

Blossoms Care Home Limited

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Inspection report

Mounts Road
Greenhithe
Kent
DA9 9ND

Tel: 01322381642

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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

This unannounced inspection took place on 8 August 2016. Blossoms Care Home Limited provides personal care and nursing care for up to 22 older people. 21 people were using the service at the time of the inspection.

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

This is the first comprehensive inspection of the service by the Care Quality Commission (CQC) since registration in February 2014.

People were happy with the care they received at the service. People were treated with respect and their dignity upheld. Staff asked people for their consent before providing them with care and support. People received the support they required in line with their preferences and wishes.

People received safe care and support. Staff understood the types of abuse and neglect which could happen to people and their responsibility to report any concerns to keep them safe. People had received their medicines safely as prescribed and staff supported them to keep their money safe. Staff assessed risks to people and had support plans in place to manage the risks to keep them as safe as possible. There were sufficient staff on duty to meet people's needs.

Staff assessed people's needs and their support plans showed the care and support they required. Staff met with people and their relatives regularly to discuss their support plan and identify any changes in people's needs. The service also received input from healthcare professionals involved in people's care. People received support in line with principles of the Mental Capacity Act 2005 (MCA) and the requirements of the Deprivation of Liberty Safeguards (DoLS).

People accessed the health and care services they needed. People received the support they required in the final years of life and told us staff kept them as comfortable as possible. People had a choice of fresh and nutritious food which they liked.

Staff felt comfortable speaking with the registered manager and felt able to suggest ways for improving the service. People, their relatives and staff found the registered manager approachable and open to ideas and feedback. The registered manager held meetings with people to get their views about the service and their feedback was used to develop the service. People understood the complaints procedure. The registered manager responded appropriately to complaints, in line with the service's procedures.

The registered manager made regular checks on the quality of the service and made improvements when

necessary. Staff felt supported in their role to provide care to people and received regular supervision. Staff attended regular training courses, and had the knowledge and skills to support people with their health needs. Health professionals told us the service communicated well with them to ensure people received the support that reflected their needs.

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. Staff identified and safely managed risks to people's health and safety. People's risk management and support plans were updated to ensure people were appropriately supported to be safe.

People received their medicines safely as prescribed. There were enough staff to support people and to accompany them safely in the community when required.

Staff knew how to identify any signs of abuse and the action to take to protect people from harm.

Is the service effective?

Good 

The service was effective. Staff received training and support which enabled them to meet people's needs.

People had access to the healthcare they needed. People had a choice of healthy food and home-made meals and drink which they liked and met their dietary needs.

People had support to make choices about the care and support they received. Staff supported people in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring. People told us staff treated them with kindness and compassion. Staff respected people's dignity and privacy and provided their support in line with their wishes.

Staff knew people's hobbies, interests and preferred routines and had developed meaningful relationships with them.

Is the service responsive?

Good 

The service was responsive. Staff provided people with the support they required. People's individual needs were assessed with their and their relatives' involvement.

Staff encouraged and supported people to participate in activities which they enjoyed at the service and in the community.

People were asked for their views about the service and staff responded to any concerns they had. People understood how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. People and their relatives told us the registered manager was approachable. Staff felt well supported and able to make suggestions about how to improve service delivery.

The registered manager ensured an effective partnership with healthcare professionals to meet people's needs.

The service carried out regular audits on the quality of care and support people received. Improvements to the service were made as necessary.

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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. It 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 unannounced inspection took place on 8 August 2016 and was carried out by an inspector. Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred. Statutory notifications are reports that registered providers and managers of adult social care are required to notify the Care Quality Commission about, for example incidents, events and changes.

During the inspection, we spoke with five people who used the service and two relatives. We also spoke with the registered manager, a director, six care workers and the chef. We also spoke with a social worker and four nurses who were visiting the service, two of whom specialised in end of life care.

We reviewed seven people's care records and seven medicine administration records. We looked at eight staff records which included recruitment, training, supervision and appraisals. We looked at staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

We undertook general observations of how people were supported and received their care in the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they received support that kept them safe. One person told us, "I feel safe here all the time." Another person said, "I have never lost anything." A relative told us, "I see how staff treat people. They are well looked after."

Staff knew how to recognise signs of abuse and to report any concerns they had to protect people from the risk of abuse. Staff we spoke with were able to explain to us how they would become aware of signs of abuse which could occur in the home. Staff understood when it was necessary to whistle-blow and used policies in place to guide them to protect people from abuse. Records showed the registered manager worked with local authorities on safeguarding concerns to protect people from the risk of harm.

People were safe because risks to their health and safety were identified and managed by the service. Care records had information on risks to people's health and well-being which included issues such as the risk of falls, being malnourished, developing pressure sores and skin care. We saw the measures the service had taken to minimise these risks. People's risk assessments were regularly reviewed and updated to reflect changes to the support they required to manage the known risks. For example, a person's records stated they were at risk of becoming malnourished and needed support with their eating and drinking. We observed staff provide support to the person by prompting them to eat their meal.

People's money was kept safe at the service. When necessary staff stored and managed people's money appropriately and securely. The service had requested a 'best interest' meeting to establish whether people were able to safely manage their own finances or whether they required support from staff to do so. We checked the money kept at the service for two people and the balance was as expected. We saw staff kept records of all financial transactions and had two senior members of staff sign for any cash handled to reduce the risk of financial abuse.

People told us they were always enough staff to meet people's needs. One person told us, "There is always someone to help when needed." Another person said, "I do not have to wait long to get help." A relative told us, "There is always someone around to help people, make a cup of tea and have a chat." During the inspection we observed there were sufficient staff on duty who were able to respond to people's requests for support without delay. We saw staff absences and sickness were covered and rotas we checked confirmed this. The registered manager explained to us how staffing levels were planned and took into account people's needs and the support they required.

People received support and care from suitable staff recruited through a robust recruitment process. The registered manager ensured staff employed at the service were of good character and fit to undertake their roles to meet people's needs safely. New staff did not start to work at the service until satisfactory checks such as proof of identity, Disclosure and Barring Service (DBS) checks and references from previous employers had been obtained. Staff records contained completed job application forms which showed their qualifications and experience. The registered manager carried out interviews to clarify applicants' knowledge and skills in supporting older people. This meant the service minimised the risk of people being

cared for by staff who were unsuitable for the role.

People received their medicines safely as prescribed. One person told us, "I get my medicines same time each day." Another person said, "Staff help me to take my medicines." We observed people receive their medicines. People were aware of which medicines they were required to take and when to take them. We observed staff inform people the medicines they had been prescribed and asked whether they wished to take them. We saw staff signed the medicine administration record (MAR) when they gave people their medicines. The MAR charts we reviewed were accurately completed. They showed people had received their medicines at the prescribed times and in correct dosages.

The service ensured people's medicines were managed safely. Staff had received additional training in medicines management. Records showed staff followed the service's policies and procedures for ordering, storage and recording of medicines and controlled drugs. Medicines were stored securely and disposed of safely in line with relevant legislation and guidance. The registered manager and staff carried out regular daily, weekly and monthly checks on the management of medicines and ensured any concerns were noted and appropriately addressed.

The service managed people's prescribed 'as required' medicines appropriately and in line with the service's medicines procedure. MAR charts we saw showed staff followed protocols in place for the use of these medicines and as set out in people's care plans.

Is the service effective?

Our findings

People received support from skilled and capable staff. One person told us, "Staff know how to look after us very well. They give me the help I need." One relative told us, "People are well cared for here." Another relative said, "I have no worries about the care provided here. Staff know what they do."

The service ensured they met staff's training needs to support people effectively. New members of staff completed a structured induction which ensured they were competent to support and care for people. Induction records covered areas such as how to identify and meet older people's care and support needs. Records we saw confirmed staff had received induction training to develop their skills and confidence in their role. Staff had completed all the relevant training before assessed as able to support people. Staff told us they had their practice observed by the registered manager and senior staff during their probation period to ensure they were competent to effectively support people. The provider had only employed staff permanently after they were assessed as competent to provide people with appropriate care and support.

Staff attended regular training to ensure they were up to date with their skills and knowledge to support people. Training records confirmed staff had attended courses in moving and handling, safeguarding adults, Mental Capacity Act 2005 (MCA), food hygiene, medicine management and infection control. Staff also received training specific to the needs of people using the service, for example on supporting people with diabetes and at end of life. A member of staff told us, "We have refresher courses and specific courses to help develop any particular skills we need for our work." Staff told us the training helped them to develop their knowledge and skills they needed to support people effectively. The registered manager showed us an effective system how they tracked that staff had received the required training. Records showed staff had completed training related to medicines management and on completion had their competency assessed by the registered manager to ensure their practice was safe. The provider ensured staff developed new skills to meet people's needs.

Staff told us they received appropriate support in relation to carrying out their responsibilities. One member of staff told us, "My supervision sessions are useful and I feel supported in my role." We saw appropriate topics such as team working and learning from incidents were discussed in supervision. Staff received support through direct observation at work and received feedback from the registered manager. Staff told us they were able to discuss their training needs and how best to support people. The registered manager had not ensured all staff received annual appraisal in the past year. The service had put a schedule in place prior to our inspection which showed planned supervisions and appraisals to ensure all staff received the full support they required. Staff had started to receive their annual appraisal. Records we saw of staff appraisals covered any areas for development and the training the staff member would undertake to enhance their skills and knowledge.

Staff ensured people gave consent to the care and support they received. We observed staff asking people what support they wanted. Staff understood the principles of MCA and told us they always presumed people were able to make decisions about their day to day care and support. A person told us, "Staff always ask me if I need help with my wash and they help me as I wish."

Staff told us they always presumed that people were able to make decisions about their day to day care. Care records showed where a person was assessed as lacking capacity, their relative and GP were appropriately involved in making decisions in their 'best interests'. One person had the involvement of an advocate to support them to make decisions in how they wanted to receive care and support. Staff understood their responsibilities in line with the legislation. Records showed Deprivation of Liberty Safeguards (DoLS) applications were made to the local authority to ensure people were only deprived of their liberty when appropriate and authorisation for this had been received.

People told us they enjoyed the food which was available at the service. One person told us, "The meals are great and the portion sizes are good." Staff involved people and their relatives in planning the menus which were available for people to choose from. Kitchen staff kept records of people's food preferences and dislikes and their dietary requirements. People told us the chef respected their choices and took note of them when preparing their food. Relatives told us the chef prepared fresh food and people received meals which met their individual preferences.. We observed how people were supported during their lunch meal. We saw staff politely offered people a choice of meals and received the food they had requested. We observed people enjoyed their food and were supported by staff to eat if this was required. Fresh fruit, snacks, juice and jugs of water were available in the lounges

The service monitored people's nutritional needs and weights and involved healthcare professionals as appropriate. For example, a person's records showed they had lost weight. Staff had contacted the GP and dietician who had recommended an appropriate diet in relation to their medical condition. We saw the kitchen staff knew the person's dietary needs and prepared appropriate meals. Staff maintained records of the changes made to the person's diet. Records showed staff had followed the advice and the person had some weight gain.

People received appropriate support to meet their healthcare needs. One person told us, "Staff get the doctor when needed". One relative told us, "My relative gets visits from a chiropodist and dentist." People were supported to access their GP, and people we spoke with confirmed that they were supported to make an appointment with the dentist, optician and podiatrist as appropriate. We read care plans, which provided guidance from physiotherapists, podiatrists, opticians, dieticians and occupational therapists to manage people's health. Staff maintained information of healthcare professional visits in people's care records with actions taken such as monitoring people's medical conditions. The service sought timely professional advice and ensured people received appropriate support to manage their conditions.

The service worked effectively with other healthcare professionals to ensure people received appropriate support and treatment for their needs. People's health needs were recorded in their care plans to ensure they received the support they required to have their health needs met. For example, records showed the service worked in partnership with tissue viability nurses to minimise the risk to people who stayed in bed for long periods of developing pressure sores. The registered manager had ensured staff followed the advice and guidance given. The service had planned their care accordingly and risks to people developing pressure ulcers was minimised. Staff supported a person to attend appointments with a diabetic nurse and supported them to eat food appropriate to their needs.

Is the service caring?

Our findings

People told us the staff were kind and caring. People were positive about the care they received. One person told us, "Staff are caring. I am very happy here". A relative told us, "The staff are lovely and kind. They do things with a smile." During the inspection we observed that staff spoke to people pleasantly, greeting each person by name and asking how they were.

Staff respected people's privacy and upheld their dignity. People told us staff were respectful and supported them in a manner that promoted their dignity. One person told us, "Staff are polite. They ask me what I want." We saw staff ensured they had a person's permission before entering their room. Staff we spoke with showed an understanding of people's needs and backgrounds. We saw staff were patient when giving information to people and explaining their support. We saw staff greet people and their relatives in a way which showed they knew them well and had developed positive relationships. One person told us, "I can have a chat and a laugh with staff." A relative told us, "Staff spend time with people to make sure they meet their needs." We observed staff were discreet and promoted people's dignity. For example, they quietly asked people the support they required with their personal care so other people could not overhear.

People and their relatives were involved in planning their care and support. One person told us, "Staff ask about what I want and what I like." One relative told us, "Communication is good with the staff. They tell us what's going on." People told us staff communicated well with them. Staff explained to us how they ensured people heard and understood them. For example, staff checked and ensured a person wore their hearing aids.

People told us they were able to make choices about how they were supported. They told us they received support from staff to keep in contact with their friends and family. One person told us, "I write letters to my family. Staff help me make telephone calls to my friends and family." Care plans showed the name people preferred to be known by, and we observed staff use these names.

People were involved and supported to make day to day decisions. For example, people were supported to choose and decorate their rooms as they wished. People's bedrooms were personalised with their photographs, ornaments and other personal items. People told us staff supported them to live as independent a life as possible. One person told us, "I get the staff to help when necessary." People were happy to be supported in the way they wanted. One person told us, "I tidy my drawers but get the staff to take down my laundry." Staff told us they asked people for their consent before any decisions could be made about the support they received.

People at the end of their lives received high quality care as the registered manager ensured there was appropriate support to meet their needs. An end of life nurse who was visiting the service said staff at the service were skilled in this area. They said staff were able to recognise when people were in pain and ensured they got the appropriate support from external health professionals. A relative told us, "Staff notice health changes of [relative] and ensure they get the support they need." The service encouraged and supported people and their relatives to plan their end of life care and support. People confirmed they were

fully involved in planning the management of their care with staff from the service and other professionals such as specialist nurses and their GP. Care records showed people's care and support was amended in accordance with their needs as they approached the end of life and appropriate advance planning took place.

Is the service responsive?

Our findings

People and their relatives were involved in planning their care and support to meet their individual needs. Care plans showed people had agreed how they wished to be supported. Care records were personalised and included assessment information on people's history, preferences and health. A person told us, "We discussed with my family and staff the support I needed before I came to live here." Staff obtained specific information about people's individual needs which enabled the service to plan and deliver people's support. A relative told us, "The staff know and respect [relative's] preference on having a shower late morning." Another person was supported to have their meals in the dining room where it was quiet as they told us, "I enjoy having a quiet meal."

People received care and support that was appropriate to their current level of need. We saw staff regularly reviewed people's needs and updated their care records to ensure they had accurate and up to date information on the support and care people required. Relatives told us they were involved in reviews of people's care. Staff reassessed people's needs when required. For example, a person's care plan had been updated due to their increased risk of having a fall. Their record detailed how staff were to support the person to stand and walk with the support of a walking aid and report any concerns. We also saw care records of a person in relation to their swallowing difficulty where the service had received input from a dietician to plan the person's special dietary support. Records showed staff had followed the guidance and completed daily reports on the care and support the person had received.

People were supported to attend activities of their choice and follow their interests which were important to them. People told us there was a range of planned activities at the home which they could attend if they wanted to. One person told us "I like to attend the functions in the activities room. Staff help me to get me ready." A relative told us, "They do have festive events, which [relative] enjoys". People told us they were able to follow their hobbies at the home such as watching television, reading and listening to music of their choice.

Staff supported people to socialise with each other and participate in suitable activities. Staff told us they supported people who did not like group activities with one to one sessions in their room or out in the community which helped reduce social isolation. People's care plans had information about any support people wanted in relation to practising their religion.

People were encouraged to be as independent as possible in relation to the management of their health conditions. For example, a person required prompting to wear their glasses. We saw the person wearing their glasses which meant they could easily see other people and walk around safely at the service.

The complaint system was effective and people's concerns were resolved. A person told us, "I would complain if I was unhappy about anything." People and their relatives said they had information about how to make a complaint if they needed to. They felt confident the registered manager would investigate their complaint thoroughly and provide them with a response. A relative told us, "We've never needed to complain about anything". We saw the registered manager had made a detailed written response to a

relative who had made a complaint.

The service obtained people's views of the service and responded to their concerns. People and their relatives told us they attended regular meetings organised by the registered manager where they were asked for their feedback on the support and care they received. A relative told us, "I attend relatives' meetings and use questionnaires to voice my concerns". People's feedback showed the registered manager listened to them and used their views to improve the service.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the way the service was managed. A person told us, "This place is good and the staff do a good job." Another person said, "The manager is approachable and available when needed." Relatives and staff spoke highly of the service and the registered manager. A relative told us, "The service is managed well and the staff work as a team."

People and their relatives told us the service had a positive and open culture and they were involved in developing the service. The registered manager held meetings with people and their relatives and gave them the opportunity to have an input in improving the service. Relatives told us staff made them feel welcome at the service.

Staff told us the registered manager was supportive and readily available to them. They said the registered manager was visible in the service and spoke with them and considered their views. A member of staff told us, "I feel valued". Staff told us the registered manager had ensured they knew their role and responsibilities in relation to how they cared for people and carried out their work. Feedback from people and their relatives on the operation of the service showed staff understood how to care and support people appropriately. Other comments included, "well organised staff" and "everything seems to run smoothly."

Staff told us the team was made up of regular members of staff and they knew each other well. They had meetings at the service and felt able to raise any concerns they had. Staff said they felt confident they would be listened to and action taken as appropriate. Records of staff meetings showed issues discussed included areas for improvement within the service and feedback from the registered manager regarding accidents, complaints and compliments received.

The service had a registered manager in post. Notifications were sent to CQC as appropriate. The service took action to ensure people received appropriate care and support. The registered manager maintained a record of incidents such as falls. Each accident record included information on the action the staff had taken immediately after the incident and any future action that was required to prevent a recurrence.

The quality of the planning and delivery of the services was subject to regular checks, and audit systems were used to make improvements. The registered manager carried out regular audits on medicines management, care planning records and staff performance and ensured staff followed good practice to meet people's needs. We saw the service reviewed information on the safety of the building and equipment. Audit records on health and safety showed where outstanding actions were followed through. A member of staff told us, "There are lots of checks here and repairs are carried out promptly." The registered manager had also focused on aspects of the service that people and staff had told them they needed to improve. Reports showed the registered manager took appropriate if there were any issues which required improvement. Resources were made available when required, for example, several rooms had been redecorated.