

Blossom HCG Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Blossom HCG is a domiciliary care service providing personal care to 15 people living within 6 supported living environments at the time of the inspection.

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

Right Support:

Staff communicated with people in their individual and preferred methods. This meant people could be fully involved in decisions about their support.

Staff supported people to be as independent as they could if this was their choice.

People had support to pursue their interests and achieve their identified goals.

People received safe and effective support with their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff demonstrated a good knowledge of how to support people effectively. The management team were implementing systems to manage staffing matters including how knowledge and competency was being checked.

People's support plans varied in the level of detail and information provided for staff to follow. The registered manager was able to demonstrate care plans were in the process of being reviewed to help ensure consistency across the service.

Management and staff promoted people's equality and diversity and knew them well as individuals. People received kind and compassionate care which fully promoted their privacy and dignity.

Staff prompted people to try new experiences which may enhance their well-being and enjoyment of life.

Right Culture:

People and those important to them were involved in planning their support.

People received consistent care and support from a team who knew them well and understood their individual needs. Management and staff strove to achieve good quality care and good outcomes for people.

People received good quality care and support and were supported to lead inclusive and empowered lives.

Feedback from people and relatives about the service was positive.

The management and team were passionate about continually improving the service and supporting people to achieve their goals and aspirations.

The provider's new quality monitoring systems were not yet fully embedded in daily practice having been delayed due to significant staff shortages. A successful recruitment campaign had reduced the pressure on the staff and a tiered management structure was now in place. We have made a recommendation for the provider to concentrate on embedding their new quality assurance and governance systems into day to day practice across the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 July 2021) and there were breaches of regulation. 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.

Why we inspected

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

We carried out an announced comprehensive inspection of this service on 04 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and overall governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossom HCG on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in 6 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to

support the inspection.

Inspection activity started on 06 February 2023 and ended on 21 February 2023. We visited people in their own homes to gather their views about the service on 13 and 18 February 2023. We had a video call with the senior management team to share feedback on 21 February 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and external professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from 2 people and relatives of 6 people who used the service about their experience of the care provided. We received feedback from 4 external professionals and 15 staff members including support staff, team leaders and the management team. We reviewed a range of records relating to the overall management of the service, including care plans and risk assessments, staff training records, evidence of monitoring staff practice and overall governance.

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 has changed to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our previous inspection in June 2021 the provider's systems were either not in place or robust enough to demonstrate staff were using safe infection control measures. This placed people at risk of harm. This 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 enough improvement had been made and the provider was no longer in breach of regulation 12.

- At our previous inspection in June 2021 we found staff were not wearing face masks when supporting people. This was not in line with national guidance in place at the time to protect people from the risks of COVID-19. At this inspection COVID-19 restrictions had been reduced and national guidance had changed in respect to mask wearing.
- The provider had an up to date infection prevention control policy which directed staff to the latest government guidance. The policy clearly set out the provider's expectations and responsibilities
- Blossom HCG management team undertook routine monitoring of how staff used Personal Protective Equipment (PPE) such as gloves, aprons and masks. For example, a check of staff practice had noted a staff member touched their face with their gloved hand whilst preparing food. The staff member was advised to change their gloves and was reminded to be vigilant in this area.
- Relatives said staff had acted appropriately to protect people's health and wellbeing during COVID-19. One relative said, "An exceptional level of care was provided during this very difficult time. PPE was always used."
- Staff told us there was a good supply of PPE in people's houses and they only needed to ask, and the stocks would be replenished.

Assessing risk, safety monitoring and management

- At our previous inspection in June 2021 we found risks to people's health, safety and well-being had not always been clearly identified and assessed. Staff did not have access to detailed behaviour support plans to guide them how to support people who were anxious or distressed.
- At this inspection we found the provider had introduced a digital care planning tool. This meant staff had current information available to them on their mobile phones. Care plans we reviewed included triggers for certain behaviours and strategies for staff to use to help de-escalate anxious behaviours.
- An external fire company was secured to assess risks in relation to fire in the supported living environments.

- Staff said management listened when they raised any concerns about the people they supported. For example, 1 staff member told us of an issue they had raised. They said, "This was escalated to social services and the positive behaviour support team to help us to manage the behaviours. There have been adaptations to the house to help minimise the frequency of the incidents. Staff have also received training to help manage the behaviours." This showed the provider took action to promote people's safety and well-being.

Systems and processes to safeguard people from the risk of abuse

- Staff told us about how they raised any safeguarding matters with their line management. We saw examples of where the senior management team had raised safeguarding alerts with the local authority safeguarding team for further investigation.
- People and their relatives told us staff provided safe care and people felt safe living there. One relative said, "The staff have the patience of saints and make sure the very best care and support is given." Another relative told us their family member regularly returned to the family home to stay for 1 or 2 nights. They told us, "After a stay at home [person] is always happy to go back to [their home] which we feel speaks volumes."

Staffing and recruitment

- People were supported by a staff team who knew them well. This enabled people to have consistency of care and build relationships and trust with the staff supporting them.
- The provider and registered manager acknowledged the staff training provision needed further development because not all staff had attended some essential training sessions. The senior management had developed a strategy to ensure this shortfall would be addressed in a timely manner. The strategy involved setting up a 'response' team of staff to be able to provide cover for staff to attend their core training.
- There had been some significant changes within the provider's workforce since the previous inspection. Staff were experienced in supporting people with learning disabilities and autism however, some had not received recent up to date training in this area. The provider advised this training had been booked with a local care provider's association.
- People were supported by staff who had been recruited through a safe recruitment and selection process. This included all pre-employment checks, such as a criminal record check and references. The provider reported a recent recruitment campaign had been successful with in excess of 40 new staff employed in the past 6 months.

Using medicines safely

- Staff told us they had received training to enable them to safely administer medicines.
- People's medicines were stored securely.
- People had their medicines when they needed them. Support plans included details of the help people needed to take their medicines. Daily checks were completed to ensure people had been supported to take their medicines as prescribed.
- We were advised of a situation where a medicines error had occurred due to 2 differing doses of medicines being supplied in identical boxes. To help ensure no further recurrence of this error 2 staff were involved in medicine administration.

Learning lessons when things go wrong

- Where safety concerns, accidents, complaints or incidents occurred staff advised their manager, who in turn reported to the senior management team weekly. Concerns were explored appropriately and the learning from these was shared with managers of all the supported living environments to help improve practice across the service.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

At our previous inspection in June 2021 the provider's quality assurance 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 breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The management team were very knowledgeable about each person who used the service and the supported living environments they lived in. During a recent period of significant staff shortages, the senior management team had worked alongside staff to help ensure people continued to receive appropriate support. This meant there was a delay in the provider implementing their new governance system indicated in their action plan from the previous inspection. A system had now been introduced to enable formal monitoring of the service; however, this was new and needed time to embed into practice of the service.
- Staff knew people well and understood their individual needs and preferences. Support plans did not always reflect people's needs accurately but this was work in progress at the time of this inspection.
- During the period of significant staff shortage the programme of staff supervision and training was interrupted. The senior management team advised supervisions were now underway and the staff training programme was gathering momentum.

We recommend the provider continue to develop and fine tune their governance systems to help ensure people continue to receive a safe and effective service.

- The provider had strengthened their management team to enable them to have a better oversight of the service they provided. A staff member told us, "We have a new operations manager who's been with us for about 4 weeks, and in that time I have seen many improvements." They went on to say staff morale was gradually improving as a result.

- The provider had introduced a new computer programme to help manage staff training, supervision, appraisals, annual leave, sickness and working hours. They advised this would give them assurance that staff were not working excessive hours and had received all the relevant training and support they needed.
- The provider had introduced a system whereby the manager of each supported living environment reported weekly to senior management on the training status of the staff in their teams. This helped ensure the focus was maintained on this important area.
- Staff told us they felt supported to provide people with good care and support. A staff member told us, "I have received face to face training and online training via care skills academy to help me understand my role and carry out my duties effectively. I have had supervisions with my service manager to evaluate my performance, give me opportunity to voice any concerns about care and support given to the people I support and suggest ways of improving the service for them."
- Since the previous inspection the provider has introduced a digital care plan system. Staff said the system was excellent as it meant they always had people's information with them for health appointments and such like. People's relatives told us they could log in and see what people were doing and if they had their care needs met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from relatives was overall positive. A relative told us, "We would have no hesitation in recommending Blossom Healthcare to others." Another relative said, "The Blossom HCG management team continue to do a good job and we are satisfied that the service is managed well. They are always easily contactable and answer any questions or requests promptly. We would have no hesitation in recommending Blossom HCG to others."
- People's relatives told us staff and management listened to any worries or concerns they may have and acted accordingly. For example, a relative told us, "On a very rare occasion that an issue has to be highlighted to management, I was contacted quickly, dealt with efficiently and most importantly with my [family member's] best interests at heart."
- People's relatives and external professionals shared with us they felt the service achieved good outcomes for people. One relative told us, "[Person's] care needs are regularly reviewed by us, the staff team and other professionals. Any changes are implemented and managed well."

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

- The provider engaged with people's relatives frequently to help assess if people's needs were being met appropriately. Feedback from people's relatives helped to direct people's care. The provider was introducing a key worker system so each person using the service would have one staff member who knew them well to engage on their behalf.
- The provider's website had a 'survey' function where any relative, staff member or person could give their feedback with a click of a button.

Working in partnership with others

- The management team had good working relationships with external professionals. A social worker described how the registered manager and their team had supported individuals to move from a residential placement into supported living with Blossom HCG. They said, "I have been very pleased with the support [registered manager] and team have provided not only for people but their families. The move was a highly stressful and emotional one but the team at Blossom worked extremely well in supporting the individuals through the transitions." They went on to say, "The people appear to be settled, thriving and enjoying a better quality of life."

