

Blossoms Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blossoms Care Home Limited is registered to provide accommodation and personal care for up to 22 people. At the time of the inspection, the service was occupied by 20 people who were living with a range of health and support needs. These included; diabetes, epilepsy and dementia.

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

People and relative's views about the service were positive. One person said, "Oh yes, they look after us so well. They are good." And A relative said, "Staff are very caring, very loving and they really do care for people. The manager is brilliant. She is wonderful. It is a wonderful home, that is all really."

People were safe at Blossoms Care Home Limited. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The registered manager followed safe recruitment practices.

People were involved in the running of the service and were consulted on key issues that may affect them

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.

There was positive leadership in the service. The service was well led by the registered manager who led by example and had embedded an open and honest culture. Effective governance systems to monitor performance continued to be operation in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 22 July 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Blossoms Care Home Limited

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 one inspector.

Service and service type

Blossoms Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior support worker, support workers and the chef. We carried out observations throughout the inspection.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records, policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Our observation showed that people were safe in the service. People were comfortable and relaxed around staff. One person said, "I am good and feels safe here."
- A relative said, "The care at Blossoms is wonderful. They take care of my mother there, really enjoying it. She is very safe in the home." Another said, "Definitely safe at blossoms. Brilliant care well looked after."
- A healthcare professional told us, 'I have always found the manager to be a good communicator and manages our requests well.'
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. A member of staff said, "Safeguarding is protecting people, not coming to any harm or abuse. If concerned or I suspect an abuse, I will inform my manager or I can go to social services." Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and continued to report them internally and externally, where appropriate.
- Staff had access to the updated local authority safeguarding policy, protocol and procedure. The safeguarding procedure was on the notice board.
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.

Assessing risk, safety monitoring and management

- Care related risk assessments were in place. These were detailed enough to guide staff on what to do to minimise each identified risk and help keep people safe. For example, falls risk assessment were in place and identified risk levels and appropriate control measure for supporting people safely. This meant that there was a system in place to reduce the risk of falls.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.
- People were protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.
- Staff carried out monthly health and safety checks of the service. Staff had received health and safety training.

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 Mental Capacity Act (MCA). In care homes, and some hospitals,

this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. A healthcare professional told us, 'Staff are fully aware of the principles of the MCA.'
- Staff were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. For example, staff asked people if we could go through their care plan, which then consented.
- Consent to care and treatment was discussed with people. Photograph consent forms were signed by people or their relatives, which indicated consent for the use of their photographs.

Staffing and recruitment

- There were sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and whenever in the community.
- We observed care was delivered in line with how staff were allocated and responded to people's needs and requests throughout the day.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People's medicines were administered safely. Staff were guided about people's allergies to ensure safe administration.
- There were appropriate procedures relating to medicines management. Medicines were stored safely and securely in a temperature-controlled room.
- The registered manager and staff followed safe protocols for the receipt, storage, administration and disposal of medicine. PRN (as required) medicine protocols were in place and staff followed them.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A healthcare professional wrote, 'In relation to Covid-19, I have always been asked to undertake a Lateral Flow Test immediately upon entry and have not been allowed to progress further until a negative result. Team members have been wearing masks at all times that I have seen them, and there are good hand-washing facilities throughout.'
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A healthcare professional told us, 'I have not had any cause for concern in relation to any of their staff compliance with Covid-19 measures.'

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had visiting policy and procedure in place, which was based on government guidance. We were assured the care home followed this.

Learning lessons when things go wrong

- Staff maintained an up to date record of each person's incidents, so any trends could be recognised and addressed. A record was made of how these had been resolved. For example, we saw records of UTI (urinary tract infection) referred to the local GP which was actioned immediately.
- All incidents were reported to the registered manager who reviewed and actioned. Records showed incidents were clearly audited and any actions were followed up and care plans adjusted accordingly. This meant that people could be confident of receiving safe care and support from staff who knew their needs.

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 Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture and atmosphere between management, staff and people. Both staff and people told us the registered manager was approachable. Staff told us that management had an 'Open door.' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "A member of staff said, "The manager has made me better in my confidence. If not for the manager, I would not have the confidence to do the role. She is approachable." Our observation showed that staff interacted in a friendly and supportive way with each other, from the provider who came in for the inspection, to the registered manager, seniors and staff who were on duty on the day.
 - There was a positive focus on supporting people to communicate and express their views. They used user friendly pictorial format in the service. We observed people had responded in a positive way to staff when being supported.
 - A member of staff said, "It has been lovely working here. The manager has brought this place up, turned it around completely. She is a lovely person and I can go to her at anytime. We work as a team"
- A healthcare professional told us, 'In my view the Manager does a very effective job, and I believe that she has no time for any team members that do not fully respect the individuality of service users, respecting the need for person centred approaches at all times.'

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

- There were a clear management structure at Blossoms Care Home. Staff took on different responsibilities within the service. For example, there was a key worker system and some staff were responsible for daily, weekly and monthly checks.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- The responsibility to uphold the duty of candour was understood by the registered manager.
- A healthcare professional told us, 'In my dealings with the manager, she has always provided me with any information which I have required.'

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

- The registered manager and provider understood the responsibilities of their registration. Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant,

notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.

- There were systems in place to check the quality of the service including reviewing care plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- There were regular audits by the registered manager to check that quality systems were effective.
- We found the provider had clearly displayed their rating at the service. It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

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

- The provider had systems in place to receive people's feedback about the home. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives and feedback received. All responses received showed that they were satisfied with the service provided.
- Staff told us that they were able to share their ideas and felt listened to.
- Communication within the home was facilitated through monthly meetings. These included, monthly staff meetings, contact with relatives and discussion with people who live in the home.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held local authority for care providers.
- The registered manager was registered with organisations such as Bild (British Institute of Learning Disabilities), Skills for Care, Dementia Action. This meant that the registered manager updated themselves to improve the service provided.
- Staff told us they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The registered manager worked with funding authorities and other health professionals such as the local GP and district nurses to ensure people received joined up care. The local healthcare professional confirmed this and told us, 'The care team were aware of care required to manage people's declining health. I was able to educate them further on how to recognise symptoms of deterioration and when to contact the service for pain and symptom control.'