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# Blossomwood

## 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

This inspection took place on 30 December 2014.

Blossomwood is registered to provide accommodation and personal care for up to 12 people who require support regarding a learning disability or autistic spectrum disorder. At the time of our inspection 11 people were living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives considered the service was safe and people were protected from abuse. All staff were knowledgeable about the risks of abuse and how they

# Summary of findings

should report abuse if they were ever required to do so. There were sufficient staff on duty to meet people's needs. Robust recruitment practices were in place and had been followed when staff were appointed.

The service had developed safe arrangements for the storage, management and disposal of medications. The service has worked with other professionals to reduce some people's medication, particularly medications that were major tranquillisers. We found that where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

The CQC is required to monitor the operation of the MCA 2005 and Deprivation of Liberty Safeguards (DoLS) and report our findings. DoLS are put in place to protect people where they lack the capacity to make decisions for themselves and when it is considered necessary to restrict their freedom in some way, to protect themselves or others. At the time of our inspection no applications had been made to the local authority in relation to people who used the service. The nominated individual for the service and registered manager were aware of this information and continued to review the situation.

People had access to healthcare professionals including their own GP and dentist and further support was given by Consultant Doctors and Community Nurses. People were regularly assessed and given appropriate levels of

support to maintain a balanced diet. They were supported by staff who had the necessary skills and knowledge to provide effective support. Staff knew people well and met their various needs and supported their interests and hobbies in an understanding way.

Staff protected people's dignity by shutting doors when providing personal care. We also observed staff responding to people's choices and needs through offering a variety of drinks and snacks. Staff were able to respond to people's assessed needs. They understood and recorded a detailed assessment of people's needs before inviting them to visit the service. The individual was then invited to stay at the service for a short-time to determine if they liked the service and the staff were able to meet their needs.

People followed past times that was of interest to them and there was organised activities available to people in and outside of the service, including the regular use of the service's minibus for outings which people enjoyed. A system of audits and surveys plus reviews took place and had been used to monitor the performance and development of the service.

The nominated individual and manager had introduced a clear vision and set of values which was based upon individual person centred care and had led the team to put this into practice for the 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?

The service was safe

People were protected from abuse by staff who had undertaken training and understood risks and knew how to report abuse.

There were sufficient staff available to meet peoples individual needs

Medication was managed safely by staff who had undergone suitable training.

Good



### Is the service effective?

The service was effective.

People's consent to care and support had been obtained through best interest meetings had been arranged in line with the MCA 2005.

The health and nutritional needs of people had been assessed and were met effectively.

Staff had received relevant training and there was a supervision and appraisal process in place.

Good



### Is the service caring?

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

The Staff were knowledgeable about people's needs and preferences.

Staff promoted independence and respected people who used the service dignity.

Good



### Is the service responsive?

The service was responsive.

There was a complaint process in place which could be used by people and their relatives.

People and their relatives had been involved in discussions about how care was assessed, planned and delivered.

There was a review of care system in place.

Good



### Is the service well-led?

The service was well-led

There were assurance and governance systems in place which were effective.

The management team had led and enabled the staff to develop a person-centred culture.

There was a clear vision and set of values in place which were understood by the staff and implemented.

The provider and manager demonstrated visible leadership and had developed systems that were in place to drive improvement for the quality of the service.

Good



# Blossomwood

## 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.

The inspection took place on 30 December 2014 by an inspector and was unannounced.

Before our 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 also reviewed other information we held about the service.

We reviewed three people's care records and two staff support records. We carried out a Short Observational Framework inspection (SOFI). SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive.

During the inspection we spoke with one person who used the service, the provider, registered manager and interviewed four members of care staff. The following day we spoke with four relatives of people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe and were protected from harm. One person said, “I feel safe here.” A relative informed us. “I have never seen such good and positive interaction with my [relative] in all their years, so I do feel they are safe in the hands of caring people.” Another relative told us, “I turn up at the most unusual times and the staff are always welcoming and have kept [my relative] safe from harm.”

Suitable arrangements were in place to safeguard people against the risks of abuse which included a policy and reporting procedures and a whistleblowing process. Advice about how to report concerns was displayed appropriately and had information about how to contact the Local Authority and Care Quality Commission. The manager and care staff were all knowledgeable about the risks of abuse and reporting procedures. All the staff members said they would report issues to the manager but were aware that they could report directly to the Local Authority.

The manager showed us around the service and talked to us about the procedures in place to keep people safe. This included an evacuation plan and fire fighting equipment which was strategically placed and records showed it had been checked to ensure it was within date.

Appropriate levels of security kept people safe, people could move freely throughout the service including the sheltered gardens.

There were sufficient numbers of skilled staff on duty to meet people’s needs. This included the manager planning to have staff available to drive people to medical and social appointments. While ensuring there was sufficient staff on duty to meet the needs of the people that had planned to stay at the service that day. People’s emotional and dependency needs were kept under review to ensure that staff with the necessary skills and knowledge were

available to provide appropriate care and support. The service had increased the staffing numbers where necessary to meet people’s needs. The rotas reflected what we had seen and what we had been told.

The service had an effective and safe recruitment policy and procedures in place. Two members of staff informed us about the time they were recruited and the support they were given as part of their induction to work at the service. They said that their references had been checked and they were given a contract and job description. Although the service had not recruited any new staff since our last inspection we saw from the records that the policies of the service had been followed.

People received their medicines in a safe way and as prescribed. The staff designated by the service to administer medication had been trained in order to have the knowledge and skill to do so. Staff knew people well and supported them when they needed any ‘as required’ medication. For example, one person would point or cradle their head in their hands which was associated with a headache. When this happened they were encouraged to lie down and pain-killing medication was offered. The staff would then check upon their well-being at regular intervals until they felt well again.

There were suitable arrangements for the safe storage, management and disposal of people’s medication. We looked at the medication records for all people who used the service and saw that upon each medication chart any allergies had been recorded. The medication in stock and medication that had been dispensed, agreed with the total stock that had been supplied to the service and the records we had reviewed. There was time assigned each month so that the service could carefully order the medication required and check the correct amounts had been supplied to ensure the accuracy of this task.

# Is the service effective?

## Our findings

There was an on-going training programme in place. Staff had been trained appropriately and supported to perform their responsibilities to support people who used the service to meet their needs. One person who used the service told us, “The staff are clever.” They continued to tell us they thought this because staff had supported them to meet their specific needs and made them happy. A relative informed us, “The staff, all the staff, including the managers have taken their time to get to know my [relative] very well indeed, my [relative] is so much better and happier since coming here, so I think they are effective.”

All staff had regular supervision and a yearly appraisal. All staff had been set targets to support their personal development. One member of staff informed us about they had developed their skills and knowledge to meet the needs of the people who used the service. The staff member considered the time spent with the senior members of staff learning from their experience had helped them to develop greatly. A relative told us. “I have not seen my [relative] agitated for a long time, they often were before they came here and I put this down to the staff training and knowledge of how to care for a person with the needs of my [relative].

Staff asked for people’s consent before providing care and support to them. The staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. The provider and manager demonstrated to us their knowledge and understanding of how the requirements worked. DoLS apply when people who lack capacity are being deprived of certain freedoms or restricted in any way, in their best interests to keep them

safe. We confirmed that nobody who used the service was subject to a DoLS authorisation. People’s capacity had been properly assessed and the staff team had worked with other professionals and family members appropriately to support the individual to make informed choices in their best interests where needed.

The staff had worked with people to help them make choices regarding preferences for food and drink and to support a healthy balanced diet. Two relatives told us they were most impressed with the presentation of the meals. They also said the menu was varied from day to day and knowing their relatives well, knew from their reactions they enjoyed the meals. During our observations we noted that one person was struggling to understand the choice of deserts. The staff member supporting them was patient and took time to explain these in different ways in order that the person could make an informed choice.

People were supported by staff to maintain good health and access the relevant healthcare services when required. Staff shared information with people and had also gained consent to share information with appropriate relatives. We saw that the manager and staff had worked with professionals including Consultant Doctors to ensure people’s needs were assessed and subsequent action taken as required.

People had their own General Practitioner, Dentists and Opticians. Regular appointments were made as required as was the case with regard to Chiropodists. We learned from the daily notes the service had responded effectively when people became unwell, for example, calling a person’s GP immediately for support to ensure the person’s health needs were met in a timely way.

# Is the service caring?

## Our findings

People were cared for by compassionate and kind staff. One person told us, “I am happy the staff are friendly.” A relative told us, “They are an extremely caring bunch.” Another relative told us, “A quality needed to do this care is understanding and thoughtfulness and the staff certainly do.” Relatives we spoke with were positive about the way in which the individual care and support was provided. One person told us, “My [relative] has been here for a very long time and I cannot fault them.”

Staff actively supported people’s emotional wellbeing and through positive interaction people’s anxiety levels had decreased and their mood had significantly improved over the time that they had been living at the service. This was further supported by staff who had worked with other professionals to reduce people’s medications previously used to support their emotional wellbeing, which they no longer needed.

Staff had worked with people, their relatives and other professionals to record and understand when people had been upset and anxious, sometimes resulting in some behaviours that challenge. Possible reasons for these behaviours had been discussed and care plans had been written, reviewed and adjusted accordingly. We spoke with members of staff and learn that they had an understanding of the people, their needs and how to support them effectively. This included various communication techniques and we saw that the staff were experienced in using non-verbal communication to support the spoken word to help reduce people’s anxieties where needed.

Staff treated people in a respectful and kind manner. We also noted that the staff were patient and took time to explain. It was clear from the interactions that the care staff knew people well. They used this knowledge to good effect and supported people to be as independent as possible when making everyday life choices such as what to drink and which television programme to watch. People were with dignity. Staff knocked and asked for permission to enter before going into the room.

People’s preferences were respected and staff listened to them and made them feel that they matter. People had regular one to one sessions with members of staff. This was when their care and support needs were checked. The manager had supported people to visit their families through arranging the service bus to be available. It was recognised that these visits supported to meet the persons psychological needs.

Each person was involved in choosing how they managed their own personal space. We were shown a room by one person and saw how it had been decorated to their choice, this included personal items of their interest. The service had supported people to purchase personal items of their interest to personalise their rooms. A relative told us. “My relative has really settled at Blossomwood, they selected the colour for the room and have their own personal things. They have started to express themselves and have their own personality.”

# Is the service responsive?

## Our findings

People's views were respected and their preferences or wishes identified and supported. The manager informed us that people were encouraged to select their own furniture. A person told us, "I picked the furniture in my room." A relative told us, "The staff manage my [relatives] finances, they [relative] are involved and I do not think the staff could do more."

People and relatives, where appropriate, had been involved with the assessment of their needs and resulting care plans. People's goals and aspirations were reviewed during regular meetings with designated key workers. Where people's needs had changed over time, this had been accurately reflected in the care plan. Staff were committed to developing and promoting people's choice and independence. One person was now actively choosing what clothes to wear each day, while other people required the staff to prompt them by showing various items of clothing.

The manager explained to us how the service had assessed people's needs carefully and in detail. They then worked with the people and families to implement care plans based upon an understanding of the person's feelings and thoughts which influenced their behaviour. There were opportunities throughout the year at organised events for the families to attend with their relative at the service. These events were opportunities for the families to give their views directly to the service.

One member of staff helped a person to look at a book that interested them. Their interest was further aroused by talking about the book and asking relevant questions. We could see from the reactions of the person that they

enjoyed this session of one to one activity, by smiling and laughing with the care staff. The staff had identified a person's favourite football team and had arranged for them to attend matches and collect memorabilia.

All relatives that we spoke with considered that the needs of their relatives were met and people lived lives of meaningful activities that suited them. One relative stated to us, "My [relative's] confidence has grown especially in people, especially those that now look after my [relative]." They further explained that their relative had some negative experiences of care provision in the past. They were impressed with the person-centred approach of this service which was responsive to the persons needs.

Staff recorded activities that people enjoyed. They had also worked at identifying activities to be tried by showing pictures and talking to people and relatives about activities that might be enjoyed. A trampolining trip had been arranged and this was enjoyed by some people but not others, Hence the service built this activity into some people's programmes while they sought alternatives for others. One group of people were supported to use a local club while others enjoyed holidays and visiting the seaside.

The manager told us that most people would be able to complain. They were confident that the staff knew people sufficiently well to be able to identify if they were unhappy through individual gestures, change in behaviour and non-verbal communication.

The service had a complaints system both written and in a pictorial format. The manager informed us that relatives were made aware of the complaints process should they ever feel there was a need to raise a complaint. There had been no complaints since our previous inspection. The manager felt that regular communication with people and relatives were key in reducing concerns or complaints because people were involved and in turn satisfied with their care.



# Is the service well-led?

## Our findings

People who used the service, relatives and staff were all positive about the registered manager, the provider and about the way the service was run. Staff were positive about the way they were supported and how the manager organised the way they worked. Relatives felt the service was well run and organised to meet their relatives' needs. One relative told us they were very impressed by the way staff supported their relative, saying, "The place feels homely, not clinical; the staff make every effort to stay in touch. It is as good as it gets."

The manager had introduced a clear vision centred upon values, empathy and person centred care to promote empowerment. We found that these principles and guides were understood by the staff and put into place to provide a culture which benefitted everyone at the service. A relative told us. "The previous service to [my relative] was no good, but this is great, good cooking and top staff, not a modern house, but welcoming and a structured enjoyable day for [my relative]."

Staff told us that the manager and provider emphasised, at team meetings and handovers, the importance of promoting people's rights. They demonstrated this themselves through their leadership styles of being supportive which gave the staff confidence. The staff felt that the management of the service also provided support by being available through the on-call system to provide resolutions when they were contacted. A member of staff told us. "The provider and manager are regularly here, they care and lead by example, they do everything that everyone else does, as well as organise and run the place."

Staff views were taken into account to develop and manage the service. A staff member informed us they enjoyed working at the service as they felt valued and the service was developing. They used the garden as an example where considerable work had taken place to make this an area for relaxing and entertainment. They also felt that the training provided gave you all the knowledge to build on

the good care already being delivered and was focussed upon providing quality care to individuals. The staff member further explained to us the staff training provided a knowledge of learning disabilities and personalised care planning. They considered the service was well-led because time was taken to provide this fundamental knowledge to the staff. They said. "We all have the same values and training hence how we work well together."

The care plans were reviewed on a monthly basis. The reason for the review was to check that any events or changes had been recorded in the past month and any changes in the care provision had been correctly documented. The service remained in contact with clinical professionals for the well-being of the people and also to ensure that it was up to date with the current guidance for the care of people with a learning disability.

The provider explained that quality assurance was built in to all they do. Including completing assessments and care plans individual to each person. The Provider also informed us that they took great care to recruit the right staff for the service and we were aware that some staff had many years' experience. Others were quite new to care, but demonstrated the qualities that the service sought. The Provider insisted upon staff having empathy. The vast majority of people who used the service had spent time in the care of hospitals. The Provider while respecting the care that had been given in the past wanted this service not to be a substitute in the community but a true person-centred service. This was achieved by having staff with the skills, knowledge and time to provide person centred care.

The provider had robust quality assurance systems in place to ensure that they regularly reviewed the care provided and used the information from audits to action concerns and continually improve the service for people. They sought people and relatives' views and made changes based on their input, for example there had been a review of mealtimes and the provider had made changes to better meet people's choices.