

Wishmoor Limited

Blossom House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Blossom House Residential Home is a residential care home providing personal care to 24 people at the time of the inspection with one person in hospital. The service can support up to 40 people in an adapted building with additional extensions.

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

Improvements had taken place in the notifying of authorised Deprivation of Liberty (DoLS) since the last inspection.

People's care and support needs were not always recorded and followed through to ensure identified needs were met. Care plans were not always accurate or updated to reflect changes. Improvements were needed to ensure governance arrangements were fully effective to provide high quality and person-centred care. Risks involving people's care and support needs were assessed however these were not always update or conflicted.

People felt safe living at the home and staff were aware of their responsibility to protect people against potential abuse. Equipment was tested and serviced to ensure it was safe to use. Accidents and incidents were reviewed to reduce the risk of reoccurrence. People received their prescribed medicines and lived in a clean environment. Sufficient staff who had undertaken a recruitment process were employed to care and support people.

People's needs were assessed prior to moving into the home and healthcare needs were met by visiting professionals. Staff were knowledgeable about how to meet people's needs although some areas of refresher training needed to take place. People were pleased with the food provided. The provider planned to make further improvements to the environmental standards of the home. 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.

Staff communicated with people in the ways they preferred and encouraged them to make decisions about their care. People received care from staff who promoted their dignity and independence.

People were able to participate in activities and could see their friends and family when they wanted. Systems were in place to respond to any concerns or complaints and learn from these.

People were complimentary about the registered manager who wish to make improvements in the quality of the care provided.

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 requires improvement (published 25 February 2019). Since this rating was awarded the provider has changed the name of the location to Blossom House. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection. This service has been rated requires improvement for the last two consecutive inspections.

Enforcement

We have identified two breaches in relation to person centred care and the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Blossom House Residential 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience on the first day of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors carried out the second day of the inspection.

Service and service type

Blossom House Residential Home 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. We sought feedback from the local authority and professionals who work with the service.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and five relatives about their experience of the care provided. In addition, we spoke with a healthcare professional and a person of faith.

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

In addition, we spoke with 11 members of staff including the registered manager, the deputy manager, the quality manager, six care workers including senior care, the activities coordinator and maintenance. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We viewed a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Staff members were aware of the different types of abuse people could potentially be subjected to.
- The registered manager and staff members were aware of their responsibility to report allegations of actual or suspected abuse to external agencies including the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People felt safe living at the home. One person told us, "I've got no worries at all living here, no problems at all."
- Risks to people developing sore skin were assessed and equipment such as specialist cushions were provided to minimise the risk. There were occasions however when these cushions were not positioned the right way around to ensure maximum benefit. We brought this observation to the attention of the registered manager for them to take the necessary action in addressing this with the staff team.
- Accident and incident records including falls were analysed by the registered manager in order to identify potential patterns and reduce the risk of reoccurrence. For example, people were referred to healthcare professionals as one method of eliminating further falls and potential injuries.
- Equipment was available to assist people to evacuate the building down stairwells in the event of an emergency. Regular testing and checking of the fire system, fire fighting equipment and emergency lighting was undertaken. The registered manager told us they were working in conjunction with the fire authority to make improvements required by a fire officer.
- Equipment used to assist people to transfer such as hoists and wheelchairs were used safely by staff members. For example, staff were seen applying brakes on a hoist and footrests were in use on a wheelchair.

Using medicines safely

- People received their medicines as prescribed. People were asked whether they wanted medicines if they were prescribed on an as and when needed basis such as pain relief.
- Staff administering medicines were seen to check and complete records at the time of administration. Staff wore a tabard asking not to be disturbed therefore ensuring they were able to concentrate on what they were doing.
- Controlled medicines were held securely with accurate records maintained. These medicines require additional storage and recording to ensure they are kept safe.
- Homely remedies (medicines available without a prescription) were in place with records maintained showing when they were administered.

Preventing and controlling infection

- Communal toilets and bathrooms were clean although some areas were brought to the registered managers attention where improvement could be made such as storage of items. We will follow this up as part of a future inspection.
- One person told us the standard of cleaning had improved. A visitor told us, "What I see is clean."
- The provider had ordered some replacement bins for communal toilets and bathrooms where required as a number were either broken or not in place.
- Staff wore protective clothing while serving people their meals and drinks to prevent cross infection. Hand gel was available for staff and visitors to use and information was displayed regarding infection control.

Staffing and recruitment

- Sufficient staff members were on duty. Management staff assisted with supporting people following a staff shortfall. A relative told us they believed, "Enough staff" to be on duty when they had visited.
- Recruitment processes were in place including checks on potential members of staff prior to them commencing work for the provider.

Learning lessons when things go wrong

- Audits of falls identified the need to refer people to healthcare professionals in the event of further incidents.

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 prior to them moving into the home to ensure their needs were met and any equipment required was in place. One relative told us their family member had, "Settled into the home" better than they had expected.

Staff support: induction, training, skills and experience

- Staff told us they had received training. Staff were confident they had the skills and knowledge to carry out their role such as using equipment to assist people with their mobility.
- The provider and registered manager were aware some refresher training was needed. A matrix showed some staff had not received this refresher training in line with the providers own policy. The provider had plans in place so staff would receive this training to refresh their knowledge. No shortfalls in areas requiring training were identified as part of the inspection. We will follow this up as part of a future inspection.
- Newly appointed staff received induction training and undertook shadowing with experienced members of staff when they first commenced working at the home.

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

- People enjoyed the food and drink available. One person told us, "I do like the food here, it's nice. I had a smashing breakfast this morning." Another person told us, "The food is good here."
- People were offered a choice of drinks and meals throughout the day. Staff were seen showing people what was available to eat and gave time for people to select what they wanted and whether they wanted more.

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

- The home had been adapted to meet people's needs.
- Relatives spoke positively about improvements to the environment. One person told us, "They've [the provider] decorated all over [the home] and there are new chairs and furniture."
- There was some signage around the home to assist people living with dementia find their way around. This was to assist people locate communal areas such as lounges and toilets. We saw no examples of people having difficulty finding their way around the home.

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

- People were able to access healthcare professionals. Visits were carried out to people by doctors and advanced nurse practitioners (nurses able to prescribe medicines).

- Care records showed when staff had identified the need to seek medical advice on people's healthcare needs and conditions such as in the event of sore skin.
- One person told us any request to see a doctor was met.
- A relative described their family member's health to be, "Managed very well" including any problems. They also confirmed their family member recently had a new prescription for spectacles and a chiropodist had recently visited." Another relative told us staff had contacted emergency services appropriately when their family member needed urgent attention.
- A healthcare professional told us staff, "Tend to get it right" regarding calling for healthcare support and advice in the event of people needing medical assistance.

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.

- The registered manager and deputy manager were aware of people who had an authorised DoLS and of people who were awaiting an assessment from the local authority.
 - Best interests meetings had taken place where needed to ensure people were kept safe such as regarding the use of equipment such as bedrails and a sensor to alert staff people were no longer in their bed.
 - Staff were seen to engage with the person when using a piece of equipment to aid their mobility.
- Throughout the process staff regularly asked people for their consent prior to providing care and support such as moving their chair or wearing protective clothing while having their meal.

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 were pleased with the care and support they received. One person told us, "I'm looked after well." Another person told us, "They [staff] really do look after me. It's much better for me here. I've got everything I need."
- Interactions between people and staff were positive with friendly banter taking place. People and staff were heard and seen to have a mutual interest in each other's welfare. Where people needed assistance, staff checked people were happy with the support they were providing. For example, whether their meal was right for each person and not too hot.
- Relatives and visitors were positive about the care people received. One relative told us, "They [staff] are very patient" and added, "I think they are lovely." Another relative described the staff as, "Very friendly."

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

- People were offered choices throughout the day regarding what they wished to have to eat and how they wished to spend their time such as the involvement in activities.
- People had requested improvements in the home environment, these had taken place. People had also requested a trip to the theatre, and this had happened.
- Staff including management were heard checking people had enjoyed their meals.
- Care records indicated whether people had any preference regarding having either male or female care staff supporting them in their personal care.
- Information on an advocacy services was available for people. Advocacy services are independent of the registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One person confirmed staff regularly knocked their bedroom door before entering.
- Staff were able to tell us how they maintained people's privacy and dignity for example while providing personal care.
- Staff encouraged people to remain independent such as while mobilising around the home.
- People's records were held securely. The provider had a system for visitors signing into the home whereby their personal details were protected.

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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Assessments of people's needs were initially carried out so staff knew how to ensure people's individual and person-centred needs could be met. However, care records were not always up to date and reflective of people's current care and support needs. Handwritten amendments to care plans were not dated to show when changes were made. Changes to people's care were not always reflected in their care records. For example, a care plan showed a person as requiring a prescribed cream however we were informed they no longer required this. Therefore, incorrect information was provided regarding the person's care needs.
- We found multiple examples whereby people's care plans did not always match the needs of the individual person concerned. Personal care records were not consistently completed to evidence care needs were carried out to provide responsive and person-centred care such as oral care. This meant staff did not have information available to them regarding the needs of people and how these needs were to be met. This placed people at risk of not having their individual needs consistently met.
- Information within care records and their assessments was at times conflicting and therefore failed to show how person-centred care was to be provided by staff members. For example, one person's assessment showed them as underweight and losing weight. However, other documents showed the person to have gained weight. Therefore, information was not always up to date to ensure staff could respond consistently to people's needs. Tools used to assess people's needs were not always completed or added up correctly to accurately identify people's care and support needs.
- Staff we spoke with were not aware of guidance within a person's care records regarding a certain type of tea they should drink. As a result, a personalised care need was not met. Other instructions regarding exercise were not included within a care plan and there was no evidence as to how this need was met.
- People's care plans did not always reflect their wishes regarding their end of life care.

We found no evidence that people had been harmed however, people's care and support was not always person-centred. This placed people at risk of not having their needs met. This was a breach of regulation 09 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People's communication needs were considered by staff members. Staff were seen positioning themselves to assist in their communication with people such as kneeling, so they were at the same eye

level.

- One person told us, "I wear a hearing aid, and they [staff] check it out for me to make sure I've got it on okay." This enabled the person to hear and communicate effectively.
- Pictorial menus were displayed for people to assist staff in communicating with people regarding the food selection available to them.
- Information in the reception area included an easy read guide to the Care Quality Commission (CQC). This was available to assist people in their understanding, where needed, for CQC and its role.

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 able to engage and participate in a range of social and fun activities.
- An activities coordinator was available five days a week. The provider had plans to increase the provision to seven days a week.
- Information was available for people regarding the range of activities available to engage in. Photographs of events and parties were included within a newsletter made available for people.
- One relative described the activities coordinators as, "Very nice" and told us about a range of activities provided for their family member and others.
- Staff encouraged one person to sing several times during the day, and then for other people to join in with the singing. The singing started an impromptu quiz about Hollywood stars in musicals.
- Visitors were welcomed to the home. A visitor described the atmosphere at the home as a, "Friendly and vibrant place." A relative told us they liked the, "Family atmosphere".

Improving care quality in response to complaints or concerns

- People were confident they could report or raise any concerns they may have and were confident they would be listened to.
- Complaints received since the last inspection were recorded and investigated to prevent reoccurrence and to resolve concerns raised by people or their relatives.
- The provider's complaints procedure was displayed for people to access and inform them of their right to make a complaint and the process to follow.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership did not always support the delivery of person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our previous inspection we found notifications to the Care Quality Commission (CQC) were not always submitted in a timely way in relation to approved Deprivation of Liberty Safeguards (DoLS). These are required under law to ensure CQC have information available to them regarding the service provided to people. Improvement had been made and the registered manager has provided information as required. Other incidents and events had been notified to CQC as required.
- Improvement in the management system needed to continue and be embedded to ensure people received safe and effective care.
- A programme of audits was in place and displayed within the registered manager's office. These audits were carried out to identify, any shortfalls in the service and where continual improvement could be made. For example, staff were not updating people's care plans following falls.
- The provider and registered manager were aware of shortfalls within the care documentation and told us they were working on these. The most recent audit of care plans highlighted the work needed and gave a timescale of 01 March 2020 for completion. Prioritising the care plans needing to be updated had not taken place to promote people receiving personalised care to consistently meet their needs.
- Although reviews of care records had been undertaken these had not always identified and reflected changes which had taken place. For example, the details in one person's personal evacuation plan (for use in time of an emergency) regarding their medicines was incorrect despite a review having taken place. The provider's own procedures showed a record of people's current medicines needed to be with the evacuation plan.
- In addition, a recommended change to one person's medicines following a hospital appointment was not followed up and was not discussed with the person's own doctor to assess whether this was to be implemented. Information regarding a person with an allergy had not been shared with the pharmacy as the person's medicine records requested an update from the provider. This could have placed the person at potential risk.
- Records to monitor people's intake of fluid were not always completed fully and contained gaps. Senior staff were responsible for ensuring these were completed at the end of shifts and recorded they had checked these. These checks were not consistently taking place to evidence people had received enough drinks. This practice placed people at potential risk of not receiving the care required to meet their individual need.

We found no evidence that people had been harmed however, people's care and support was not always

person centred. This placed people at risk of not having their needs met. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the previous inspection the provider has appointed a new registered manager who also manages another home owned by the same provider. A new management structure was in place including a deputy manager and quality manager who were working together to bring about improvements which then needed time to be embedded.
- The provider's previous rating was displayed within the home and on their website to inform people and others of their performance.

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

- Achieving good outcomes for people was not always evidenced to ensure person-centred care. For example, one person was without their full dentures due to them getting broken. There were no records of discussions held with family members and or others regarding the actions taken to ensure they were repaired so the person had the dentures they required.
- People told us they liked the registered manager. The registered manager told us they found the provider to be supportive.
- The registered manager had plans to introduce lead roles within the staff team in subject areas such as dementia, skin viability, falls and end of life care. They told us they had accessed training for these roles. We will follow this up as part of future inspections.

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 the need to be open and honest with people when things had not gone right. During the inspection the registered manager was receptive to our observations and undertook to make improvements where these were needed.

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

- The provider had on display actions as a result of comments received by people on how the home could be improved. Improvements had taken place in communal sitting areas as a result of people commenting on making the environment more homely.
- Minutes from a meeting involving people were displayed. Topics discussed included activities and fun things for people to be involved in which were implemented.
- Staff meetings had taken place involving all members of staff as well as meetings for care staff. These were in place to discuss practice and areas of improvement.

Working in partnership with others

- The registered manager had worked with external agencies such as health and social care professionals to ensure people's needs were able to be met.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Person centred care to meet people's individual care and support needs was not always provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not robust enough to effectively safely manage the service provided for people. This placed people at risk of harm.