are very good and nothing needs improving." Another person commented, "I would recommend this agency to anyone. There is nothing that needs to be improved at all."
- The provider used various electronic systems to record information about people's assessed care needs, capture any risks and share updates about changes in people's presentation so these could be acted upon.
- Staff were committed to promoting positive outcomes for people who used the service. Staff were familiar with the aims of the service and the quality of care expected. Staff told us the management team were approachable and supportive.
- Staff knew people well and encouraged people to make decisions about their care and support.
- Care records were person-centred and people had been involved in their development and review.

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 nominated individual understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.

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

- The management team undertook a range of regular audits and checks to help ensure high standards were maintained. All aspects of the service, including spot checks on staff practice and people's safety were monitored. Where further improvements were identified these were acted on promptly.
- A service manager was in post during the inspection, who had applied to CQC to become the registered manager. After the inspection, the provider informed us that the manager was leaving and the office manager (who was also one of the franchise owners) had been appointed as service manager and was going to apply to CQC to become the registered manager. The provider had taken steps to recruit a new registered manager within a reasonable timescale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The management team were open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
- The provider was committed to protecting people's rights regarding equality and diversity.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.