

John McGown and Luke Fantham

Blossom Community Care

Inspection report

48 Kelvin Avenue, London, N13 4TG
Tel: 020 8888 0323

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 24 March 2015 and was unannounced. The provider met all the standards we inspected against at our last inspection on 1 July 2014.

Blossom community care provides care and support to a maximum of three adults with mental health problems. At the time of our inspection, there were three people using the service.

There was a registered manager in post at the time of our inspection. 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.

On the day of the inspection, two of the three people who use the service were out for the majority of the day.

The provider had taken steps and arrangements were in place to help ensure people were protected from abuse, or the risk of abuse. During our inspection, we saw arrangements were in place in relation to the recording and administration of medicines. However we saw that one storage cupboard for medicines was not locked and therefore there was a risk that this was accessible to people. We raised this with the registered manager who confirmed that a lock would be placed on the cupboard.

We saw there were recruitment and selection procedures in place to ensure people were safe and not at risk of

Summary of findings

being looked after by people who were unsuitable. We looked at the recruitment records for three staff and found that there were gaps in respect of background checks for safer recruitment.

There were enough staff available at the service and staffing levels were determined according to people's individual needs.

Emergency procedures were clear and staff knew what to do in the event of an emergency.

People received personalised care that was responsive to their needs. Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were also reflected.

Staff had the knowledge and skills they needed to perform their roles. Care staff spoke positively about their experiences working at the home.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. No DoLS applications had been submitted as people were not restricted.

Positive caring relationships had developed between people who used the service and staff and people were treated with kindness and compassion. People were being treated with respect and dignity and staff provided prompt assistance but also encouraged people to build and retain their independent living skills.

The service had an open and transparent culture in which people were encouraged to have their say and staff were supported to improve their practice. We found the home had a clear management structure in place with a team of care staff and the registered manager. The home had a system in place to monitor and improve the quality of the service. The registered manager checked the service regularly and took action to make improvements.

Various policies and procedures lacked comprehensive information and failed to provide information that was specific to the running of the home.

We found areas where the service required improvement and have made recommendations. You can see what recommendations we have told the provider to make in the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was mostly safe, however one storage cupboard for medicines was not locked and therefore there was a risk that this was accessible to people.

We found that there were some gaps in respect of background checks for safer recruitment.

Staff were aware of different types of abuse and what steps they would take to protect people. The service identified when people were at risk and comprehensive risk assessments had been completed.

The provider had appropriate systems in place to manage emergencies.

Requires improvement



Is the service effective?

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were provided with choices of food and drink. People's nutrition was monitored.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005. However, some staff lacked knowledge of Deprivation of Liberty Safeguards (DoLS) and its importance.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were being treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Good



Is the service responsive?

The service was responsive. Care plans were person-centred, detailed and specific to each person and their needs. People were consulted and their care preferences were reflected.

People were encouraged to provide feedback about the quality of the

Good



Summary of findings

service they received. We saw evidence that reviews were being held between people and staff.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

The service was mostly well led. Various policies lacked comprehensive information and failed to provide information that was specific to the running of the service.

Staff were supported by the registered manager and felt able to have open and transparent discussions with him through supervision meetings and staff meetings.

The home had a clear management structure in place with a team of care staff and the registered manager.

Systems were in place to monitor and improve the quality of the service.

Requires improvement



Blossom Community Care

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 24 March 2015 of Blossom Community Care. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and well-being of people who used the service.

During this inspection we observed how the staff interacted with and supported people who used the service. We reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service, the registered manager, four members of staff and one social care professional.

Is the service safe?

Our findings

People told us they felt safe at Blossom Community Care. One person told us, “Yes I feel safe here.” Another person said, “I am safe here.” One care professional we spoke with told us that they were confident that people in the home were safe. Despite these positive comments we found that one medicines storage cupboard was not locked and gaps in staff recruitment checks.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw evidence that care staff had received training in how to safeguard adults and training records confirmed this. We noted that the records indicated that staff required refresher safeguarding training. The registered manager explained that staff were in the process of completing this. Staff we spoke with were able to identify different types of abuse that could occur in a home. We asked staff what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager. Staff were aware that they could report their concerns to the local safeguarding authority. However, two members of staff were unaware that they could report their concerns to the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff, with the exception of one were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Comprehensive risk assessments had been completed and they were individualised according to people’s personal, behavioural and specific medical needs. They included preventative actions that needed to be taken to minimise risks and measures for staff on how to support people safely. Risk assessments were in place for various areas such as smoking, aggressive behaviour and personal hygiene. Staff were familiar with the risks associated with people’s support and knew what steps needed to be taken to manage them. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We looked at the staff duty rotas and the registered manager explained how staff were allocated on each shift.

The registered manager told us staffing levels were assessed depending on people’s needs and occupancy levels. On the day of our inspection, the staff duty rota correctly reflected the number of staff that were on duty. We also observed that staff did not appear to be rushed and were able to complete their tasks. The home had a lone working policy in place. However, the policy was not comprehensive and did not include practical steps for staff to follow in the event of an emergency when working alone. We raised this with the registered manager and following the inspection, he sent us an updated policy which included clear advice and guidelines for staff when working alone. Training records showed that staff were in the process of completing training for personal safety for lone workers. Through our discussions with staff, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. One member of staff told us, “Staffing numbers are ok. No problems.” Another said, “There are enough staff.”

There were recruitment and selection procedures in place to help ensure people were safe and not at risk of being looked after by unsuitable staff. We looked at the recruitment records for three staff and found that the majority of background checks for safer recruitment had been carried out. Two out of the three staff files contained two written references. However, one file contained only one written reference. The registered manager explained that he was in the process of obtaining the second reference for this person. All three staff files included evidence to confirm people’s identity. However, two of these files did not include details of the care staff’s right to work in the United Kingdom (UK). It was therefore not evident whether these staff were legally entitled to work in the UK. The registered manager explained that when the care staff were employed, he had seen evidence of their right to work. Following the inspection, the registered manager sent us evidence that these staff were legally entitled to work in the UK.

Criminal records checks had been undertaken for all staff. However, we noted that for one member of staff, their criminal record check indicated that they had previous convictions. We spoke with the registered manager about the process for employing people with previous convictions. He explained that he considered the nature of the convictions and how long ago they occurred when deciding whether to employ someone. We noted that this decision making process was not recorded. We discussed

Is the service safe?

this with the registered manager and he explained that going forward such decisions would be recorded. Following the inspection the manager confirmed that the decision making process for this member of staff had been recorded.

During our inspection, we saw arrangements were in place in relation to the recording and administration of medicines. We viewed a sample of people's medicines administration records (MARs) and saw that these had been signed with no gaps in recording when medicines were given to a person. This showed people had received their medicines as prescribed. The home had appropriate arrangements in place in relation to obtaining medicines with the local pharmacy. We saw regular medicines audits had been carried out by the provider. Records showed that care staff had received medicines management training and medicines policies and procedures were in place. We noted that the service had two medicine storage facilities in the staff office. The main medicine cupboard was locked and was secure and safe. However, the second medicines cupboard's lock was broken. We checked what was stored in this cupboard and noted that it contained a liquid

medicine which was out of date and syringes. We raised this with the registered manager and he explained that the liquid medicine was due to be returned to the pharmacy and was not being used.

The provider maintained an on-call system whereby the registered manager and provider were available for support and guidance in the event of an emergency occurring outside office hours.

There was a policy for this and staff were aware of the procedure to follow in respect of this. Emergency procedures were clear and staff knew what to do in the event of an emergency. Evacuation plans were displayed throughout the service premises. Records documented regular fire drills and staff told us they knew what to do if they needed to evacuate.

The service premises were generally well-maintained and clean. Risks associated with the premises were assessed and all relevant equipment and checks on gas and electrical installations were documented and up-to-date.

We recommend that out of date medicines which are due to be returned to the pharmacy are stored appropriately.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles. One person told us, “The staff are alright. They listen and talk to me.” One care professional involved with people who used the service told us they did not have any concerns about staff skills and knowledge at the service.

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at the service. Topics included emergency first aid, safeguarding, the Mental Capacity Act, infection control, medicine handling and food safety. The registered manager kept a training matrix to record what training staff had received and what was due. We saw that some staff required refresher training in some areas and spoke with the registered manager about this. He explained that staff were continuously updating their training and were in the process of completing refresher training. Staff we spoke with confirmed this.

Staff told us they were happy with the training they had received. One member of staff said, “The training has been good and useful. There is always refresher training.” We also saw evidence that staff received regular one to one refresher training sessions with the registered manager. During this session, the registered manager would discuss a specific area of care with care staff to ensure that they understood the area and their responsibilities. For example, staff had recently had a refresher training discussion with their manager about safeguarding.

We spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The registered manager explained that staff received two formal one to one in-depth supervisions in a year. During these supervisions they discussed training needs, performance and areas for improvement. In addition to these supervisions, we saw evidence that staff also received a one to one supervision session every six to eight weeks. These sessions were brief and gave staff the opportunity to raise any queries and concerns. Staff also received an annual appraisal in order to review their personal development and progress.

Staff received an induction and we saw records that confirmed this. Care staff told us that the induction had been beneficial. One member of staff said, “I had an induction. It was good. There were no problems.” Another member of staff told us, “The induction was helpful.”

We saw care plans contained information about people’s mental state and cognition. People who used the service were able to make their own choices and decisions about care and they were encouraged to do this through regular key worker sessions with staff. When speaking with the registered manager, he demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and issues relating to consent. Training records showed that all staff with the exception of one had received MCA training. Staff had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people’s capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making and where people were unable to make decisions, the importance of involving their relatives.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager confirmed that no applications had been submitted as people were able to leave the home and did not need to be supervised. However, we noted that the service did not have a policy in place in respect of DoLS. Following the inspection, the registered manager sent us a copy of their DoLS policy. We spoke with staff about DoLS and its impact and noted that two out of four staff were unaware of DoLS. The registered manager confirmed that staff received DoLS training as part of the MCA training they received.

People received appropriate food and drink for their needs. People were asked for their preferred choice during the day before the main meal was prepared. The registered manager explained that

people enjoyed going out for lunch but they would have breakfast and dinner in the home. People we spoke with told us that they had no complaints about the food. We also saw that a record of people’s food intake was kept for each person and the registered manager explained that this enabled them to monitor people’s nutrition.

People’s weights were recorded so that the service could monitor people’s nutrition. We saw that one person had a

Is the service effective?

low appetite and therefore staff completed a detailed record of their food intake. There was also an eating plan which recorded the person's food preferences as well as ways to encourage them to eat.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support. Care plans detailed records of appointments with care professionals.

Is the service caring?

Our findings

When asked about the home and how they felt about living there, one person told us, “I am very happy here. I am comfortable. I have no complaints.” Another person told us, “The home is ok.” People told us they were satisfied with the care and support provided at the home and had no concerns.

On the day of our inspection, the majority of people were out for the most part of the day and therefore our observations of interaction between staff and people who used the service were limited. However, we observed interaction between the registered manager and one person who used the service. We saw that this person appeared relaxed around the registered manager and confident to approach him throughout the day. We also observed interaction between a member of staff and another person. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people living in the home. People had free

movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

Staff were knowledgeable about people’s preferences. Staff told us and records confirmed that key worker meetings were held regularly between people who used the service and staff. During these meetings, people were able to discuss their progress and raise any queries and concerns with staff. The registered manager explained that the purpose of these meetings were to enable people to be involved in their care and to develop positive relationships between staff and people.

Staff were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes which included giving people a choice, encouraging them to be independent and giving them privacy. One member of staff told us, “I give people space. Choice is important. I encourage people to be independent.”

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans for three people which contained information about their life and medical background. They contained a detailed support plan outlining the support the person needed with various aspects of their daily life such as health, personal care and hygiene, communication, and mental health. There was evidence that people were involved in completing their care support plan and these were person centred. We saw that care plans had been signed by people to show that they had

agreed to the care they received. Care support plans included details of people's preferences and routines.

People who used the service were able to lead social lives that were tailored to their needs. During our inspection, we observed that two people were out throughout the day. People were able to take part in individual activities based on their preferences. One person told us that they went out during the day with their friend. We observed on the day of our inspection that another person went out to the shops and for lunch with a member of staff. One care professional we spoke with told us that the provider could do more to encourage people to get more involved with activities within the community. We spoke with the registered manager about this and he explained that staff encouraged people to get involved with activities but ultimately it is the person's choice. We noted that there was not a scheduled activities timetable. Instead, the registered manager explained that there was flexibility in terms of activities as it depended on what people wanted to do on a particular day depending on their mood.

Care plans addressed people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. When we spoke with the registered manager and care staff, they were aware of people's individual needs.

The provider had systems in place to ensure they sought people's views about the service, and we saw these were acted upon. There were regular key worker sessions where people discussed issues important to them such as the food served and day trips planned. A satisfaction questionnaire had been completed by people who used the service in March 2015. This showed that people were satisfied with the service. We saw that people completed a questionnaire quarterly. The registered manager explained that this enabled them to get regular feedback from people.

Information on how to make a complaint was available to people who used the service. No complaints had been received by the service in the year prior to our inspection; however people told us they felt free to raise issues with the staff or registered manager and were confident they would be addressed. The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC if people felt their complaints had not been handled appropriately by the home. However, we noted that the policy did not make reference to the local government ombudsman. The registered manager said that the policy would be updated to include this.

Is the service well-led?

Our findings

Staff told us the registered manager was approachable and the service had an open and transparent culture. One staff member said, “The manager is very open and supportive. He is very encouraging.” Another told us, “The manager is lovely and treats us with respect. I can ask questions and he answers them.”

Staff also told us that the morale within the home was good and that staff worked well with one another. One member of staff said, “We work as a team. We can rely on each other.” Staff spoke positively about working at the home. One member of staff told us, “Working here is like home away from home.” Another member of staff said, “I love working here. It is like a family”.

During our inspection we looked at the provider’s policies and procedures. We noted that various policies lacked comprehensive information and failed to provide information that was specific to the running of the home. There was a risk that people who used the service and staff did not have access to valuable information. The infection control policy, lone working policy, quality assurance policy and DoLS policy lacked comprehensive information and needed updating. Following the inspection, the registered provider sent us an updated lone working, quality assurance and DoLS policy.

Staff told us they were informed of any changes occurring within the home through monthly staff meetings, which

meant they received up to date information and were kept well informed. Minutes showed that staff were encouraged to discuss people’s changing needs to improve their practice.

Staff understood their responsibility to share any concerns about the care at the home.

The registered manager explained that they did not have formal resident’s meetings because people were not always at the home at the same time and people did not respond to the meetings when they previously had them. Instead, regular key worker meetings enabled people to discuss their progress and raise queries and issues with staff. The registered manager also told us that he encouraged people to communicate with him at any time about any concerns they may have.

The registered manager undertook a range of checks and audits of the quality of the service and

took action to improve the service as a result. We saw records of health and safety checks, medicines audits and a general monthly audit of various aspects of the service. Accidents and incidents were recorded and analysed to prevent them reoccurring. We saw that some incidents

were discussed as part of the staff meeting to ensure lessons were learned and the service improved as a result.

We recommend that the provider reviews and updates their policies so that these provide comprehensive information for staff and people who use the service.