

# The Olive Services Limited Blossom Place

## Inspection report

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Date of inspection visit:  
24 February 2023  
10 March 2023

Date of publication:  
09 June 2023

## 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 

# Summary of findings

## Overall summary

### About the service

Blossom Place is a care home providing personal care and accommodation to up to 14 adults with mental health needs. The location consists of three buildings, each of which has its own separately adapted facilities. At the time of the first day of inspection, 10 people were using the service and there were nine people using the service on the second day of the inspection.

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

The quality assurance system and processes had failed to identify and correct issues we found at the inspection. However, we found some improvements as well, in relation to risk assessments, using personal protective equipment, and respecting people's equality and diversity. People received their prescribed medicine. However, we found concerns around allergy to particular medicines and their effects on people. People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew the actions to take to report abuse. There were enough staff available to support people safely. People were protected from the risk of infection. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision, and staff meetings to ensure they could meet people's needs. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People were treated with dignity; their privacy was respected, and they were supported to be as independent in their care as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

People's needs were assessed, which covered a range of people's needs. People and their relatives were encouraged to participate in making decisions about their care and support. Care plans were up to date and reflected people's assessed needs. People and their relatives knew how to raise complaints about the service. The registered manager responded to complaints appropriately in line with the provider's procedure. The registered manager knew what to do if someone required end of life care.

There was a management structure at the service and staff were aware of the roles of the management team. The registered manager and staff worked with other external professionals to ensure people were supported to meet their needs.

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 requires improvement (published 15 February 2022). At that inspection we found breach of regulations in relation to dignity and respect, safe care and treatment, and good

governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 10 and 12. However, we found the provider remained in breach of regulation 17. The service remains rated requires improvement.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement and recommendations

We have identified one breach in relation to good governance at this inspection and we made one recommendation about management of medicines.

Please see the action we have told the provider to take, at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Blossom Place

## 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 service was inspected by one inspector, a specialist advisor, and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the second day to complete the inspection.

#### Service and service type

Blossom Place 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.

#### Registered Manager

The service was required to have 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with eight people and two relatives of people who used the service about their experience of the care provided. We spoke with four members of care staff, the registered manager, the office administrator and the health and safety staff. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included four people's care records, five staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records related to staff recruitment and training, care plans, medicines management, and quality assurance records were also reviewed.



# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe administration and management of medicine. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 12.

- People received their prescribed medicine.
- Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed. However, two people were identified to have allergy to a particular medicine, but there were no details about the effects recorded.
- We found the unused control drugs (CDs) for a person were not returned to the pharmacy since October 2022, we brought this to the attention of the registered manager, who said they would return them straight away. On our second day of the inspection, we found this action was completed.
- Monthly medicines audits were routinely carried out to ensure people received their prescribed medicines correctly. However, the concerns about unused CDs was not identified during their audits. We reported about this matter in the well-led section of this report.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed. Medicines were stored safely.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.

We recommend the provider consider current guidance on managing people's prescribed medication and take action to update their practice accordingly.

### Assessing risk, safety monitoring and management

At our last inspection, there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 12.

- People were protected from avoidable harm. The registered manager completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist input was sought. For example, about accessing community, behaviour management, and falls.
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered

manager monitored them to ensure they remained reflective of people's current needs.

- Staff knew how to respond to people's risks and needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely. However, we found the fire drills were not done at regular intervals, some did not reflect the correct information and had incomplete records. When asked the registered manager said, they would do it straight away tonight. We shall review it at the next inspection.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as hoists and the safety of appliances. However, the gas and safety check was outstanding by few weeks. Health and safety staff told us, the external contractor are visiting the premises on 20/03/2023 to carryout checks. We shall review them at our next inspection.

#### Staffing and recruitment

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service. However, one member of staff criminal records check was with their previous employer. We brought this to the attention of the registered manager, who confirmed this member of staff had stopped working, until their criminal record check is successfully completed.
- People were supported by effectively deployed staff. Relatives and staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people at the supported living service and to attend appointments when required.

#### Preventing and controlling infection

At our last inspection the provider had failed to ensure the infection control procedures to prevent and control the risk of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 12.

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases. However, there has been an infection of bedbugs, for which the provider sought external company's support, to prevent and mitigate the risk.

#### Visiting in care homes

The provider had visiting arrangements in place that was in line with the government guidance and the manager ensured all visitors followed it. The provider screened all visitors to the home for symptoms of acute respiratory infection before they could enter the home. Visitors were supported to follow the government's guidance on hand washing, sanitising, wearing personal protective equipment (PPE), temperature checks.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the different types of abuse, and the signs to look for. Staff were aware of the action to take if they suspected someone had been abused including reporting their concerns to the manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistle-blowing and said they would use it if they needed to.
- Safeguarding concerns had been raised, the provider worked effectively with local authorities and health and social care professionals, to address concerns and they notified the CQC of these as they were required.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff. For example, about how to prevent the infection of bed bugs.

# 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure these could be met.
- The registered manager carried out the assessments, which looked at people's medical conditions, physical and mental health, communication, mobility, nutrition, and choices.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans were person centred. They reflected people's needs and staff knew people about how to support them to make choices.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs.
- Training records confirmed that staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, health and safety, epilepsy, learning disability, equality and diversity, and mental capacity.
- Staff told us, the training programmes helped them in understanding people's need and delivering care as appropriate.
- Staff told us they received regular supervision and said they could approach the registered manager at any time for support.

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

- Staff supported people to eat and drink enough to meet their needs.
- People's dietary needs were met in accordance with their individual needs.
- Staff supported people with making food and drink choices.

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, well equipped, and well-furnished, environment which met people's needs.
- People could access a variety of shared living spaces which included a lounge with TV, and a garden with sitting furniture.
- People personalised their rooms with furniture they needed, including the communal areas.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare appointments if needed. People's care records included evidence of regular contact with healthcare professionals for example, the GP and nurse.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional.
- People had hospital passports, to enable health and social care professionals to support them in the way they needed.

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 when this is in their best interests and legally authorised under the MCA. 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 found the service was working within the principles of the MCA.
- Staff training records showed they had received MCA training.
- Staff demonstrated supporting best interest decision-making; relatives and relevant health or social care professionals were involved to make best interests' decision.
- People and their relatives where appropriate gave their consent to the care they received.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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. Respecting and promoting people's privacy, dignity, and independence

At our last inspection the provider had failed to ensure people were treated and supported with dignity and respect. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 10.

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation, or preferred gender.
- We saw staff engaged in conversations with people in a relaxed and natural manner.
- People were supported to maintain their independence. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to, and records seen confirmed this.
- Training records confirmed that staff had received training on equality and diversity. The registered manager told us, in staff meetings they discussed about respecting equality and diversity. One staff member told us, "I keep people's private information safe and respect their rights." Another member of staff said, "I protect confidentiality of people and if a person is in some crisis, I do not let other people make fun of it."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend places of worship.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.

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

- People and their relatives had been consulted about the care and support they received.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day. One member of staff said, "I give them choice and make breakfast." Another member of staff said, "When a person like going out, then I speak with my line manager and plan. For example, one person said, they would like to go to the Church today, I planned for them to go."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family, and friends, and contact details of health and social care professionals.
- Staff had knowledge of the support people needed when delivering care. Staff explained people's individual plans including their recovery goals which showed they knew people well and how to support them.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and staff offered choices to individual people using a communication method appropriate to that person.
- The registered manager told us, should people require information in different language and in formats, they could make them available in these formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included listening to music, group activities, and accessing local community.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives.
- Records of concerns and complaints made about the service were maintained. The registered manager understood their organisation's procedures and responded to complaints appropriately.

#### End of life care and support

- The provider had an end-of-life care policy in place. The registered manager told us that none of the people currently using the service required support with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support when it was required.

# 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 requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care.

At our last inspection, the provider failed to ensure the quality of the service was rigorously monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had made some improvements, but further improvements were needed to comply with regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The systems in place to understand and address the quality and safety issues within the service were not operating effectively.
- There were audits in place, however, we found the fire drills were not done at regular intervals, some did not reflect the correct information and had incomplete records. The gas and safety check was outstanding. Two people were identified to have allergy to a particular medicine, but there were no details about the effects recorded. Unused control drugs (CDs) for a person were not returned to the pharmacy in a timely way, the medicines audit had not picked this up. One member of staff criminal records check was with their previous employer.
- When asked about the above concerns, the registered manager explained, how they planned to make improvements straightaway. We shall review these improvements at our next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found some good practice, the registered manager demonstrated a willingness to provide good quality care to people. They had started making improvements. For example, risk assessments were reviewed periodically or as and when people's needs changed and they were reflective of people's current needs.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately.
- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff received training about respecting equality and diversity.

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

- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was a duty of candour policy in place and the registered manager understood the requirements of Care Quality Commission (CQC) to be notified of significant events and their responsibilities under the duty of candour.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervision and staff meetings.
- Records reflected, staff meetings were held to discuss areas such as any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service. One member of staff said, "In our staff meetings we talk about people's appointment and activities."
- Records showed staff encouraged relatives to be involved in care reviews, as appropriate.

Working in partnership with others

- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The systems in place to understand and address the quality and safety issues within the service were not operating effectively.