

Blossoms Care Home Limited

# Blossoms Care Home Limited

## Inspection report

Mounts Road  
Greenhithe  
Kent  
DA9 9ND

Tel: 01322381642

Date of inspection visit:  
09 March 2023

Date of publication:  
28 March 2023

### 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

#### Right Support:

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were positive in their feedback. Comments included, "They are very knowledgeable and very kind to me" and "We are happy here and safe."

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their needs.

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.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. A relative said, "They are always very caring and go above and beyond to make resident's families feel welcome. They make the residents feel very special and do lots of activities with them."

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. A relative said, "The staff are extremely caring and friendly and I cannot thank them enough for all that they do."

#### Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published on 13 May 2022).

#### 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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by an inspector.

#### Service and service type

Blossoms Care Home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Blossoms Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for 3 months and had submitted an application to register. We are currently assessing this application.

#### 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 sought feedback from the local authority and professionals who work with the service including the Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service about their experience of the care provided. We spoke and received feedback from 7 relatives. We spoke with 7 members of staff including the manager, senior support workers, support workers and the nominated individual who is the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records, and 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. 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 has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us they felt safe with the care provided by staff. A person said, "I feel safe in the service. The carers are always around, always someone you can call."
- Staff had received training on how to recognise and report abuse and they knew how to apply it. A member of staff said, "Safeguarding is making sure our residents are safe and protected from abuse. If I suspect abuse, I will report it to the senior staff on shift and my manager immediately. I can also report to the police, social services and CQC. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.
- The manager demonstrated a good understanding of their responsibilities in relation to safeguarding people. The service worked well with other agencies to safeguard people.

Assessing risk, safety monitoring and management

- People's care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to falls, nutrition and hydration, health, and mobility. We observed staff followed these during our inspection.
- Relatives felt the risks associated with their family members care was managed well. A relative said, "My mum went in there very underweight, they've managed in 5 months to boost her weight to a safe level, putting on about 2 stones, she is getting all the care she needs, and they do it in such a great way."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

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. Any conditions related to DoLS authorisations were being met. For example, a person's DoLS authorisations was subject to the managing authority to complete a mental capacity assessment for the use of wheelchair with lap belt. MCA has been completed and a best interest meeting was held before use of the wheelchair and lap belt.

#### Staffing and recruitment

- There were enough safely recruited staff to support people. We observed the numbers and skills of staff matched the needs of people using the service. Staff rotas showed the manager took account of the level of care and support people required each day, in the service and whenever required in the community.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) 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.
- People and relatives told us there were enough staff in the service. A person said, "I feel there are enough staff at all times."

#### Using medicines safely

- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing.
- There were no gaps or omissions on the medicine administration record (MAR), which indicated people received their medicines as prescribed.

#### Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. A relative said, "It's lovely and clean and I couldn't wish for a better environment for mum."
- 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 observed personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed that the environment was clean and odour free during our inspection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the service in accordance with the current guidance. We observed this practice during our inspection.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded by staff and monitored by the manager to try to prevent similar incidents being repeated.
- The manager was pro-active and used the opportunity to learn when things went wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments, care plans and providing any necessary equipment. For example, a person who had a fall, was referred to the fall's clinic. As a result of the fall, the manager relocated the bed closer, which enabled getting out of bed



easily and ensured floor sensor could monitor their movements. They also implemented staff monitoring checks which made sure the person was safe.

- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service.

# 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 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

- The culture of the home was positive, inclusive and empowering. Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates, and other professionals had to say. We observed lunchtime at the service.
- Managers worked directly with people and led by example. People and their relatives felt the service was well managed. A relative said, "I would highly recommend this home to anyone that wants a small resident base, passionate and very personal care for every resident I've seen in there, all catered directly to their needs. The manager and her team of carers are amazing! Keep up the good work ladies and gentlemen, you're doing such a great job!"
- Staff felt able to raise concerns with managers without fear of what might happen as a result. A member of staff said, "Manager is lovely and smart. I can talk to her and approach her. She is lovely and kind."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. There continued to be effective systems in place to monitor the quality of the service. The provider had an audit system in place, which was completed monthly. All identified action plans had been completed by the manager.
- The provider and manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The manager kept families informed of any concerns and incidents within the service or with their loved one. Relatives confirmed this with us. The manager apologised to people, and those important to them, when things went wrong.
- Relatives told us that staff and the manager were supporting their loved ones properly. A relative said, "I can't be happier with mum staying at Blossoms. The staff are kind, nice, very welcoming and loving towards the residents. The manager is a great leader."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. These were sent to people living at the service, staff, health and social care

professionals and relatives. All responses received showed that those who responded were satisfied with the service provided. Everyone who lived in the service stated they were happy with the service.

- People and their relatives were regularly engaged by the managed team. A relative commented, "The management are welcoming and friendly. The manager comes across as someone who is improving the service."
- Communication within the service continued to be facilitated through monthly meetings. These included, resident's meetings, staff, domestic and kitchen staff. We saw in meeting minutes that staff took time to listen to people and there were a lot of positive energy in the meeting.

Continuous learning and improving care; Working in partnership with others

- The provider kept up to date with national policy to inform improvements to the service and worked in partnership with others. For example, the manager regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The manager used these to improve service provision for people.
- The manager and provider were involved in provider engagement groups organised by other organisations which aimed to help improve care services.
- The manager worked with funding authorities and other health professionals such as the dietician to ensure people received joined up care. Staff told us that 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.