

Consensus Support Services Limited

Blossoms

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 

Overall summary

The inspection was unannounced and took place on 12 November 2014.

Blossoms is registered to provide accommodation and support for six people with a learning disability. On the day of our visit, there were six people living in the home.

The service had a registered manager. 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 and associated Regulations about how the service is run.

People were relaxed, comfortable and happy with the staff that supported them on the day of the inspection. We saw staff talking with people in a friendly manner and observed that they assisted people as they needed, whilst encouraging them to be independent.

Summary of findings

We saw that people were free to move around the house and garden, and had free access to their bedrooms. One person confirmed they were able to come and go as they pleased and were not restricted from engaging in activities of their choice.

People were able to take part in a varied range of activities which reflected their individual hobbies and interests. Risk assessments within people's care records were accurately completed and regularly reviewed so that people were supported to live active lives and access the local community.

We found that safeguarding procedures had been followed and that action was taken to keep people safe, minimising any risks to health and safety. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

There were adequate numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities.

The provider had a robust recruitment process in place. Staff we spoke with told us that they had not been offered employment until these checks had been confirmed. Records we looked at confirmed that staff started work in the home after all recruitment checks had been satisfactorily completed.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who lived at Blossoms.

There was a positive culture within the service which was demonstrated by the attitudes of staff. When we spoke with staff we found that their approach to people was to help develop their independence. We saw the service was organised to suit the needs of the people who lived there.

Staff were well supported through a system of induction, training based on the needs of the people who lived at Blossoms, supervision, appraisal and professional development.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Some people who used the service did not have the ability to make decisions about aspects of their care and support; where people lacked the capacity to make decisions about something, we found that best interest meetings were held and details documented in people's care records. Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the MCA and DoLS.

People told us that the food they had was good and they had sufficient quantities of it. We found that people had choices of meals and easy access to snacks and fluids throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. We saw that staff followed advice given by professionals to make sure people received the treatment they needed.

There were regular reviews of care for each person who used the service which enabled individual care to be monitored. We saw that reviews for people who lived at the care home had been carried out with appropriate people.

Staff said that communication in the home was good and they always felt able to make suggestions. We saw there were monthly meetings for staff which gave them an opportunity to share ideas and give information.

People knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints. People we spoke with told us they were happy with the service provided and how staff provided their support.

We found that the home had good leadership and that the staff were positive in their desire to provide good quality care for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff had received training in safeguarding and knew how to report any concerns regarding possible abuse.

People received support to meet their needs because the staff rotas were arranged by the manager to ensure safe delivery of care. There were sufficient numbers of staff to meet people's needs.

Recruitment systems were in place to ensure staff were suitable to work with people.

We found the systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

Good



Is the service effective?

This service was effective.

Staff were well supported through a system of regular supervision and training. People were cared for by staff with up to date information and current knowledge.

People were provided with a choice of food and drink and were given support to eat and drink when this was needed.

We found the location to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had access to health and social care professionals to make sure they received effective care and treatment.

Good



Is the service caring?

This service was caring.

We found there was a calm and friendly atmosphere within the home and that staff helped people maintain to their privacy.

People's decisions were respected and we observed that their dignity was protected.

People were able to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

Good



Is the service responsive?

This service was responsive.

Care plans were personalised and reflective of people's individual needs.

Staff told us that this enabled them to know how people wanted to be supported.

People who used the service were supported to take part in a range of activities in the home which were organised in accordance with people's preferences.

Good



Summary of findings

Systems were in place so that people could raise concerns or issues about the service. People told us that they would be listened to if they had any issues.

Is the service well-led?

This service was well led.

We found there was an open and positive culture within the home. Staff told us that managers were approachable if they had any concerns or suggestions.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to people and helped the service to continually improve and develop.

People and their relatives were able to comment on the service provided to influence service delivery.

Good



Blossoms

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 on 12 November 2014 and was unannounced, which meant the provider and staff were not aware of the date of the inspection. The inspection was undertaken by one Inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with five people who used the service. We also spoke with the deputy manager, a manager from another of the provider services and two members of care staff.

We looked at four people's care records to see if their records were accurate and up to date. We looked at two staff recruitment files and further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Blossoms. One person told us that they felt safe because the staff were kind to them. Another person told us, “The staff are all excellent, all excellent. They really look after me and I do feel very safe.” We observed very positive interactions between staff and people and found that people were relaxed in the presence of staff who understood what they needed to do to keep people safe.

Staff had a good understanding of the different types of abuse and how to report it, so the risks of abuse to people who used the service were minimised. We spoke with three members of staff, about safeguarding; they told us what they would do if they suspected abuse was taking place and how they would make referrals should they be required. They all told us they had received training about how to recognise and report abuse and the records confirmed this. All were clear on the procedure to follow if they had any concerns. The staff we spoke with told us they were confident that any concerns reported to the manager would be effectively dealt with to make sure people were safe. This meant that the risks to people were minimised because staff were trained to identify signs of possible abuse and knew how to act on and raise concerns.

We saw that risks to people’s safety had been assessed and were linked to care plans which considered risk factors. These included risks associated with falls, the risk of not eating or drinking enough in addition to behaviours which may challenge. One person was going to work on the day of our inspection and we saw that staff supported them to leave the house and asked them to ring when they arrived to let them know they were safe. Staff told us that this had been carefully risk assessed, so that the person concerned could remain independent and have some freedom but this was balanced against possible risk factors. Where actions were needed to keep people safe, we saw that these had been taken.

There were plans in place for foreseeable emergencies within the service; including floods, fires or power cuts. Staff told us that this was a big consideration within the care and support they gave as it helped to keep people safe. Care plans contained details of how staff should

support people in the event of fire and we saw that regular checks of the fire equipment, water temperatures and emergency lighting were documented and that any anomalies were acted upon.

One person told us there was enough staff on duty at all times. They said, “I always get to do what I want to because of the staff.” People were supported to engage in activities of their choice because there were sufficient numbers of staff on duty. We observed that people received care and support in a timely manner and staff were not rushed. Staff told us there were always enough people on duty to support the people living at the home effectively. On the day of our inspection there were three staff on duty. The deputy manager told us the home was fully staffed and people were supported according to their needs. We found that the numbers of staff on duty were based upon the level of people’s needs. Staff told us that if there were any changes within people’s needs then the staffing numbers would be adjusted accordingly and as a result were flexible so as to maintain people’s safety.

Some people who lived at the care home were assessed as requiring one to one support and we saw that this was available throughout the day. In addition to permanent staff the service had a team of ‘bank’ staff who were available to cover shifts when required. Staff told us that for consistency they tried to use staff who had worked in the service before, so that they knew the people who lived there which then offered people some continuity.

We observed staff administering medicines to two people. One person said that they always received their medication on time. Staff told us they considered the administration of medicines an important part of people’s care. We looked at the arrangements in place for the safe storage and administration of medicines and found these to be safe. Medicines were stored securely in a locked cabinet, which was kept in a locked office.

We checked the medicines for three people and found the number of medicines stored tallied with the number recorded on the Medication Administration Records (MAR). All medicines were administered by staff who had received appropriate training. Once staff had completed training in this area they then had their competency assessed to ensure their practice was safe. We saw, from the homes training records, all staff had received up to date medicines training. Regular medicines audits also took place which helped to ensure the systems used were effective.

Is the service safe?

Some people were prescribed medicines on an 'as required' basis. There were individual protocols in place for

the use of these medicines and records showed that these medicines were only used in the circumstances set out in people's care records. This showed that staff followed the protocols in place.

Is the service effective?

Our findings

We spoke with people about whether they received the right care to meet their needs. One person said, “I like how staff look after me.” This person also told us, “They do what is right for me.” People told us that they received the right care to help support them with the everyday activities of daily living. We saw that people were supported to access the wider community to carry out shopping, attend work and go to day centres. One member of staff said: “We want people to be as independent as possible.” We observed that staff also offered physical and verbal prompts to assist people to make drinks and simple snacks and to clean up after themselves.

Through our discussions with staff it was evident that they had a good knowledge of the people they cared for and the necessary skills to meet their individual needs. Staff we spoke with during the inspection were able to give us relevant information about people’s needs and their preferences. For example, one member of staff told us about the manual handling requirements that one person had. We reviewed this person’s records and found that the information the staff member had given us, was detailed within this person’s care records. It was evident that staff knew the correct care and support required to meet people’s needs.

Staff told us that the training offered to them was very useful in ensuring that they kept up to date with best practice and so they could provide the best quality care to the people they supported. They said that they received regular training in important areas, such as safeguarding, fire safety, infection control and food hygiene. Further training in areas specific to the needs of the people using the service was provided; for example, challenging behaviour, epilepsy and mental health awareness. The records we reviewed confirmed this.

Staff told us they received regular supervision and annual appraisals. We were told that supervisions covered training and development needs, concerns regarding individuals using the service and ideas for improving the service. It was evident that staff felt supervisions were useful for their personal development as well as ensuring they were up to date with current working practices.

People told us that staff always asked them before providing care and we observed this in practice, with staff

asking people if they wanted help or support. For example, we observed staff asking one person if they were happy to receive their medication. Where people had consented to their care and support, staff told us that they documented this in people’s records. Where people were unable to consent, it was evident that appropriate family involvement was sought.

No one who used the service was subject to the Deprivation Of Liberty Safeguards as set out in the Mental Capacity Act 2005. We saw that there was a policy and procedure in place to make sure staff were aware of the process to follow if it was felt people required this level of protection. At the time of the inspection, senior staff told us they were seeking guidance from the local authority about how this legislation should be implemented.

We spent time in the kitchen whilst one person was supported to make their breakfast and lunch. We saw the person was involved in choosing their meal and preparing it. Staff told us that people had access to good quality food and we saw that there was plenty of choice. The fridge and cupboards were well stocked with a range of fresh food.

We asked people about the food available to them and whether they liked it. One person told us how they were trying to lose weight and that staff were good at encouraging them to lead a healthier life style and try and eat a balanced diet. Other people told us that if they did not like what was offered they were offered an alternative. Staff told us that people discussed the menu choices for the week so that all the people who lived at Blossoms had a say. We saw there were two choices for evening meals on the day of our inspection. There were prompts to aid people to pick meals and fresh fruit was available; people could access snacks and drinks throughout the day.

Although people did not speak to us about their healthcare appointments, staff told us that they supported people to attend required appointments when needed. They also told us that they made referrals to relevant healthcare professionals should the need arise. We saw that people had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People were supported by staff that were kind, caring and respectful of their right to privacy. One person said, "I like the staff, they are all good. Really good." Another person told us, "Staff are nice." We observed that staff were patient and took time to listen and observe people's verbal and non-verbal communication.

We observed staff and people interacting and engaging positively. Two people were making preparations to go out and staff offered gentle reminders to take their coats, packed lunches and other items they may need. We found that the atmosphere was calm and friendly and there were relaxed conversations taking place whilst people were getting ready. When asked if staff were kind, one person nodded their head and smiled in acknowledgement. Staff were courteous and respectful, taking time to engage in a patient way with people and allowing them time to take on board what they needed to do and communicate their response.

We saw that one person preferred to sit in one chair in the communal lounge. Staff explained to us that this meant they could see everything that was going on around them, which reduced their anxiety. This person was being very tactile whilst we undertook our inspection and was taking a keen interest in what we were doing. Staff explained to them the reason for our visit and asked them if they wanted to stay with us in the room, making sure they were comfortable and had everything they needed.

We saw that people were able to decide what time they got up and how they spent their day. One person liked to get up late on occasions and we noticed that staff supported this person later in the

morning when they asked for assistance to get washed and dressed. This person told us that staff made them feel cared for because they allowed them to have their own routine and do what they wanted to.

Another person had a particular interest which staff supported them with. They were keen to show us their bedroom with their personal possessions and staff told us how they had supported the person to purchase further items that they knew the person would get enjoyment out

of. When we asked this person if they were happy that staff had done this for them, they gave a huge smile and said, "Yes." It was evident that the way in which staff engaged with people made them feel happy and cared for.

On our arrival at Blossoms, people were in the process of getting ready to go out. Staff asked people if they would mind showing us their rooms. We found that rooms had been decorated to reflect people's personal taste and there were photographs and other personal possessions on display. Communal areas contained photographs of people taking part in various activities and added to the homely feeling which existed. People enjoyed showing us the photographs of them and their housemates and staff told us that they felt that having personal items and photographs about the home, contributed to a feeling of belonging and showed the people that they were cared for.

Throughout the inspection we saw that staff interacted with people in a friendly professional manner. It was evident that there was a mutual respect between staff and the people who lived at Blossoms. One member of staff told us, "We are like one big family."

We observed people were involved in making day to day decisions. For example we saw one person choosing items from the fridge to make their lunch with. During the day we saw people arriving back at the house from various places and choosing either to go to their room or spend time in communal areas. This demonstrated that people had some control over their day to day lives and were supported to make decisions.

People were supported to maintain their independence and staff told us they encouraged people to do things, rather than taking over from them. For example, on the kitchen wall we found various schedules for laundry, cleaning and cooking. There was clear pictorial information available to tell people when it was their turn. There was detailed information for staff on how to support the people within their care records and staff told us that the support plans gave them guidance on how to support people with every aspect of their routines.

Staff spoke with affection about the people they supported and told us that they wanted to give high quality care and support. They were keen to tell us about everything people had achieved within the home and when in the community. People's certificates of achievement from a recent walk were displayed within the kitchen for everybody to see.

Is the service caring?

People's privacy and dignity was respected. People had the ability to choose whether to be in communal areas or have

time alone in their room and these decisions were respected by staff. We saw there was a room available if people wanted private conversations or time alone with visitors in an area other than their bedroom.

Is the service responsive?

Our findings

People told us that they received care and support that was specific to their needs and was reviewed on a frequent basis. When we asked one person if staff included them in their care, they told us that they felt involved in the assessment of their needs and that staff always asked them what support they thought they needed. Throughout the day staff responded to people's need for support in a timely fashion. It was evident that people were protected from the risk of social isolation because staff supported them to engage in activities outside of the home.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for four people and saw they contained detailed information about people's health and social care needs. The plans were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. We saw the plans were regularly reviewed and updated to reflect any changes in the care and support given.

We saw that staff kept daily progress notes about each person which enabled them to record what people had done and meant there was an easy way to monitor their

health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

During the inspection we spoke with a social care professional who told us that staff were open to suggestions about how to improve the service. They said they had no concerns about the ability of the home to provide care that met people's needs.

People told us that they had access to a range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities in the evenings and weekends. These included cinema visits, theatre trips and social clubs. One person enjoyed going to the local gym and staff supported them to do this.

Staff told us they knew the people they supported well and would know from their behaviour if they were unhappy and might want to make a complaint. They said that as well as responding to complaints, that they had a "Grumbles Book" where people and relatives could detail any minor concerns that they had. Systems were in place in respect of the complaints and concerns process, which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. We found a pictorial version of the complaints policy within people's records and displayed on the notice board in the communal areas of the home. We found that the service had not received any recent complaints.

Is the service well-led?

Our findings

The service was well led by an established team of staff. Although the registered manager had taken planned leave from the service, we found that robust plans had been implemented to cover the service so that it could continue providing good quality care. We found that there was a deputy manager and that further support was being given by the registered manager of another home within the organisation. Staff told us that the deputy manager was approachable and competent and had the right skills to fulfil the role until the return of the manager. We observed staff asking questions of the deputy manager during the day and being given constructive support.

During our inspection we saw there was a positive, forward thinking and open culture within the home. Staff told us they found the staff team were close and worked well together, all having a common goal. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

We found that people, relatives, staff and professionals were consulted regularly about the delivery of service. Staff told us that people and their family members received a satisfaction questionnaire to complete on a regular basis, which enabled them to give their feedback as to the quality of service they received and to make suggestions for improvement or change. Where comments had been made, we found that action plans had been developed so that action could be taken.

We saw that staff used a pictorial questionnaire to ask each individual for their views on the service they received. There were questions about safeguarding, food and activities and how happy people were with the other people they lived with. People were also supported to have house meetings which enabled them to spend time with staff and express their views about the care and support they received.

Staff told us that meetings were held regularly and we saw the minutes for a recent meeting which covered individuals and any concerns about them, training and development and ideas in respect of service improvement. Staff told us the meetings were an opportunity to raise ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support. Staff also said they felt able to challenge ideas when they did not agree with these. They said that communication was good and they could influence the running of the service.

Staff told us that any accident or injury was documented so that appropriate action could be taken. Systems were in place for recording accidents and incidents and we found that these were linked to people's individual care plans. This meant there was a clear record of any incidents that had occurred and we found that these were properly recorded and analysed to identify any patterns within the service.

The deputy manager told us that the home monitored the quality of people's care and health and safety aspects of the home. We found that audits had been completed in areas such as infection prevention and control, medicines administration and fire safety and that where action was required to be taken, it was so as to improve the service for people. We saw that there was a ceiling track hoist in one person's room and this had been checked as part of the maintenance routines within the home. Maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given.