

Blossoming Hearts Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Blossoming Hearts Care Agency Ltd is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes in Grantham, Ancaster and Harlaxton. At the time of the inspection there were 23 people using the service.

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

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

Risks associated with people's care and support had been identified and risk assessments were in place. Systems were in place to enable staff to support people safely with the application and removal of transdermal medicines. Records showed staff were allocated travel time between care calls.

There was an electronic care planning system in place which the registered manager used to have oversight of the care being provided to people. Staff received training in safeguarding and moving and handling. There was evidence the provider had acted on feedback received.

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

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains requires improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

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 Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 – Safe Care and Treatment and Regulation 17 – Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team was made up of one 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 24 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 since the last inspection. The provider did not

complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with one person and two relatives about their experience of using the service. We also spoke with five staff members, which included; the registered manager, the managing director, the admin assistant and care workers. We reviewed care and medicine records for two people, and information relating to provider oversight.

After the inspection

After the inspection we continued to review information relating to staff training, staff deployment, complaints and communication within 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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

During the last inspection we identified a lack of oversight regarding risks associated with people's care, care plans and risk assessments not reflecting action staff should take to keep people safe, concerns around deployment of staff, and the management of critical and transdermal medicines. At this inspection, we found the provider had met the requirements of the warning notice and improvements had been made.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified, assessed and guidance was available for staff to enable them to recognize potential harm and advise effects of a medical condition.
- One person required a hoist and support from carers to aid their mobility. There was a risk assessment in place which gave clear directives for staff on how they could use this equipment safely. For example; how to position and attach the sling to the hoist, and damage to look out for which would mean the equipment would need to be decommissioned.
- One person lived with dementia and could experience episodes of distress. The persons care plan detailed how staff could support the person during those periods to keep them safe. This meant the person was receiving consistent and effective support during these episodes of distress.

Using medicines safely

- The service did not support people who required 'time critical' medicines. 'Time critical' medicines are prescribed to be taken at a specific time of the day. However, staff supported people with the application of transdermal medicines such as patches.
- One person was prescribed a transdermal patch for a health condition. Transdermal medicine is applied to the skin for systemic distribution. The electronic medicine administration record (MAR) stated the instruction of medicine, when it was required to be administered and contained a body map to show staff where the patch should be applied. In addition, there was another body map in place, where staff could record the location of where the patch was removed from and the location where the patch was re-applied to. This meant staff could administer this medicine safely and consistently.

Staffing and recruitment

- Records showed staff were deployed with travel time allocated between care calls. Where there were circumstances where staff were running behind their call schedule, one of the directors would support them by transporting staff to their next call to enable them to meet people's needs in a timely way.

- We received mixed feedback about staff time keeping. However, most people and relatives told us care calls were usually on time and if staff were running late, this was communicated to them.
- Staff told us they felt they had enough time between calls to travel to their next location. This meant the risk of people not receiving their care calls on time was reduced.

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 our last inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection we identified shortfalls relating to the registered manager's oversight of the service and systems in place to keep people safe. At this inspection, we found the provider had met the requirements of the warning notice and improvements had been made.

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

- The registered manager understood their responsibilities to keep people's care plans and risk assessments up to date. Risks associated with people's care had been identified and risk assessments were in place. Whilst risk assessments were in place and there was guidance on how staff could reduce the risk of harm. Further improvement was required to strengthen these to ensure all aspects of the potential risk to people had been explored.
- The electronic care planning system and MAR was embedded in the service. The registered manager used this to check daily that people received their care and medicines as assessed and prescribed. This meant the registered manager could take timely action where shortfalls occurred.
- Training records showed, and staff told us, they had received training relating to moving and handling, and the safeguarding of people. The registered manager had oversight of when staff training were due refresher training as this was detailed on the training matrix.
- Medicine audits had been implemented to review the quality and safety of the administration of people's medicine. In addition, the electronic system showed if staff had not signed for a person's medicines, this sent an alert to the registered manager who could address this in a timely way.

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

- The registered manager had a communication logbook and communication forms in place. The registered manager recorded this and any action taken.
- Records showed the registered manager had acted on feedback received. However, further review and implementation of the complaints policy was needed to ensure the full policy was being met.
- Overall, relatives told us they felt communication was effective. One relative said, "I can email them at any time, they come back to me straight away and will have sorted out the issue." Another person commented,

"If the carers have been held up at their last call, [name of registered manager] will get in touch with us."

- Staff told us they were informed if there were changes to the service.