

Blossom Care Home Limited

Blossom Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 17 December 2014 and was unannounced.

This was the first inspection of Blossom Care Home. The home was previously registered as Angel Care Home and Vicarage House.

The service provides accommodation for up to 20 older people. There were 12 people living in the home on the day of the inspection. Blossom Care Home is situated in a residential area of Dewsbury.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was not available during our inspection.

Summary of findings

The service was friendly, caring and welcoming with a homely feel. People were relaxed and content and staff knew each person's needs. People told us they felt safe, although not all systems were in place to ensure their safety, such as checks of hot water temperatures.

Some people's care records had not been updated and lacked current information for staff to be able to support their individual needs appropriately.

Interaction with people was respectful and their dignity was adequately promoted. Staff were patient, kind and discreet when assisting people with personal care and they encouraged people to be independent. People were given explanations about their medication and staff took time to make sure people were supported during medication rounds. Staff checked whether people were in pain and responded appropriately when they were.

Staff worked together well and there was good communication between care staff to ensure people's

care was managed appropriately. However, some people required two staff to assist them and when there were only two staff on duty, this meant staff were unable to respond to other people's needs.

Staff had few opportunities for regular training and professional development and many important aspects of training were out of date, which meant staff may not have relevant skills or knowledge to support people safely and effectively.

People praised the service and the staff's caring skills, although they said there were few daytime activities and they did not have enough to do with their time.

Systems to monitor and review the quality of the provision were inconsistently applied and not kept up to date to ensure the smooth running of the service.

You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

Individual risk assessments were not always up to date to enable staff to provide safe care based upon people's changing needs.

People and their relatives had no concerns about safety in the home. However, we found systems to ensure people's safety in the premises were not always adequately maintained.

Staffing levels were not always high enough to ensure people's needs could be met in a timely way.

Requires Improvement



Is the service effective?

The service was not always effective.

People were given choices in the way they lived their lives and their consent was sought in the daily routine. However, staff did not have a sound understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff did not have regular access to relevant training to support them in their role. Staff did not have regular supervision or staff meetings to support them in caring for people's needs.

Mealtimes were positive experiences for people, organised well with people's individual dietary needs and choices managed effectively.

Requires Improvement



Is the service caring?

The service was caring. Staff promoted positive, caring relationships with people and they were respectful in their approach.

The atmosphere was friendly and relaxed and people said they felt at home.

People's privacy and dignity was respected and staff were very patient with all aspects of people's care, offering assistance at a pace determined by each individual.

Good



Is the service responsive?

The service was not always responsive. People's individual care records were not always in place or informative enough for staff to provide personalised care. People's individual preferences for their personal care were not always met in line with information stated on their care plan.

Activities were limited and people had few opportunities to engage in meaningful pastimes or hobbies relevant to their interests.

Requires Improvement



Summary of findings

People had access to information about how to raise concerns. They spoke openly with staff and people said they felt they had nothing to complain about.

Is the service well-led?

The service was not well led. Systems were in not consistently in place to regularly monitor and review the quality of the service.

There were weaknesses in ensuring documentation was kept up to date to demonstrate the smooth running of the service.

Requires Improvement



Blossom Care Home

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 17 December 2014 and was unannounced.

There was one ASC inspector. We reviewed information from notifications before the inspection and from commissioners. We asked the local authority and Health

watch for any relevant information about the service. We had not received a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with seven people who used the service. We spoke with the deputy manager, three care staff, a member of cleaning staff and one of the two cooks. We observed how people were cared for, inspected the premises and reviewed care records for three people. We also reviewed documentation to show how the service was run. We did not see any relatives during our inspection, although we were able to contact three relatives by telephone following the inspection to obtain their views about the service.

Is the service safe?

Our findings

We found not all staff had completed recent safeguarding awareness. Staff were aware of the signs of possible abuse or neglect but not all staff knew the procedure to follow to ensure people were protected.

People told us they felt safe at Blossom Care Home. We heard staff reassure people about their safety, such as when assisting them to mobilise. One person said: "I feel safer here than in my last place." Another person said: "They [the staff] keep me safe." The relatives we spoke with said their family members were safe and they did not have any safety concerns about the home.

We found the premises were free of visible hazards. However, we felt the temperature of the hot water from taps in the bathrooms and found this was too hot to touch. We spoke with the deputy manager and asked whether these temperatures were checked as there was a risk to people of scalding. We found there had been no water temperature checks carried out since June 2013, when hot water in only three rooms was recorded as having been checked. This meant people were not protected from the risks associated with hot water.

We asked the deputy manager if the passenger lift was maintained in working order. We saw reports showing 20 checks had been made from 16 May 2013 to 31 March 2014 and at each check the alarm had been reported as not working. The deputy manager confirmed this had been an issue since 2012, yet no action had been taken. The deputy manager told us the lift was not working in October 2014 and so she had called the engineer. We saw the maintenance breakdown repair documentation form the lift company, although there was no safety certificate to confirm the lift was in working order.

We saw one person was assisted to mobilise with the help of two staff. The staff were patient in their approach and gave the person time to move at their own pace. However, we saw the two staff struggled to assist the person from

standing to sitting and it was clear the person's mobility was greatly impaired. The manoeuvre was awkward as the person was unable to move one leg and although staff assisted the person into their chair, this movement was clumsy and potentially unsafe. There was no moving and handling equipment used. We spoke with the person who told us: "I'm not as good on my legs as I used to be." Staff explained the person's health and mobility had deteriorated in recent weeks and their dependency level had increased. However, when we looked at the person's care record we saw this had not been updated to reflect changes to their health and mobility. This meant that the individual's current needs had not been adequately assessed and risk assessments were out of date.

We saw staffing levels were not always sufficient to meet the needs of the people in the home. For example, staff told us there were at least five people who needed two staff to assist them, yet there were only two care staff on duty at times. This meant when the two staff were carrying out care of one person, they were unavailable to other people or to respond to any emergencies. This also meant staff were only able to focus on care tasks, leaving little opportunity to engage with people in a meaningful social way. We spoke with the deputy manager who explained staff could call upon her if necessary; however it was acknowledged she was not always present in the building.

We looked at two staff files and found all necessary recruitment checks had been made to ensure staff's suitability to work in the home. The deputy manager confirmed no staff would be allowed to work with people in the home without such checks in place.

People were assisted with their medication in a patient and reassuring way. Staff spoke with people and explained what their medication was for and asked whether people had any pain that required pain relief. People told us they received their medication on time. We saw medications were stored safely and medication administration records (MARs) were up to date.

Is the service effective?

Our findings

Staff did not have supervision with their line manager or staff meetings to discuss important aspects of their work and support them in their role in caring for people. Staff we spoke with told us they did not always have sufficient access to training and did not feel effectively supported by management, although they said team work with colleagues was good. Staff told us they would like to keep their training and skills up to date but there had been no opportunities to do so.

We spoke with the deputy manager who told us staff training was in need of updating and she confirmed this was an area the service had to improve. We looked at the staff training matrix which showed there were gaps in important areas. For example, no staff had completed fire training or medication awareness training. Not all staff had up to date safeguarding training or infection control. Only the deputy manager had completed first aid training and she confirmed she was not always present in the service. Few staff had up to date moving and handling training and on the day of the inspection, none of the care staff had completed this to be able to support people safely. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. None of the staff had undertaken any training in this area.

This is a breach of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers.

We saw people were asked their consent to daily aspects of their care and support, such as when being assisted with personal care or medication. However, staff did not have an understanding of the Mental Capacity Act 2005 to know what to do where a person may lack capacity to make decisions for themselves.

The deputy manager told us there had been a recent incident regarding staff's knowledge of who had 'do not attempt cardiopulmonary resuscitation' (DNAR) orders in

place and this had caused confusion when one person required medical attention. The deputy manager explained there had been learning from this incident and now all staff were made aware at each handover who had this instruction and where the information was located.

We saw people were supported with eating and drinking and people told us they enjoyed the meals. One person said: "Oh they feed us well in this place" and another person said: "The meals are very good, I can have whatever I want." We saw the cook spoke individually to people to find out what their choices and preferences were for the next meal, including what size portions they would like. We observed breakfast and lunch time during our inspection and saw people were served suitable portions of food that looked appetising and hot. People enjoyed a positive dining experience with tables set nicely and a relaxed pace to the mealtimes with people engaging in conversation. People told us they could have a drink whenever they wanted one and we saw drinks were visible near the kitchen serving hatch. Staff frequently offered drinks to people throughout the day. One relative we spoke with told us they sometimes eat a meal in the home with their family member and they found the meals to be of high quality.

We spoke with one of the cooks who explained that staff gave information about people's dietary needs and whether there were any particular requirements, such as Halal meat. The cook told us there were regular supplies of fresh fruit and vegetables and these were available on a daily basis.

We saw on people's care records their dietary needs were listed and staff we spoke with were aware of people's individual requirements and preferences. Staff explained they had no current concerns about people's weight or nutrition but if they needed to refer to health professionals, such as a dietician or speech and language therapy (SALT) team they would do so without delay.

Staff told us people had access to other health professionals as they needed to. We saw evidence where people had been visited by their GP and district nurses, and documentation was available for staff to refer to where advice had been given.

Is the service caring?

Our findings

People told us they thought staff were kind and caring. Comments included: “The [staff] are brilliant, they look after me well”; “They’re lovely, so kind” and “They don’t rush me, I can take my time”. Relatives we spoke with praised the staff’s caring abilities. One relative said they could not speak highly enough of staff and their kindness was the thing they were most impressed with. They told us: “The staff are kindness itself.”

We saw staff interacted in a kind and caring manner with all people. Staff communicated with people at their eye level by sitting with them, listened to what people had to say and they gave them plenty of time to speak. Staff used appropriate touch to communicate with people, such as a reassuring hand on a shoulder or holding hands. Staff used positive tone of voice and friendly facial expressions and there was appropriate use of banter in conversations.

We saw some people did not have English as their first language and staff used gestures and visual clues to help people understand what was being said and called upon the skills of other staff with knowledge of the language to help ensure communication was understood. This helped to promote people’s diversity and independence.

We spoke with staff who told us they knew people’s individual personalities and preferences. One member of staff said they enjoyed coming to work because of the people who lived there. Staff said they tried to spend as much time as possible with people to chat with them, although said this was sometimes not possible at busy times or if they were providing care to others.

People told us they had visitors at any time of day and staff said they were happy for people’s visitors to come whenever they chose to.

We saw people were involved in making their own day to day decisions with regard to their personal care. Staff respected people’s rights to privacy, such as when they wanted to spend time in their own room. We saw staff knocked on doors before entering people’s bedrooms and bathrooms. When assisting people to the toilet, staff were discreet and ensured doors were closed to preserve people’s dignity.

Where people were interested in the inspection process we heard staff explained to them why the inspector was present and encouraged people to express their views about the service.

Is the service responsive?

Our findings

We saw assessment and planning of people's care was recorded on the computer system, although there was little information to show this had been regularly discussed with people or their families where appropriate. For two new people who had moved into the home there was limited information and detailed assessments of their needs had not been carried out. There was no care plan in place although the deputy manager said she was taking steps to address this.

This is a breach of Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records.

Although we saw people's preferences for personalised care were noted in their care records, we saw their preferences were not always met in practice. For example, two people told us they would really like to have a bath sometimes, but staff only ever helped them have a wash. One person said: "I would just love a nice warm soak in the bath" and another person said: "I would prefer a bath but I'm never given the choice." We looked at this aspect of care for all people in the home and records showed only one person had been assisted to have a bath in the last two weeks; the others had been assisted to wash only. We spoke with staff about this who told us they would try to support people if they asked to have a bath, but said nobody had asked. Staff acknowledged where two staff were needed to assist with bathing, this would impact upon the rest of the people's care. The deputy manager said she would review people's preferences with them to make sure they received care they wanted.

This is a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving service users.

We saw there were limited opportunities for meaningful activities to take place. We saw some people had magazines and there were books available on bookshelves.

One person we saw was knitting and one person chose to watch television in their room. However, many of the people in the lounge area were sitting passively with little to do. People talked about the Christmas party they had enjoyed the previous evening where there had been a singer who came to entertain them. One person said: "We only get singers when it is a special occasion, but I'd really like to have one more often." Another person said: "There's nothing to do really, not much happens." Another person said: "We just sit about." We spoke with the deputy manager who said this was an area that needed to be improved.

People told us if they were unhappy or wanted to complain they would speak with the staff. One person said: "It's alright though, there's no need to complain about anything." Another person said they would go to the office to speak with the person in charge if they had 'any grumbles' and another person said: "I've nothing to complain about." We saw the complaints procedure was available in the office though not in communal areas and the deputy manager confirmed no complaints had been received since the service was newly registered. The relatives we spoke with told us they would know to complain to the manager if they were unhappy. One relative said they were confident staff would address any concerns if they raised any. All relatives we spoke with expressed no concerns about the home.

We saw completed questionnaires from a relatives' satisfaction survey carried out in October 2014. There were six returned forms and feedback described standards as excellent, very good and quite good. Ideas for improvement included 'more activities'. The deputy manager told us there were plans in place to improve activities following this feedback. We spoke with staff who were not aware of the results of this survey. We saw there were no similar systems to obtain the views of people who lived in the home, although we heard staff asked people informally if they were happy with their care.

Is the service well-led?

Our findings

We found there was a lack of consistency in how the home was managed and led. The deputy manager was in charge on the day of our visit and she told us she had only been in post a short time. She explained she was able to speak with the registered manager at any time for advice and support. Staff were not always clear who was in charge. They told us the manager was not always visible in the service and the deputy manager usually worked office hours. However, staff were confident they could call upon the deputy manager for support or management decisions to be made.

Some quality assurance systems were in place but these were inconsistently applied and many quality checks had not been carried out for some time. We saw evidence that some maintenance tasks, such as mattress checks, fire equipment checks and cleaning duties were up to date. However, there was little evidence of robust quality monitoring since the home was registered to the new provider in August 2014. For example, health and safety checks such as bedroom audits were last recorded as being done in March 2014. The last recorded date for checking first aid equipment was August 2013. Many of the documents we saw that recorded quality checks were pertaining to the previous registration of the home.

Systems for ensuring staff were supported were not securely in place and there was no monitoring of staff training needs or plan of action to ensure staff were suitably skilled or knowledgeable to meet people's needs. Documentation to support the running of the home was not easily located and the deputy manager had to liaise with the registered manager by telephone to support the inspection and help locate records.

We saw accidents and incidents were recorded individually on people's computer care records, but there was no system in place to analyse these or identify trends and establish how to prevent further occurrences.

Relatives we spoke with all said the care staff kept them fully informed about their family members' care and told us communication was good between themselves and the home.

We discussed with the deputy manager who agreed systems to ensure quality were not as robust as they should be and she explained this was in part due to the unexpected absence of the registered manager.

This is a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of the provision

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Staff did not have supervision meetings or staff meetings to support them in their role. Staff training was not up to date.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

Systems for assessing and monitoring the quality of the provision were weak and not consistently used to ensure the smooth running of the service.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Some records were not available for inspection and some information had not been completed, such as care plans and risk assessments for people new to the home.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

Some people were not involved in making decisions relating to their care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.