

Blossom Home Care Ltd

# Blossom Home Care Ltd

## Inspection report

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16 May 2019

21 May 2019

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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 ●

# Summary of findings

## Overall summary

About the service: Blossom Home Care Ltd is a family run domiciliary care agency. It provides personal care to people living in their own homes in the Northallerton, Darlington, Richmond, Middlesbrough and surrounding areas. All of the people that received care from the provider were privately funded. There were 56 people using the service at the time of the inspection.

People's experience of using this service: At our previous inspection we identified shortfalls in the management of risk and the provider's governance system. At this inspection, we found that improvements had been made.

People and relatives were positive about the care which was provided. One relative told us, "They have been wonderful – without them my mother would not be at home." Staff talked about caring for people like members of their family. They told us they would be happy for a friend or relative to use the service because of the standard of care provided. Several people and relatives considered that, at times, communication with office staff could be improved. We passed this feedback to the registered manager for their information.

People told us that they felt safe with the staff who supported them. Staff were knowledgeable about the action they would take if abuse was suspected.

There was an ongoing recruitment programme in place. Most people told us that they saw the same care staff, although there were occasions when different care workers attended the call. Care visits were at least 50 minutes long which helped enable staff to provide person-centred care which was responsive to people's needs.

A range of audits and checks were carried out to assess the quality and safety of the service. Our findings at this inspection confirmed that an effective quality monitoring system was now in place.

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: Requires improvement (last report published 21 May 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Blossom Home Care Ltd

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using Blossom Home Care Ltd receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit. We needed to be sure the registered manager would be at the office.

Inspection site visit activity started and ended on 15 May 2019. We visited the office location on 15 May 2019 to see the registered manager and office staff and to review care records and policies and procedures. We spoke with people and relatives on 16 – 21 May 2019.

What we did before the inspection: We reviewed information we held about the service. We contacted the local authority contracts and safeguarding teams for any information they held about the service. We also contacted 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 their feedback to inform the planning of this inspection.

The registered manager completed a provider information return prior to this inspection. This is information

we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: We spoke with seven people, six relatives, the registered manager, care coordinator, recruitment officer, senior care worker and three care workers. The recruitment officer sent an email we had composed to all 28 staff employed at the service asking for their feedback about working at Blossom Home Care Ltd. We also spoke with the account manager for an external training organisation which the provider used. We looked at three people's care plans and information relating to staff training, recruitment and the management of the service.

# Is the service safe?

## Our findings

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

At our previous inspection we rated this key question as requires improvement. Risks had not always been assessed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also made a recommendation about medicines management. At this inspection we found that improvements had been made and the provider was no longer in breach of the regulations.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help make sure people were safeguarded from the risk of abuse.
- People told us they felt safe with the staff who came into their homes. One person told us, "I have no doubts about their honesty."
- Staff were knowledgeable about what action they would take if abuse was suspected. They said they would have no hesitation in reporting any concerns to their line manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were now fully assessed and monitored to help ensure people's safety.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends so action could be taken to reduce the risk of any reoccurrence.

Staffing and recruitment

- Recruitment procedures were in place to help ensure suitable staff were employed.
- The recruitment officer told us, "We have the three 'C's' that we need staff to have; a car, care experience and a clear police report."
- The recruitment process had changed and staff were not allowed to start before their references had been received.
- We identified certain areas where the recruitment process could be improved. One senior member of staff currently interviewed staff. We discussed how two interviewers would help ensure that a fair and equitable process was followed. In addition, staff files did not always evidence the actions taken to minimise any risks relating to the recruitment process. The registered manager told us that this would be addressed.

Using medicines safely

- There was now a safe system in place to manage medicines.
- A number of improvements had been made to help reduce the risk of medicines errors such as colour coded medicines administration records.
- Staff could access instant information relating to people's medicines via an app on their mobile phone.
- We identified minor recording shortfalls which the registered manager told us would be addressed.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff used gloves and aprons to help prevent the risk of cross infection.
- Spot checks were carried out to make sure that staff were adhering to safe infection control procedures.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought in line with relevant legislation and guidance.
- People told us that staff asked for their consent before carrying out any care.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice guidelines.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were suitably skilled, trained and supported.
- There was a training programme in place. Staff completed face to face and online learning. One staff member had requested to do dementia care training. The registered manager told us that this was being arranged.

A representative from an external training company which the provider used told us, "We deliver their care induction course and Level 3 safeguarding for the managers and they have an online platform that has all the mandatory training. They also have some specialist courses like end of life, diabetes and pressure area care."

- A supervision and appraisal system was in place. Staff told us they felt supported in carrying out their duties.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain their health and wellbeing.
- Care plans included information about people's dietary requirements and their likes and dislikes.
- Staff were knowledgeable about people's nutritional needs. One staff member told us, "We give her her meal on a smaller plate so it doesn't look too much and if she doesn't want it, we make her a salmon



sandwich because she likes that. We record what she eats and if she eats well."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. A relative praised the quick thinking actions of two staff who had taken prompt action in an emergency situation and called for the paramedics.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the care that was provided. One person commented, "[Staff member] is more like a friend, she will do anything."
- Staff spoke in a caring manner about the people they supported. One staff member said, "[Name of person] is marvellous and his wife - I call her my glamorous assistant. I made him some cards and he marks me out of 10 [following each visit]."
- Staff talked about caring for people like members of their family. Staff said they would be happy for a friend or relative to use the service because of the standard of care provided. One staff member said, "My mum is 87 and I say to myself, 'Would I like one of these staff to go into care for my mum?' If you have that on your mind you have a standard of care that you would be happy with." Another staff member said, "I see them [people] every day – they are like my family."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy, dignity and independence.
- Staff were able to give examples about how they promoted these values. One staff member said, "You have to have a rapport with people, it's a working relationship – professional and friendly and they have to trust you. Same as dignity, I'm always mindful to be as professional as I can, dignity is foremost in your mind."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and be actively involved in making decisions about their care.
- Due to the level of person centred information contained within care plans, it was clear that they had been written with people and where appropriate, their relatives.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs. One relative told us, "They have been absolutely wonderful, we were in a crisis situation and they couldn't have been more helpful. Any issues and things are ironed out."
- Visits were at least 50 minutes. People and staff told us that this length of time enabled care to be provided in a person-centred way.
- Most people said they saw the same care staff, although there were occasions when different care workers attended the call.
- Care plans were in place which documented people's life histories, likes and dislikes and how they preferred their care to be provided. Reviews were carried out to ensure care plans reflected people's needs. One relative commented, "There is a care plan and we talk about any changes that need doing to the care."
- People's social needs were met where this was identified as part of their care plan. One staff member told us they had taken one person to see their tractor which they used to drive. The staff member said, "He thought it was great."
- From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Care plans contained information about people's communication requirements.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Information was available to demonstrate what action had been taken to address the complaints which had been received.

End of life care and support

- A system was in place to ensure people were supported at their end of life.
- There was no one receiving end of life care at the time of the inspection. Staff had access to online end of life care training. We discussed with the registered manager about identifying staff and timescales for the completion of this training. She told us she was looking into this issue.
- The registered manager told us that specific care plans were in place for people receiving end of life care. She told us, "We do a different end of life care plan. When they are receiving end of life care, the care plan changes every day because we deliver the care to how they want it which can change on a daily basis."

# 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 previous inspection we rated this key question as requires improvement. Audits had not been effective in identifying and addressing concerns with risk management. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of the regulations.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in place. They oversaw Blossom Home Care Ltd and the provider's other home care service. Due to this additional oversight, the deputy manager was going to apply to become registered manager.
- The service was a family business whose ethos was to provide, 'Just blooming good care.' Staff told us they enjoyed working at the service and felt valued. One staff member said, "It is very well organised. Normally with businesses it's all about the money, but here it is person focused – it's a family business."
- The service had been a finalist in the 2018 Regional Great British Care Awards.
- Accidents and incidents were recorded and analysed. We noted that several of the incidents contained safeguarding elements. We clarified with the registered manager they understood which incidents needed to be notified to CQC. The registered manager told us they were aware of their responsibilities to inform CQC of all notifiable events.
- The provider was trialling an electronic care management system. Two relatives explained that they were unable to access the electronic records to check their relatives' progress. We passed this feedback to the registered manager for their information.
- A range of audits and checks were carried out to assess the quality and safety of the service. Our findings at this inspection confirmed that an effective quality monitoring system was now in place.

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

- A system was in place to ensure people, relatives and staff were engaged and involved in the service.
- Surveys were carried out to obtain feedback from people, relatives and staff. We noted that these were anonymous. We spoke with the registered manager about whether the forms could include an option of including the respondent's name so that it was easier to follow up and address any issues. The registered manager told us she would look into this issue.
- Several people and relatives considered that, at times, communication with office staff could be

improved. We passed this feedback to the registered manager for their information.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined-up care.