

GSK Holdings Ltd

Blossom View Respite Home

Inspection report

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South Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blossom View Respite Home is a residential care home providing personal care and short breaks for up to 4 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection, there were 4 people living at the service and 4 people receiving respite care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people, and providers must have regard to it.

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

Right Support: Staff supported people to have the maximum possible choice, control and independence. Although staff and managers had values to support people to lead confident and inclusive lives, the environment of the home made this difficult. There was a large communal lounge and dining area that was not conducive to meeting the varied and complex needs of some of the people who used the service. The type and layout of the building therefore did not meet all the components of right support, right care, right culture.

Best practice guidance for people with a learning disability recommends living alone or with a small number of other people in shared housing with a small-scale domestic feel. The provider had tried to make the service homely, with people involved in choosing decorations and soft furnishings. There was also a smaller lounge for people to use. People who preferred quiet had a bedroom away from the main hub of the home, wherever possible.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

Right Culture: People were supported by staff who understood best practice in relation to the wide range of strengths, impairments, or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

Rating at last inspection and update

The last rating for this service was good (published 14 November 2017).

Why we inspected

We received concerns in relation to the providers understanding of the 'Right support, right care, right culture' guidance. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection people were at risk of harm from this concern.

Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossom View Respite Home on our website at www.cqc.org.uk.

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? Good

The service was safe.

Details are in our safe findings below.

Is the service well-led? Good

The service was well-led.

Details are in our well-led findings below.

Blossom View Respite Home

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors 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

Blossom View Respite Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blossom View Respite is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 July 2023 and ended on 13 July 2023. We visited the service on 4 July 2023 and 10 July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with 2 people who used the service and 3 relatives about their experience of the care provided. We spoke with 9 members of staff including the nominated individual, the registered manager, team leader, senior support workers, and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at 2 care plans and associated risk assessments, medicines records, training records and audits.

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well.
- There were systems to safeguard people from the risk of abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and relatives felt safe at the home. A person told us, "Yes, [I feel safe], they've always been nice to me there they help me a lot." One relative said, "Yes, [relative] is 100% safe living at Blossom View Respite. Since [relative] lived there, I've seen a vast change in their lifestyle. It's opened up and improved tenfold. They [staff] get [relative] out and about doing things in the community."

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered.

Staffing and recruitment

- Staff had been safely recruited. Checks with the Disclosure and Barring Service (DBS) were undertaken. The DBS helps employers make safer recruitment decisions.
- The service had enough staff for people to take part in activities and visits how and when they wanted.
- One person told us, "Yes, that is why I like going there, because they always help you. I've been to some homes, and they always say they're too busy, but the staff at Blossom View Respite always help you."

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff were trained to understand the safe handling of medicines. Regular checks were completed to

ensure staff remained competent to safely administer medicines.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to maintain contact with their family and visitors were welcomed at the home.

Learning lessons when things go wrong

- There were systems in place to learn when things went wrong.
- Staff recorded all accidents and incidents. The registered manager was involved in reviewing these and helping staff to learn from these.

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 we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Appropriate quality assurance systems were in place, members of the management team conducted audits to ensure quality of care and health and safety standards remained high. Action was taken when things went wrong to help make improvements.
- The provider had clear policies and procedures in place. Staff received daily handovers to identify any key issues in the service.
- Staff worked effectively as a team. Staff told us communication at all levels was good and they expected correct working practices to be followed. A staff member told us, "I love working here, they ensure people's needs are met, and it is well led."

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

- There was a strong, visible person-centred culture and staff were highly motivated to provide kind and compassionate care. Staff had developed strong, caring, and respectful relationships with people and those close to them.
- The registered manager was passionate about improving people's quality of life and it was clear staff shared this vision and were proud to work for the service. They told us, "I love my job, it is so rewarding" and "Our aim is to support people to move on and be more independent."
- Staff felt well supported and felt their opinions were valued. Staff told us, "I have felt supported by the management team" and, "We work together, if there are any problems managers are supportive."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "Staff are not afraid to speak out."
- The registered manager was in the process of reviewing the environment to see how they could improve the use of communal areas.

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 understood their duties in relation to the duty of candour. They had an open and honest approach and told us if things went wrong, they would liaise with appropriate health professionals, relatives, and other agencies to improve standards of care.
- Any incidents or concerns had been shared with the appropriate local authority and CQC.

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

- The registered manager communicated their appreciation of the hard work and commitment of all staff and the huge impact they had on people's lives.
- The service enabled constructive engagement with staff, people using the service and family members in order to provide care that was person-centred and promoted positive outcomes.
- The provider engaged with people and asked for their views and experiences. This was done formally during review meetings and informally in conversations between staff and people at the service.
- Relatives told us they were able to speak to managers and staff when they needed to. The service sent out questionnaires to relatives annually.