

Blossom Care For You LTD

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Inspection report

First Floor, Unit 3 Viceroy House
Mountbatten Business Centre, Millbrook Road East
Southampton
SO15 1HY

Tel: 02380231490

Website: www.blossomcareforyou.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Blossom Care for You LTD is a domiciliary care agency. The service provides personal care to people in their own homes. At the time of our inspection there were 59 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission (CQC) can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People's feedback was very positive. One person said, "I am very happy. The carers look after me well." A relative said, "The last few months have been nine out of 10. On the right track!"

We found improvements had been made since our last inspection. The provider was now meeting the fundamental standards of care as defined in the regulations.

There had been no registered manager at Blossom Care for You LTD for 12 months. We found further improvements were still needed in how the provider audited the quality of service, and how the provider planned to keep the service going in the event of an emergency.

We have made a recommendation about the provider's business continuity plan.

The provider had made improvements in how risks to people's safety and wellbeing were managed, how people's medicines were administered, and how they responded when things went wrong. There were enough staff to support people safely. Processes were in place to protect people against the risks of abuse and infectious disease.

People received care and support that was effective, based on detailed assessments and care plans, and delivered by staff with the necessary skills and training. 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; the policies and systems in the service supported this practice.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 September 2019).

At our last inspection we found breaches of the regulations in relation to:

- the provider's failure to do all that was reasonable to reduce risks to people's safety,
- the provider's failure to have effective systems to monitor the quality of care people received, and
- the provider's failure to make sure they acted in people's best interests where they lacked capacity to make certain decisions.

After the last inspection, we issued warning notices requiring the provider to comply with the first two regulations by 15 October 2019. The provider sent us a plan of action to tell us what they would do and by when to improve with respect to the third breach.

At this inspection we found improvements had been made and the provider was now meeting these regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 21 June 2019. We found breaches of three regulations as described above.

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led.

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

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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 Care For You LTD

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service two days' notice of the inspection. This was because we needed the provider to make sure people we wanted to contact for feedback consented to taking part in the inspection.

What we did before the inspection

We reviewed all the information we had about the provider, including the previous inspection report, the providers plan of action to improve, and recent intelligence about the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 26 October 2021 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

Inspection activity started on 20 July 2022 and ended on 26 July 2022. We visited the provider's office on 20 July 2022.

We spoke with five members of staff, including the operations manager. We spoke with ten people who used the service and family members. We reviewed five care plans, three staff records, and other files, records, policies and procedures.

We reviewed all the evidence collected to make rating judgements according to our published assessment framework.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to assess and manage risks to people's health and wellbeing, to report and follow up incidents, and to make sure staff managed medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- At this inspection we found detailed risk assessments which informed people's care plans. Risks around falls, pressure areas and malnutrition had been identified, assessed and measures to manage and reduce them put in place. People's care plans included guidance for staff about how to support people safely in the light of identified risks.
- The provider used standard, evidence-based tools to screen for risks of malnutrition and pressure injuries. This meant risk assessments were based on good practice guidelines used widely in the adult social care sector. People could be confident risks were identified and assessed appropriately.
- The provider had identified and assessed risks associated with people's individual support needs and medical conditions. These included instructions for staff how to respond if a person living with diabetes showed signs of low or high blood sugar levels. Where a person was at risk of seizures their risk assessment included how their family would help support them, and when staff should call 999 if family were not present. Risk assessments around mobility and positioning included instructions on equipment staff should use.
- People's care plans included guidance how to support people safely. For instance, making sure a person wore their hearing aid and glasses so they understood what was happening. Another person who had sensitive skin had instructions in their care plan for staff to check for redness and report back to the office.
- People's care files contained information sheets about conditions such as diabetes and Huntington's disease, and risks such as choking and swallowing difficulties. Staff confirmed they had the necessary information to support people safely.
- People told us staff supported them safely. They described staff as "kind" and "careful". One person said, "There's never been any rough treatment. There's nothing like that." People were confident risks relevant to their personal care, such as risks arising from brittle bones, were understood by staff and managed appropriately.

Using medicines safely; Learning lessons when things go wrong

At our last inspection we found improvements were required in how the provider managed medicines and

how incidents were reported and followed up when things went wrong. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- At this inspection we found medicines were administered safely and records we reviewed were accurate and up to date. Staff had appropriate training and the provider followed up that training was effective through spot checks and competency checks.
- The provider checked medicines records monthly as part of their regular care audit. Where gaps or errors were identified these were followed up and addressed, for instance by communication to all staff where a learning gap had been identified.
- Where people had medicines prescribed to take "as required", the provider had appropriate protocols in place. These included when and how to administer them, the desired effect and possible side effects, dosage information and what to do if the maximum dose had been administered, such as contact the person's GP.
- People told us they were satisfied they had their medicines at the right time and according to their needs and preferences. One person said, "I have lots of meds. I know what I need to take, and I keep a watch on them when they administer the meds. They have never got it wrong."
- Records showed staff reported accidents and incidents. These were reviewed promptly and analysed for immediate actions, long term trends and learning gaps.
- People told us the provider responded promptly to concerns they raised. One person said, "We did have a problem, but the office were quick to act." Another person said they "just told the office" to get their problem resolved.

Systems and processes to safeguard people from the risk from abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff had appropriate training and knew how to respond to safeguarding concerns. Staff were confident the provider would deal with any concerns they might raise.
- Staff understood how to escalate concerns about people's safety, and the provider worked with the local authority and other agencies. Where necessary they notified us of safeguarding concerns. Policies and processes guided staff to keep people safe.
- People told us they felt safe and confident when staff were in their homes. They said, they felt "very safe" and "very happy" with their care workers.

Staffing and recruitment

- The provider had processes in place to recruit people safely. Records showed they carried out the necessary checks to make sure staff were suitable to work in the care sector. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We checked recruitment files contained the necessary records.
- The provider made sure there were sufficient numbers of staff to support people safely according to their needs, including where two staff were assigned to a call to support people safely. People told us missed calls were extremely rare, and staff "never rush anything". The provider kept people informed, for instance if a call was going to be late because they had to reassign it because of unexpected absence.

Preventing and controlling infection

- The provider made sure staff supported people in line with good practice and government guidance in cleanliness and hygiene. People confirmed measures were in place concerning personal protective equipment (PPE). One person said, "Yes, they wear all that." Staff confirmed there was always enough PPE

available to them.

- We were assured the provider used PPE according to the guidelines in force at the time.
- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider accessed testing for staff.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found the provider had failed to carry out decision specific capacity assessments. This was a breach of Regulation 11 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had a good awareness of the requirements of the MCA, and of the need to obtain consent before supporting people with personal care. People raised no concerns about this area. Records showed the provider sought consent to support people according to their care plans, and to support people with medicines.
- Records showed people's capacity to make decisions was considered during their initial assessment, and when there was evidence people's capacity might be changing. In this case, the provider engaged with other agencies and people's families to make sure people's capacity was assessed in line with the MCA code of practice, and that any decision made for people was in their best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was based on initial assessments which included people's physical, mental health and social needs. They included assessments of what support people needed with activities of daily

living and identified any support needs arising from people's protected characteristics.

- People told us they had good outcomes from the support they received. One person said, "They do talk to me. They know what I want them to do." Another person told us their mental health had "improved a lot" thanks to support from the provider.
- The provider's policies, procedures and care plans reflected good practice and legal requirements.

Staff support, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. People said staff knew how to support them and were "very professional".
- Staff told us they felt supported by the provider, and they had the knowledge to deliver care and support according to people's needs. There was an effective induction for new staff. New staff shadowed experienced staff before working independently to make sure they understood people's needs and preferences.

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

- Where people were at risk of poor nutrition, the provider assessed the level of risk using an evidence-based tool, and adapted people's care plans to manage the risk. These included instructions to offer fortified drinks to help people maintain a healthy weight, and to offer pureed meals and thickened drinks where people had difficulty swallowing.
- Where necessary staff recorded people's intake in food and fluid charts which were completed and checked along with other care records each month.
- People told us they had effective support with eating and drinking. One person said, "They get my food and drinks. It is all good." Another person's relative commented how staff supported people to be "as independent as possible" at mealtimes, "without doing everything for them".

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

- Staff worked with other health and social care professionals to make sure people had consistent care. This included working with the community nursing team and taking advice from people's GP. One person's relative told us, "I recently had a call from a carer to ask if they should phone a doctor as Dad was not his normal self."
- The provider had worked with the local authority's quality and safeguarding team to make improvements since our last inspection. The local authority described the provider as "responsive to recommendations".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider had failed to maintain effective systems to assess, monitor and mitigate risks. Records were not always complete, accurate and up to date. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the provider was now meeting this regulation.

- There had been no registered manager in post for 12 months. The provider had notified us that the previous registered manager would leave on 1 July 2021. The notification included their plans to replace the registered manager. However, these plans and subsequent attempts to recruit a new registered manager had not been successful. At the time of this inspection there was an experienced operations manager in post, and the provider had recently promoted a new manager who had just started the process to register with us.
- At our last inspection we found arrangements to audit the quality of the service and people's care were not effective and robust. At this inspection we found an effective system of monthly audits of people's care which covered daily records of care, medicines records, food and fluid charts and other records. Where concerns were found, these were followed up and appropriate action taken to improve people's care. The provider needed more time to show that these improvements would be embedded and sustained.
- A comparable system of audits to monitor the quality of service management was not fully implemented and in use. The provider did not routinely and systematically review the various reports available on their online system. The absence of embedded systems and processes to monitor and improve the quality of the service meant there was a risk things would be missed.
- The provider did not have a suitable business continuity plan to use in the event of bad weather, outbreak of infectious disease or other emergency. A section in the overall business plan entitled "continuity of care and contingency" contained a list of objectives in the event of an emergency but did not have all the content required in a credible continuity plan.

We recommend the provider research guidance and templates available to make sure their continuity plan is fit for purpose.

- The provider had made improvements to their system for archiving old records. The live records we saw during the inspection were accurate, complete and up to date.

Continuous learning and improving care: Working in partnership with others

- The provider had an improvement action plan in place. This was dated 22 December 2021 with a target completion date of 1 March 2022. At the time of our inspection 13 actions in the plan were shown as complete. Eight actions were either described as "ongoing" or had a date in 2023 for completion.
- The provider reviewed people's care plans yearly, or when changes were required. There were monthly care audits with actions identified and followed up. These processes laid the foundations for improvements to people's care where needed to make sure care continued to meet people's needs.
- The provider had worked with the local authority to achieve necessary improvements. There had been positive feedback from the local authority about the provider's willingness to engage in partnership working.

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

- There was a positive staff culture. Staff felt supported and empowered. They told us they were listened to if they raised concerns or had ideas to improve people's care. Staff morale was good during a difficult period for adult social care services. The provider had schemes in place to recognise staff contribution and make sure there was a good work/life balance for staff.
- People who used the service gave positive feedback about the care and support they received, and how the service was managed. One person said, "I am quite happy. I think the agency is well run."

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 operations manager understood the duty of candour. There were open and honest communications with people and their representatives if things went wrong.

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

- The provider had a variety of methods for engaging and involving people in their care. These included yearly care plan reviews and telephone surveys. One person we spoke with said, "We did have a lady phone us up the other day asking questions. I told them I give them 10 out of 10."
- The provider engaged with staff by means of supervisions, phone calls, and some use of secure social media. Staff told us they could get a face to face meeting with the operations manager if they wanted to.