

P & P Community Services Ltd

Blossom House

Inspection report

134 Auckland Road
Potters Bar
Hertfordshire
EN6 3HE

Tel: 01707659809

Date of inspection visit:
01 August 2016

Date of publication:
02 September 2016

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 ●

Summary of findings

Overall summary

We carried out this inspection on 1 August 2016. We announced the inspection on the 29 July 2016. When we visited the service unannounced we found that people and staff were out on a trip and we could not carry out the inspection on the day we initially planned on 29 July 2016.

Blossom House is registered to provide accommodation and support for two people with a learning disability. At the time of our inspection there were two people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about safeguarding procedures. They were able to tell us what actions they took to keep people safe. Staff knew how to manage risks to promote people's safety and followed guidance in how to mitigate the risks and promote people's rights and independence in the same time. Risk assessments were comprehensive and these were reviewed regularly to enable staff to minimise the potential for risks to occur.

There were adequate numbers of staff on duty to support people safely and to ensure that people were supported to take part in activities and undertake their preferred daily routines. Recruitment processes were robust and ensured staff employed at the service were fit to carry out their responsibilities and meet people's needs.

People were supported to take their medicines safely by appropriately trained staff. People were encouraged and enabled to take their own medicines.

Staff felt supported to carry out their roles. There was a thorough induction and training schedule for staff to help them meet the needs of the people who lived at the service. They had regular supervisions, appraisals and on-going professional development.

People's consent was gained before care and support was delivered. Staff understood the processes in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS).

People were able to choose their own meals and had access to snacks and fluids throughout the day. Staff supported them to participate in food preparation when appropriate. People had access to health care professionals to make sure they received care and treatment to meet their individual healthcare needs. Staff supported people to follow advice given by professionals to make sure they maintained their health.

People were relaxed, comfortable and happy with the staff that supported them. Positive relationships had been developed between people and staff who treated them with kindness and compassion. Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported on a daily basis. Staff's approach to people was to help maintain their skills and develop their independence.

Staff understood how to promote and protect people's rights and maintain their privacy and dignity. People were supported to pursue their hobbies and interests, attend day centre, trips and holidays, which they thoroughly enjoyed.

Regular reviews of care enabled people's care to be person centred and individual along with being monitored to ensure that it remained reflective of people's current needs. People knew who to speak to if they wanted to raise a concern. There were systems in place for responding to complaints.

There was good leadership within the service, staff were positive in their desire to provide good quality care for people and ensured that effective quality monitoring processes were used to drive future improvement. The registered manager promoted a positive and open culture within the service and placed people in the centre of the care and support provided.

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.

People were kept safe by staff who received training in safeguarding and knew how to report any concerns regarding possible abuse.

People`s needs were met safely by sufficient numbers of staff employed following robust recruitment processes.

People were supported by staff to understand risks to their well-being and how to keep safe by mitigating these risks.

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

Is the service effective?

Good ●

The service was effective.

People received support from well trained staff who were supported through regular supervisions to meet people`s needs effectively.

People were involved in decisions about their care. The principles of the Mental Capacity Act were followed by staff when decisions were made in people's best interests.

People were provided with a choice of food and drink and were given support to eat a healthy balanced diet.

People had access to health and social care professionals and were supported by staff to attend appointments.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and respected their wishes.

People were supported to freely express their choices and their privacy and dignity was protected.

People were supported to form and maintain meaningful relationships.

People received enabling support to develop life skills and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflective of people's individual needs and descriptive of how people wanted to be supported.

People took part in a range of activities which forged links within the local community, and organised in accordance with people's preferences.

People were given opportunities to raise concerns or issues about the service and these were dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture within the home.

Staff told us that the registered manager was approachable if they had any concerns or suggestions.

The registered manager regularly audited the service and issues identified were acted on. This helped the service to continually improve and develop.

People, staff and other stakeholders received regular surveys sent by the registered manager and were able to comment on the service provided.

Blossom House

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 was planned to be carried out unannounced on 29 July 2016. However, when we arrived at the service on 29 July 2016 we found that people and staff were out for the day. We talked to the registered manager and announced that we would be returning on 01 August 2016 to ensure we could access the information we needed. The inspection was undertaken by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with one person, one staff member and the registered manager. We looked at two people's care records to see if they were accurate and reflected their needs. We requested feedback from health and social care professional's familiar with the service. We also looked at two staff files and other information which related to the overall monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe and well supported to stay safe. One person told us, "I feel safe in the home and I know how to stay safe when we are out. I always help staff and lock the front and the back door."

Staff were knowledgeable about what presented as a risk of abuse and were able to tell us how they were supporting people to mitigate these risks. For example, people living at the service were supported when they went out by a staff member. Staff encouraged people to be independent and live an active life and form relationships. However if people had visitors staff ensured they signed the visitors book to record their details and checked with the person if they were happy to receive visitors.

Staff told us, and we saw that, they had received training about how to recognise and report abuse and how to protect people from harm. Staff were confident that any concerns reported to the registered manager would be effectively dealt with to make sure people were safe.

People had risk assessments that identified specific and individual risks which guided staff and people on how to keep safe. For example, the risks involved with the daily activities people were involved in were shared in a pictorial form with people so they could understand what the risks were and how to manage those. One person told us, "Before I came here I didn't feel safe. Now I feel safe because I know what to do. And if I want staff always comes with me everywhere." There were general risk assessments in place for aspects within the home. For example, for risks associated with using the kitchen and fire. Other risk assessments were more personalised for each person to indicate the level of risk involved when they accessed the community or had behaviour which may challenge. There were comprehensive plans and guidance developed following the identified risks which gave staff clear information on how to manage the risks and how to mitigate these to support people to stay safe.

Staff demonstrated a very good understanding of the needs people had and how to support people's independence as well as managing risks. One staff member told us, "I have worked here for a long time and I know them [people] very well. I can identify all the triggers [to behaviour which may challenge others] before anything happens and give them space and divert their attention to something else." They continued, "We [staff] give the support when and if they [people] need it. One person is very independent with cleaning tasks the other person with cooking, so we let them be independent." We found that over the year's people lived in Blossom House the numbers of accidents and incidents reduced to none for the last year. However, accidents and incidents in the past were recorded and analysed and care plans were updated in order to keep people safe and meet their needs more effectively. This meant incidents were responded to appropriately and that the registered manager supported people and staff to remain safe and independent.

People told us that there was enough staff on duty at all times. One person said, "I can go out and staff comes with me when I want." People felt they were supported to engage in activities of their choice because there were sufficient numbers of staff. Staff also considered that there were enough staff to support people appropriately. One staff member said, "Staffing is flexible. If people want to go out and they don't want to go

together then we have another staff coming to support." The registered manager told us that if there were any changes within people's needs then the staffing numbers would be adjusted accordingly.

People were supported by staff who had been through a robust recruitment process. Staff told us they could not start working at the service until they had all their pre-employment checks done by the registered manager. These included a criminal records check and written references. These checks helped to ensure that staff employed to support people were suitable and fit for their roles.

People were enabled and encouraged to take their own medicines. For example, we found that one person expressed their wish to try and manage their own medicines. Staff worked closely with them first giving them their medicines for a day until they learned the times and what medicines to take when. Then they increased this to two days then three. At the time of the inspection the person was safe to hold a weeks' worth of their medicines and take them correctly and safely. Staff were trained and followed safe medication administration guidance when giving people their medicines. Medication Administration Records (MAR) were accurately completed. Staff recorded when they administered the medicines and when this was refused. This ensured there was a clear audit trail and enabled staff to be able to reconcile the medication that was held within the service. Medicines were stored correctly in suitable lockable storage facilities.

Is the service effective?

Our findings

People told us they felt staff were knowledgeable and understood how to give support to them. One person told us, "Staff knows what I need. They are clever."

Staff told us they received training, including induction, to enable them to carry out their roles and responsibilities appropriately. One staff member told us, "When I started working here I had induction training. We have regular training to make sure we are up to date and we know what we need to do." Records confirmed what training staff had received since they joined the service.

Staff told us they had the opportunity to develop their career and work towards a higher qualification if they wanted too. Staff felt supported by the registered manager through regular supervisions and yearly appraisals where they discussed their performance and future development opportunities. We looked at training records and saw that staff had completed training on a range of topics which included safeguarding people from the risk of abuse, Mental Capacity Act (MCA) 2005, infection control and medication. Staff received the necessary training to meet people's needs.

People told us that staff always asked them before they provided the support people needed. This was also documented in people's care records. People's consent was captured in each area of the care plan and reviewed regularly. This meant that people received support according to their needs and preferences.

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 Act 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.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The registered manager and staff told us, that they had received training on the requirements of the MCA. They explained they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. They were able to explain how decisions would be made in people's best interests if they lacked the ability to make decisions themselves. This included holding meetings with the person, their relatives and other professionals to decide the best action necessary to ensure that the person's needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that applications had been made under DoLS for people for the close support and supervision they needed to stay safe. Although this has been applied for people told us they wanted staff to closely supervise them as they felt safer. One person said, "I do want staff to come with me everywhere. I used to go out on my own but I am frightened to

do so now."

People were supported to eat and drink a variety of foods. Staff encouraged people to eat healthily and we saw from records that people sustained a healthy weight for a number of years. One person told us, "I don't like cooking and staff will cook and [name of the other person living in the home] helps. I like cleaning. The food is good." There were prompts to aid people to pick meals and fresh fruit was available so people could access snacks and drinks throughout the day. Staff monitored people's weight on a regular basis and compiled care plans in respect of nutritional needs if this was required.

People told us staff supported them to attend required appointments when needed. They also told us that staff made referrals to relevant healthcare professionals should the need arise. One person said, "Staff arranged for me to see the dentist. They came with me and now I am fine." They continued, "They [staff] remind me when I have to see the optician or other appointments." We saw that people had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the optician, dentist, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People told us they liked staff and they felt comfortable and relaxed in their presence. One person told us, "I do like staff, they are like my friends." We found that the people living in Blossom House had lived there for a number of years and had been supported by a long standing staff group. Although professional boundaries were respected, long standing relationships built on trust had formed between staff and people.

People had no close family and due to their health and social needs sometimes found it difficult to form relationships. Staff told us they had built trusting relationships and created a friendly, home like atmosphere to ensure people lived in a family like environment. One staff member told us, "They [people] need to know they can count on our support. They can ask for our telephone number if they want to call us when we are not on shift and this is very important for them as we all have people we communicate better with."

Staff, and the registered manager, demonstrated that they knew people's needs and preferences well. Staff were able to tell us about the people they supported and the contents of their care plan. One staff member told us, "They [people] are so different. We know what they like, how they like it and we can anticipate their moods." When we asked staff to ask people if they wanted to talk to us we heard they spoke with people appropriately, using their preferred names and explaining them the purpose of us wanting to speak with them. Staff respected people`s choice and wishes if they didn't want to talk to us. This demonstrated that staff respected people`s individuality and choices.

Staff were aware of people's likes and dislikes and ensured the support people received was as they preferred. People's care records included information for staff about their preferences and life histories. Care plans were developed in partnership with people and clearly identified the areas people wanted support and described what support they needed. For example, one person asked staff to support them whilst having a bath to ensure they did not use bubble bath in excess. Another person asked staff to remind them how often they should dye their hair. Staff were able to tell us of people's personal histories and things that were important to each person they supported.

People told us that their privacy and dignity was respected. They had the ability to choose whether to be in communal areas or have time alone in their room and these decisions were respected by staff. Staff told us they always respected people`s right to privacy and they politely knocked on the doors and waited for people to answer before they attempted to step in their bedroom.

Advocacy services were available to people should these be needed. The registered manager told us there was access to an advocacy service if required. Both people in the service had the support of social workers and community nurse specialists but systems were in place to access formal support, should this be required.

The registered manager told us visitors were able to visit at any time, however due to the vulnerability of the people they looked after they requested visitors to sign in the visitor's book and asked information about them. We noted that information held about people's health, support needs and medical histories was kept

secure for confidentiality purposes.

Is the service responsive?

Our findings

People told us they were very happy with the support they received. Staff supported them to live an active life and do things they liked. One person told us, "It is nice that staff helps me do what I want. I really like shopping and holidays."

People's care plans evidenced their involvement in the development of the care plan and their goals and aspirations. Staff told us it was important that people were involved so that they received the right care to meet their needs. For example we saw that a person asked staff to support them going shopping every week. Another person's care plan stated they may want support from staff to dry their hair. Staff told us that people were able to discuss their support plans with them and make changes if their needs changed. For example we saw that a person required more support when they were having a bath as they become more forgetful. In the care files we looked at there was evidence that regular reviews took place and that people were involved in the reviews.

We looked at care plans which were individualised and relevant to each person and were clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People were able to make choices about all aspects of their day to day lives. There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were comprehensive and gave people the opportunity to discuss matters of their interest. For example, they were based upon aspects of daily living that were of importance to people, safeguarding, future plans for holidays, complaints and activities.

People had an individual plan of activities for each day of the week which they developed with staff. These were varied and included attending day centre, shopping, disco, various trips and planned holidays. People were supported and encouraged to live a healthy lifestyle and have regular walks, swimming and other activities to ensure they were keeping healthy. People were encouraged to follow their interests and hobbies and attended a variety of events and accessed local services including shops and restaurants. Staff ensured that people were supported to undertake activities of their preference.

People told us and records also showed that people were supported to keep and develop their independence. They were involved in keeping their rooms clean, cooking meals, shopping for the home and other responsibilities which gave people a sense of worth and helped to retain skills that empower them.

People were provided with information if they needed to make a complaint. People had access to a service user guide which was in pictorial and easy read format for them to understand how to raise concerns. We saw that people raised issues and these were appropriately logged and responded to. For example one person complained about noise they were hearing from the neighbour's house. The registered manager followed this up and talked to the neighbour's. They then reported back to the person and explained the

reason for the noise and that these had stopped. The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service.

The service had sought people's feedback and took action to address issues raised by conducting annual surveys with people, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided.

Is the service well-led?

Our findings

People told us they were very happy with the support they received. Staff supported them to live an active life and do things they liked. One person told us, "It is nice that staff helps me do what I want. I really like shopping and holidays."

People's care plans demonstrated their involvement in the development of the care plan and their goals and aspirations. Staff told us it was important that people were involved so that they received the right care to meet their needs. For example, we saw that a person asked staff to support them going shopping every week. Another person's care plan stated they may want support from staff to dry their hair. Staff told us that people were able to discuss their support plans with them and make changes if their needs changed. For example, we saw that a person required more support when they were having a bath as they had become more forgetful. In the care files there was a record that regular reviews took place and that people were involved in the reviews.

We looked at care plans which were individualised and relevant to each person which clearly set out and contained relevant information. We found clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People were able to make choices about all aspects of their day to day lives. There were regular meetings for people who lived at the home. We saw copies of the minutes and saw that these were comprehensive and gave people the opportunity to discuss matters of their interest. For example, they were based upon aspects of daily living that were of importance to people, safeguarding, future plans for holidays, complaints and activities.

People had an individual plan of activities for each day of the week which they developed with staff. These were varied and included attending day centre, shopping, discos, various trips and planned holidays. People were supported and encouraged to live a healthy lifestyle and have regular walks, swimming and other activities to ensure they were keeping healthy. People were supported to follow their interests and hobbies. We saw they attended a variety of events and accessed local services including shops and restaurants. Staff ensured that people were supported to undertake activities of their preference.

People told us, and records also showed that people were supported to keep and develop their independence. They were involved in keeping their rooms clean, cooking meals, shopping for the home and other responsibilities which gave people a sense of worth and helped to retain skills that empowered them.

People were provided with information if they needed to make a complaint. They had access to a service user guide which was in pictorial and easy read format for them to understand how to raise concerns. We saw that when people raised issues, these were appropriately logged and responded to. For example, one person complained about noise they were hearing from the neighbour's house. The registered manager followed this up and talked to the neighbours. They then reported back to the person and explained the

reason for the noise and that these had stopped. The registered manager had processes in place to deal with complaints in a timely manner and the records we reviewed supported this. They also told us they used complaints received to drive future improvements at the service.

The service had sought people's feedback and took action to address issues raised by conducting annual surveys with people, staff and other professionals. We saw that results had been analysed and actions taken. We saw from a recent satisfaction questionnaire that people who used the service had expressed their satisfaction with the support provided.