

Blossom HCG Ltd

Blossom HCG

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

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC) on 23 October 2017.

This service provides care and support to people living in the community and in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service was supporting four people with personal care at the time of the inspection. Two people who lived in separate supportive living accommodation and two people who lived in their own homes. It provides a service mainly for adults with and learning disabilities and autistic spectrum disorders. At the time of our inspection there was one older person being supported by this service.

Not everyone using the service received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. This inspection started on 11 September 2018 and ended on 14 September 2018.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had policies and procedures in place to keep people safe. Staff were trained and knowledgeable in relation to safeguarding procedures. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Accidents and incidents were recorded and monitored.

Suitable arrangements were in place in relation to the safe administration and recording of medicines. Senior staff were overseeing medicine processes and the registered manager was in the process of formalising these checks.

Staff were trained in areas that providers are expected to deliver such as, safeguarding, first aid, the Mental Capacity Act and infection control. Additional training was in place or planned in areas specific to people's individual needs. All staff had undertaken an induction before they started work.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager carried out assessments of people's care and support needs before they started using the service. Their care and support were reviewed on a regular basis to ensure their needs continued to be met by staff. People's care files included information relating to their dietary support needs. Staff supported people to maintain a balanced diet and monitor their nutritional health.

People told us they were treated with kindness by staff who respected their privacy and upheld their dignity. People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access to follow their individual interests. People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The provider provided information in an easy read format for people. Community links were maintained with people accessing local amenities. People and relatives all told us that they were happy with the service provided and the way it was managed. We have made recommendations about the introduction of a more robust quality assurance process.

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.

Staff knew how to identify abuse and report any concerns.

Staffing levels met people's needs and effective recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

Risks to people's safety were considered and reviewed so staff understood the risks to people's health.

Systems were in place so that medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

The registered manager understood the requirements of the Mental Capacity Act (MCA). Staff obtained consent from people receiving care and support.

Staff had an induction, training and supervision to support them in their role.

People were cared for by staff who knew their needs well.

Is the service caring?

Good ●

The service was caring.

People were encouraged to express their views and make decisions about their care. People were supported to maintain contact with their friends and relatives.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care.

People were encouraged to raise any issues they were unhappy about.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems needed to be more robust to help ensure that the registered manager could identify and make improvements to the service. However, this was not currently impacting on the service provided to people.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

The service had an open, empowering culture and worked in partnership with others.

Regulatory requirements were understood and the service was well-managed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between the 11 September 2018 and 14 September 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in. This inspection was carried out by one inspector.

We checked the information we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

We visited two people in their own homes and spoke to three relatives by telephone. We also spoke with the human resource and finance director, the registered manager, two team leaders and two support workers. We asked for feedback about the service from representatives of local health and social care service teams.

We looked at the care records for two people who used the service. We checked three staff recruitment files, induction, supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, quality assurance processes, records of staff meetings and feedback from people using the service and their relatives.

Is the service safe?

Our findings

During visits to people supported by the service we found the atmosphere was relaxed and people looked comfortable with the staff that supported them. A relative told us, "I don't think anyone else could do a better job, [family member] trusts them. Another relative said, "I have kept [family member] safe at home and now I have help to keep them really safe. It is our home and they have been brilliant."

Risks to people's safety were considered and management plans were in place. These plans were in place to help keep people safe and provided information for staff to help them avoid or reduce risks of harm to people. Plans considered people's needs in areas such as verbal abuse or physical violence towards others. Through discussions with staff it was clear they had a good knowledge of people's identified risks and clearly described how they would manage them. One staff member said, "I have seen how one person's behaviour can escalate and by working with them and learning from [person] and their family, we are starting to manage the person's anxieties, they are talking to us and they seem happy."

Where a person behaved in a way that challenged other people or themselves, the staff managed the situation in a positive way that protected people's rights and dignity. Staff confirmed with us how they maintained consistency of approach so people knew what the responses would be to their behaviour. One staff member said, "The positive behaviour support training helped and we have meetings twice a month just about [named person]. Which really helps all of us to take a consistent approach." There was 24 hour on-call support for staff should they require it. Staff were supported to recognise people's anxieties and behavioural patterns. They referred people to professionals for further assessment or advice in a timely manner if this was needed.

Another person was at risk of having a seizure and staff were clear about the response they needed to take. A staff member said, "We do recognise certain signs that the person may be about to have a seizure so we keep everything calm, I feel confident when dealing with this and it is all written down."

The registered manager had a system in place to record accidents and incidents and information about them was shared with staff in meetings. We also noted any incidents recorded relating to one person's behaviour were immediately shared with the local mental health team. This enabled the service to reduce the risk of the incident happening again.

People were protected from the risks of abuse. There was a safeguarding policy in place which informed staff about their responsibilities to protect people and what constituted abuse. They knew how to recognise the signs of abuse and report any concerns internally and externally. Staff were confident the registered manager would take their concerns seriously and deal with them appropriately.

The registered provider had medicines management policies and procedures in place that staff were familiar with and met good practice guidelines. Staff that administered medicines had all undertaken regular training and staff told us their competency had been assessed. One support plan file held clear guidance for staff to follow on the management of rescue medicine for a person who was diagnosed with

epilepsy and experienced seizures. We reviewed two people's medicines and the records related to these. We found they were correct and records were fully completed. However, although team leaders told us they checked medicines regularly formal audits or staff competencies had not been recorded. The registered manager told us they were introducing these as part of their quality assurance processes.

The registered provider employed sufficient numbers of staff to keep people safe and had a safe recruitment process in place. A social care professional told us, "In general there has been enough staff to complete the support. I must say though that if anything Blossom can aim to over commit to meet the clients and family's needs but I see this as a caring quality and not a business need."

All staff had completed an application form and any gaps in employment were explained. Two references were in place that included one from the most up to date employer. Disclosure and barring (DBS) checks had been undertaken for each person employed. The DBS 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. This meant people were supported by staff deemed of suitable character to work with vulnerable people. We noted that in the files we looked at, interview notes were not included. The human resource director told us they would ensure all interview records were kept on file.

People were protected from the risk of infection. The provider had an infection control policy and effective procedures in place. Staff had received infection control training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons.

Is the service effective?

Our findings

Staff had opportunities for training to understand people's care and support needs. Staff working with one person with complex needs told us that they had completed PBS training relevant to the person's needs but also learnt by reviewing what worked and what did not work with the person and sharing this knowledge within the staff team. Positive behaviour support (PBS) is a person-centred approach to supporting people who display or are at risk of displaying behaviours which challenge.

A staff member told us, "I had loads of shadows shifts to get to know the person I was supporting, we do on line training. We had PBS training that really helped.". Another staff member told us, "I had quite a lot of experience but training has been really good." A relative told us, "They have had training specific for [family member] and it is fantastic, when I met with the trainer they told me the team had scored the highest they had ever had. They also really listen to me when I make suggestions or point out things."

The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. The Care Certificate is a standardised approach to training for new staff working in health and social care.

The human resource director kept an electronic system to ensure staff were kept up-to-date with safe working practices. There was an on-going training programme in place to make sure that all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as autistic spectrum conditions, epilepsy awareness and behaviours that challenge.

Regular supervisions took place with staff to enable them to review their practice and discuss their future development. The human resource director told us they planned to put an overview in place for supervisions and planned appraisals. Most staff had not worked at the service long enough for a yearly appraisal. A staff member said, "They [management] have been really supportive."

The registered manager assessed people's care and support needs, so they could be certain that their needs could be met. Information was used to develop a more detailed care plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to

deprive people of their liberty must be made to the Court of Protection. People who used the service or their representative had signed to record they consented to the care and support staff provided. Support plans included information related to a person's capacity and the registered manager told us they would refer to other professionals if there were any concerns related to best interest decisions. One staff member told us, "Where possible [named person] decides, as they have capacity. If we were worried about a decision we would talk it through with other people involved in their care." Another staff member told us, "One person has a health procedure coming up that we know will make them anxious, we will explain the benefits and talk to them, and their family will do the same. The GP has said it is in their best interests so we will all support them."

Staff supported people with their nutrition and hydration needs by helping them with shopping and preparing food. During one visit we saw that the person had chosen tuna pasta and was involved in preparing this for lunch. We also observed the person making cakes which they sold to staff and visitors to raise money for a local Children's hospital. They told us, "I did a sponsored walk and sold cakes, I am going to buy toys for the children with the money." We saw another person that used their kitchen independently and their care plan stated, "Staff to stay away to avoid distraction." A staff member told us, "We have one person that really does not like food shopping and will order their food on line." We saw that risks related to people's nutritional needs were recorded in support plans for example, one support plan recorded that person was under weight and advised staff to use high calorie foods, weigh weekly and ensure the person had time to eat.

The service worked with external professionals to support and maintain people's health. Staff knew how to make referrals where additional support was needed. We saw in peoples support plans how they were supported to attend appointments. We saw for one person the service shared all information related to their behaviour with the local mental health team. A social care professional said, "Communication is very good with me and with the families. Blossom Care has been collaboratively working with me and the amount of support packages at present requires a period of stability before any further cases are considered. To ensure they are able to stabilize the support workers and ensure clients have embedded well to ensure progress is made."

Is the service caring?

Our findings

People were supported by caring staff. During our inspection we observed positive interactions between staff and people who used the service. We saw that people were laughing and communicating well with staff. One staff member said, "If you had come a bit earlier we were doing the twist." One person said, "I can talk to my buddies [what the person called their support workers] or I can write it down and put it in my worry box." The registered manager explained the person could write down anything they were worried about and staff would check this box and talk to the person about what had been written down.

At another visit we observed a person playing a board game with their buddies, the staff member explained they were very tired following a seizure but may still choose to go out later. The person said, "Staff are brilliant." A relative said, "I cannot say anything but good, we have had quite a journey but they have been fantastic." Another relative said, "Staff are very good and this service is excellent, I did not know this type of care existed, it is faultless."

We observed strong caring relationships between staff and the people they supported. A staff member said, "I love the feeling you get helping someone like [named person], it is good to see them out and enjoying life." Another staff member said, "We have so much fun all the time, it is a pleasure to work here." A third staff member said, "This has given me the opportunity to see what I am good at and the opportunity to work with [named person] and make a difference."

Privacy and dignity was respected by staff and they were discreet when offering people support. Personal interactions took place privately to respect dignity and maintain confidentiality.

Independence was promoted and staff supported and encouraged people to be as independent as they could be. One person said, "I want to be independent, I do the cleaning and washing." A staff member added, "[Person] is doing well and now sorting lights and darks." Another staff member said, "We involve [person] in doing things for themselves, including chores around the house. They have a goal to go on a bus independently and as a team we will work towards this."

People were involved in reviewing their care and took part in meetings with their support team to discuss their care and support and make any changes that were needed. Families, social workers and other healthcare professionals were also included in the process. A relative said, "We meet and talk all the time, we have a good relationship."

Support plans gave the staff an insight into the person's background and history to help staff get to know them. In one person's support plan it told the story of how the person was able to return home following an admission to a residential service. The support plan also included information about the person's personality and recorded, "[Named person] really is a delight and [persons] smile, love and laughter never fails to light up the room."

Staff were trained in equality and diversity. The staff we spoke with were knowledgeable about this and told

us how they would protect the people they supported from any type of discrimination. We saw where one person had made a preference for specific gender support staff and this preference had been respected and provided by the service.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in people's support plans. People's care records were person centred, which means the person was at the centre of any care. Some people who used the service had not been using it for very long and support plans were still being developed.

Staff we spoke with had an excellent understanding of people's needs and told us they worked closely with the rest of the team to provide a consistent approach. A person told us, "I never have strangers, my favourite buddy is [named staff member]." The registered manager developed specific teams for each individual and staff told us this was often discussed during the interview process. One staff member said, "During my interview they mentioned [named person] and said they thought I would work well with them, so I think they are thinking about it then. I met the person and we did get on so that is who I work with now. A relative told us, "[Family member] has their own team and we met them all first and were involved in choosing them."

The different teams met regularly to discuss what is going well and what things might need to be changed. A staff member said, "We meet twice a month about [named person] it helps to develop a consistent approach, we discuss all the protocols and our approaches."

Relatives told us their [family members] received personalised care that was responsive to their needs. "It has worked out really well, this is our home and they have been brilliant. They help me too, they take me to my appointments and say 'if we are cooking for [family member] we might as well cook for you'. They spoil me a bit." Another relative told us, "I never imagined you would get a team like [family member] has, I don't think anyone else could do a better job. [Family member] trusts them." This relative went on to explain their loved one was very unpredictable and their behaviour can escalate with very little warning. They said, "They are learning all the time and very pro-active in seeking help, they took [family member] on without the usual transition period due to the circumstances and dealt with it all so well. I can actually say I am starting to relax." A third relative said, "This was the only provider that could offer [family member] the call times they wanted and I had tried many. I have got to say after only eight weeks the improvement in my [family member] is massive and they love them [staff] all."

The registered manager was able to give us examples of how the service and staff group went the extra mile to support people.

"[Relative] has physical health conditions. Blossom HCG are only commissioned to care for their family member, however we always support [relative] through hospital admissions, our staff will drive them to hospital and collect items for them. We also visit them daily to ensure they are okay."

"One person we support has set care hours in place, however due to their complex health, these hours are often over run, we always stay with them if they are admitted to hospital due to the risks around their health condition. Blossom believes that they need to have familiar carers as they are unable to verbalise their needs and staff have created a bond and understand their communication needs."

"Birthdays and Christmas are a big thing for one house hold and Blossom HCG support people and their relatives to celebrate birthdays with a meal out locally and cakes and present's. staff love to make a fuss of them both."

"Blossom Staff all volunteered to help one family de-clutter and deep clean the house at their request."

"One person has been sleeping on the sofa for many years due to their disabilities, with [family member] sleeping alongside them on the floor to keep them safe. [Family member] now sleeps upstairs in bed. Blossom HCG has assisted the family in applying for a Disability Facility Grant for a ground floor extension to the property. This was approved in July 2018 and building work is due to commence in October 2018. The family were unaware they were able to request this grant."

Staff supported people to access the community and take part in meaningful activities to increase their skills and enjoyment of life. One person said, "I go on enough activities, I went to Southend and diggerland and I went driving with an instructor. I would really like to drive." The person showed us their large collection of buses and told us they had visited the London transport museum. Another person said, "I like Willow and the white-water centre and the cinema." Staff told us this person was about to start an arts and craft course at college and while they were enrolling they decided they would also like to do an IT course. The registered manager told us staff looked out for items of small furniture the person could upcycle and during our visit we saw examples of their work. A relative told us, "They have slowly introduced things like college, swimming, going to the gym and visits to Willow farm. Activities can be difficult as [family member] can often change their mind."

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. The registered manager gave us examples of communication aids used to assist people, such as easy read documents. A staff member said, "We know with [person] to avoid saying the word 'No' and we try to word things in a more positive way."

People told us they knew how to complain and they felt any complaints would be dealt with to their satisfaction. There were policies and procedures in place to respond to complaints, however none had been received. One relative said, "I have no complaints but one support worker was not right for [family member] and they changed them straight away." Another relative said, "I can just say what I think."

The service mainly supported younger people with learning disabilities but had very recently started to support an older person at the end of their life. The registered manager told us they had been aware of the person and knew the family were struggling to find a provider that met their requirements. They said, "[Named person] is not our usual client group but we do have a team leader supporting the person's team who has had previous experience and training working with the elderly, we work very closely with the district nurse team and the persons family." The person had only been using the service for a few weeks and the registered manager was aware additional information specific to the person's needs was required for their plan of care. The relative explained. "They came to assess [family member] and gave me lots of information about the service, and I told them what [family member] needed. I think staff know what they are doing and they have time to sit and chat with [family member]. GP said they are end of life but at the moment they are doing really well." The registered manager was looking into specific training for the staff team supporting this person.

Is the service well-led?

Our findings

People, relatives and staff told us the service was well led. One relative said, "I really think it is well led, I meet with [named registered manager and human resource director] there has been lots of issues with [family member] which they have dealt with very well." Another relative told us, "I have had some very poor experiences in the past but with this service I could not be happier. [Registered manager] respects everything I say."

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They were very accessible to both people that used the service and staff. They regularly visited people and discussed whether they were happy with their care and support. They also worked alongside staff and were confident about the standards of care they provided. Staff confirmed spot checks and competency checks took place but these were not formerly recorded.

Regular audits were not completed formerly to monitor the quality of the service provided. The registered manager told us they checked all documents but did not always record this but just dealt with it. During the inspection process the registered manager sent us formal checks they planned to introduce but were still working on what audit documents might best suit the service.

We recommend that the service seek advice and guidance from a reputable source, about strengthening the quality assurance processes at the service.

There was an open and positive culture in the service and they had started the process of gathering feedback in a variety of formats to improve the service. People's views were gathered at review meetings and using friends and family and staff satisfaction survey cards. They also sent an additional family feedback form that could capture more detail. Comments from cards included, "All [person] team are great and bespoke to him. [Person] trusts them totally and they are always willing to learn how best to support them", "I love all my buddies at Blossom", "Very good company, staff approachable and professional" and, "Care very good no need for any change."

When we spoke with staff they gave us positive feedback regarding the management of the service, one staff member said, "They [registered manager and human resource director] are great, they turn up and take [named person] out for lunch, I have never seen bosses getting so involved with clients." Another staff member said, "There is always someone to turn to and [team leader] is always on the end of a phone." A third staff member said, "We have regular meetings and if I ring they get straight back to me."

Regular team meetings were held related to the person the team were supporting and we saw the minutes of these meetings and could see how people's needs, progress and care plans were discussed. The registered manager told us they planned to try to increase staff meetings so the whole staff team could come together more often to discuss relevant information and policy updates. A staff member said, "We really are a good team, everyone mucks in and we get on and get things done." Another staff member said,

"Staff here are all on the same page so it works really well."

Policies and procedures were in place and were regularly reviewed and in line with current legislation. All records were kept secure, and were maintained and used in accordance with the Data Protection Act 2018.

The service continually looked to improve and had liaised regularly with the relevant Local Authorities and the mental health team, in order to share information and learning around local issues and best practice in care delivery. A social care professional told us, "The service will always try and support people. It is a very young and small service which enables a more personal service and for professional relationships to grow. The work ethic is great and the understanding of social care need is evident."

We did obtain feedback from one local authority with some concerns raised related to the tenancy of one person. As CQC only inspects the service being received by people provided with 'personal care' we informed the registered manager that additional communication may be required to provide reassurance the issues were being dealt with.