

# P & P Community Services Ltd

## Blossom House

### Inspection report

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Potters Bar  
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Tel: 01707659809

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 31 January 2019 and was unannounced. The previous inspection took place on 1 August 2016 and the service was rated as Good.

Blossom House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide residential accommodation and personal care for up to two people living with a learning disability. At the time of our inspection two people were living at the home.

We have written this inspection report in a shorter format because our overall rating of the service as Good has not changed since our last inspection.

People felt safe at the service and staff understood how to safeguard people and knew what to do if they had any concerns.

People told us staff were kind to them. People were involved in a range of activities outside of the home and friendships were encouraged and supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; but the service could not evidence they had all the relevant paperwork in place to support this practice. There was a focus of person centred care within the service, which staff followed in practice to ensure people led a full and varied life.

Staff were safely recruited and were trained and supervised so they could support people effectively. Care records were up to date and risk assessments were in place.

This meant that care staff were provided with guidance on how to minimise the identified risk to keep people safe and free from harm.

Medicines were safely managed.

People were encouraged to be as independent as possible and told us they were responsible for tasks about the house and for caring for themselves.

The registered manager carried out audits to check the quality of the service.

Maintenance checks of gas, electricity and fire equipment took place to make sure the house was safe to live in. Regular fire drills took place.

Further information is in the detailed findings below.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. The registered manager could not show us they had applied for DoLS for one person after 2016. This indicated they did not keep accurate, complete and contemporaneous notes for each person using the service.

# 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 took place on 31 January 2019 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also viewed a contract monitoring report by the local authority from 2018.

At the inspection we spoke with the registered manager and a support worker. Only one of the two people who lived at the service wished to speak with us; we heard the views of this person. We looked at two care records and two medicine administration records (MAR). We looked at staff training for the team and spot-checked supervision was taking place for three staff.

We looked at quality audits of the service, minutes of team and resident's meetings and maintenance records. We looked at hygiene at the service and the safety of the building and the garden. We saw that there were key policies in place covering safeguarding, recruitment and complaints. We also checked the complaints and compliments records.

We received feedback on the service from one health and social care professional.

# Is the service safe?

## Our findings

We asked people if they felt safe and liked living with the other people at the house. They told us, "Yes I feel safe. Yes, it's all fine." The service had systems and processes in place to safeguard people from abuse. Staff were able to tell us about the different types of abuse and what they would do if they had any concerns. A staff member said, "I would talk with my manager and write an incident report if I was concerned about anything." Staff knew how to whistleblow and which agencies to phone if they were concerned about the quality of care at the service.

The service had risk assessments in place. These covered issues such as fire, hoarding food, losing money, road safety and risks associated with self-management of medicines. Risk assessments were up to date, and provided useful information, for example, how to support one person when they became anxious.

However, we found two risk assessments had been incorrectly completed as they contained a person's name who no longer lived there and this had been reviewed by the registered manager and signed as read by all staff without this being noticed. The registered manager sent us updated risk assessments following the inspection.

Medicines were safely stored and managed. The local pharmacy no longer dispensed medicines in blister packs. This meant that medicines were in boxes and were less easy for one person to safely self-medicate. As an interim measure the service were offering more support to this person and their medicines were held in the office rather than their room. The registered manager told us they had a planned meeting with the pharmacist to discuss the options for this person to manage their medicines safely.

We checked stocks against records for three boxed medicines and they tallied. Monthly checks of medicines stocks against records took place alongside other checks to ensure medicines were safely managed. We saw records that confirmed staff were checked they were competent to give medicines on a yearly basis.

The service had systems in place to prevent the spread of infection. The kitchen fridge was clean, food was labelled and stored safely, and at a safe temperature. The service had been awarded five stars at its latest food hygiene inspection. Staff worked to a cleaning regime which was audited by the registered manager.

There was routinely one staff member on shift with additional staff employed as needed. We asked if there were enough staff and one person told us "Yes, I think so." We asked staff if they had enough staff to manage any behaviours that can challenge. They told us "Yes, and yes there is enough staff. We cover each other for leave; we know well in advance and cover each other." The service was registered with an agency for support staff but had not used the agency, so staff knew people's needs well and provided consistent support.

Staff recruitment was safe. Appropriate criminal records checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

Accident and incident forms were completed and incidents related to behaviours that can challenge which involved people living at the service were logged on 'special notes' in people's care records. Whilst we could see actions taken on accident and incident forms and the registered manager could tell us of lessons learnt, it was harder to review actions taken and lessons learnt on the 'special notes'. The registered manager told us they would review all the documentation to make it easier to review trends of all incidents.

Maintenance checks of key services including gas, electricity and fire equipment took place regularly. People's rooms had functioning window restrictors but there was a staff sleep in room without a window restrictor; the room was not kept locked and the service had not risk assessed this. Following the inspection, the registered manager told us they had been in contact with the maintenance person who planned to repair the window restrictor on 11 February 2019.

## Is the service effective?

### Our findings

People's needs and choices were assessed in line with current legislation and best practice. Both people had lived at the service for many years but care records showed there was an initial assessment of their needs.

People's current health and care needs were set out and logs were kept of the variety of health professionals involved with them and of recent visits and the outcome of visits. These included GP, psychiatry services, opticians and dentist.

We saw from records that staff undertook training in key areas such as medicines administration, food hygiene, fire safety and first aid. Training took place through e-learning and face to face meetings. Staff were competency checked in all key areas such as medicines management, consent and food hygiene on a yearly basis. Feedback from a health and social care professional noted staff were well trained.

Staff supervisions and team meetings took place every month. Staff told us the "Staff team work well together, we communicate well. There is always management support if there is a crisis."

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We could see there was a DoLS authorisation for one person up until 2016. The registered manager told us they had applied for a reassessment of DoLS for this person but they could not find the evidence after January 2016. They told us there was a backlog by the assessors. They told us this person chose not to go out alone.

However, we saw from a contract monitoring visit by the commissioner in 2017 that 'standard DoLS applications had been completed' so we assume that they had been applied for, but the registered manager was not able to show us this evidence. At the time of writing this report the registered manager has confirmed they have now submitted an additional application for DoLS.

Care records had information on them regarding people's capacity to manage certain areas of daily activities, for example, managing money, or making choices regarding healthy eating. We found for one



person they were logged as 'best interest' discussions but this person had capacity to make choices in these areas and their voice was not evident in the paperwork. The registered manager told us they would ask the local authority to work with them in this area. The person involved told us they were able to choose what they wanted. Staff were aware of the MCA and the importance of consent. They told us "I always talk with people, and give people space to choose."

People needed support in the kitchen to prepare meals, although one person made their own lunch for the day centre. Staff discussed the menu weekly with people at the service and this was written in a book and people signed to say they were happy with the menu. Feedback included "Yes, I like the food." One person showed us they kept a log of what they had eaten so all staff working with them could encourage them to make healthy food choices.

There was a well-kept garden for people to use. One person told us "We are getting a new table and chairs for the garden this summer." They said they enjoyed using the garden when the weather was good.

# Is the service caring?

## Our findings

People told us "Yes, staff are kind and caring." Feedback from a health and social care professional noted staff were caring. There was a relaxed atmosphere at the house and one person told us "I like living here."

Care records emphasised what people could do independently, for example, assisting with food preparation, carrying out their own personal care and using the washing machine.

People were able to clearly state their views and staff understood their preferences and routines. Staff told us "We try to listen to their needs." Also, staff understood what triggered people's anxieties and how best to manage them. For example, the staff told us it was better for one of the people if we were not in the house when they arrived home from the day centre as this could agitate them. So, we left and then knocked on the door when they were home.

People told us they were treated with dignity and respect. Staff told us they "Listen to their views, don't enter rooms without permission, and don't talk to people like they are children." A staff member told us "They are more settled as we treat them with respect."

People's cultural, religious and spiritual needs were outlined on their care records and staff supported people to places of worship if they wished to attend. Staff were aware of issues of diversity and equality and told us "Yes, we would talk about it" if people wanted to have a partner.

People told us they were happy with their rooms and could personalise them as they chose. There was a living room with a communal TV and access to the internet was available free of charge at the house.

People were fully involved in the way their care was provided, as they told us they were, although not all care plans were signed by them. People also had the opportunity to influence the way the service was run through monthly house meetings which we saw the records of. These meetings covered a broad range of issues that were important to people including outings, activities and food. We saw photos of people on day trips out and they told us they enjoyed going on holiday and were planning another trip in 2019.

Family and friends were welcomed at the service.

## Is the service responsive?

### Our findings

It was clear that the service was providing a person-centred service to people. Care plans were up to date and gave a complete view of people's needs. They covered a range of areas including personal care, mobility, safety outside the house and mental health needs. People's care was reviewed and we saw that people had been involved in the process.

People had key workers who supported them to reach their goals outlined in their person-centred plans. These also showed people's circle of support, that is, who was important to them in their life.

People told us they were able to choose how they spent their time, staff supported them to do this, and we saw they were involved in a range of activities. One person also had a befriender who supported them to go on a broad range of activities, and days out and they told us they enjoyed this. They showed us mementoes from places they had been.

People had a book of photos of them whilst on holiday or doing activities and these were a good record of the variety of ways they spent their time. Recent photos showed activities that had taken place to celebrate Christmas, shopping trips and days out in the sunshine, locally and whilst on holiday. The service had a car available for use which meant people could easily go out on trips. One person told us they were keen to be on holiday for their birthday in 2019 as they particularly enjoyed doing this. People also went to the gym and walked when possible to assist with good physical fitness.

The service had a complaints policy and we saw that complaints were dealt with in a timely and appropriate manner. The service also kept records of compliments received and there were numerous examples of when the people living at the house had thanked staff for supporting them with particular activities, or they told staff they were happy with the care provided. People told us they knew how to give their view if they were not happy with the service.

The staff were aware of the importance of recording end of life wishes, and we saw one person's end of life wishes were recorded in detail on their care records.

## Is the service well-led?

### Our findings

The service had a registered manager. 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.

The registered manager was not able to show us they had applied to the local authority for DoLS for one person at the service since 2016, despite being given time to provide this evidence. In this way they could not show they held an accurate, complete and contemporaneous record of the care provided to each person at the service. At the time of writing this report the registered manager confirmed they have sent appropriate documentation to the local authority.

In other ways the service was well led. The registered manager had a system to prompt management tasks; supervision, training and audits to check the quality of the service took place regularly, and records were kept. The range of audits included medicines, hygiene, ensuring people were happy with the food, care records and building equipment including fire maintenance. In addition, fire equipment was checked weekly. We could see there was an action plan at the end of each audit which was followed up.

Staff and people living at the service were involved in the running of the service through staff and residents' meetings. A staff member told us "The registered manager is open to suggestions I have." Staff spoke well of the registered manager's management style and told us the team worked well together.

In addition to residents' meetings, people had 'talk time' at the end of each day; an opportunity to say what had gone well and what could be different or better. The registered manager told us they found this ensured any irritations between the people living there or with staff were cleared up and as a result there was less instances of behaviours that can challenge at the service.

The service worked in partnership with other health and social care colleagues to ensure people received a service in line with best practice. We received feedback from a health and social care professional that the registered manager was extremely proactive and responsive when issues arose. In addition to the work we saw on care records, there was an annual survey of the views of both the people living at the service and the health professionals who worked with them. We saw feedback from 2018 questionnaires that was positive; colleagues said the service and communication was good. The 2019 survey questionnaire had gone out to colleagues but had not yet been returned. The results were not collated, rather they were stored as individually returned questionnaires, but the registered manager told us they intended to do this in 2019 to see if there were any trends.

The registered manager and staff attended forums locally to ensure they kept up to date with best practice.