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Blossomwood

Inspection report

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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

Blossomwood is registered to provide accommodation and personal care for up to 12 people who require support regarding a learning disability or autistic spectrum disorder. At the time of our inspection 12 people were living at the service.

When we last visited the service it was rated good. At this inspection we found the service remained good.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people they supported.

The management team had systems in place to monitor the quality and safety of the service provided.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive

Is the service well-led?

Good ●

The service remained well-led

Blossomwood

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 27 June 2017 and was unannounced. It was completed by one inspector and an expert by experience. An expert by experience is someone who has experience of this type of service. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, we also observed staff interactions with people. We spoke with three staff. We also spoke with the registered manager.

Following the inspection we made telephone calls to relatives and professionals for feedback about the service. We reviewed four people's care records, eight medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit which was published on 30 December 2014.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse and harm and risks to people's safety as at the previous inspection and the rating remains good.

People and their relatives told us they felt the service was a safe place. Comments included, "Yes, I feel safe here I go and see the manager if I have any worries" and, "The staff help me when I need it; they treat me with respect they are like my family now."

Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies. There were clear financial procedures in place where the service was responsible for the oversight of people's money.

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. Staff were able to give examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or when working at their place of work.

People were cared for in a safe environment. The manager arranged for the maintenance of equipment use and held certificates to demonstrate these had been completed. We saw records such as the fire system including emergency lighting were checked regularly. Weekly tests of alarms and emergency lighting were carried out by the registered manager with regular fire drills undertaken. We were confident that people would know what to do in the case of an emergency situation.

There were sufficient staff to meet people's needs and keep them safe. In addition to care staff there was a chef. A staff member told us, "We always have enough staff the manager works on shift if we need them to." There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines we had a discussion with the manager how these audits could be more robust and they therefore planned to contact their medication provider for an external audit.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found people were being supported appropriately, in line with the law and guidance.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. Staff were able to describe people's risk assessments and how they worked with people in order to mitigate the risk. For example, one staff member told us, "[Name] has a risk assessments for dysphagia we ensure we follow that at mealtimes." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The manager and provider worked alongside staff on shift and were therefore able to observe staff to ensure they were competent in putting any training they had done into practice.

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Relatives told us, "The staff know [relative] very well they know what they are doing, they have worked with [relative] for many years and know how to keep him happy", and "The staff understand [relative] and encourage him to make decisions and choices."

Everyone was complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. People told us they took part in choosing the menu and we observed staff giving choices of food and drink during the day of the inspection. People told us, "I help myself to drinks whenever I want", "I keep some beer and crisps in my room for when I watch my DVD'S", "I don't like spaghetti bolognese so I have curry instead."

Care records showed people's day to day health needs were being met and they had annual health checks. People had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. The registered manager told us they have a good relationship with the doctor's surgery and home visits will take place if necessary. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

Is the service caring?

Our findings

At this inspection we found people were still happy with the service provided to them and the rating remains good. People and their relatives told us staff were caring towards them and always treated them with dignity and respect. This was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. People told us, "The staff help me tune my guitar they always help me", "The staff take me to see my daughter" and, "They sort my clothes out and we have a nice talk at the same time."

People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. People told us how they had been supported to go on holiday to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted to them therefore, respecting their individual choices. Staff spoke fondly of people. One staff member told us, "[Name] loves his cups of teas and his football, he chooses not to go out most of the time he likes it here."

The service had visual displays to enhance communication and staff were also observed using Makaton with people. Makaton is a sign language used to communicate with people who have a learning disability.

People told us they had visits from family and this was confirmed by the relatives we spoke with one relative told us, "The staff support [relative] to phone once a week and they come home every Friday." During the inspection we observed someone being supported to speak to their family and they were left to have a private discussion the staff told us, "We dial the number for him."

Each person had a keyworker who was responsible for supporting people to maintain contact with their family and friends and this included supporting them to buy presents and cards for special occasions as well as keeping their care plan updated.

Staff had a good understanding of the principles of privacy dignity and human rights and we saw examples of where these principles were maintained. For example, we observed someone being asked discreetly if they needed support to use the toilet and someone else was asked if they would like support with their meal.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be good.

People confirmed that they had a variety of activities to do including contributing to the running of their home. Comments included, "I do the washing up, hoovering and drying up", "I do the gardening sometimes when I feel in the mood." Another person told us, "I work at the hospice and I go to the day centre three times a week, I am making some furniture there for my family." Other activities included a visiting musician and a massage therapist. During the day of inspection people were observed doing meaningful activities with staff support. For example, one person was being supported to clean their room, another person was playing with sensory items.

Relatives we spoke with confirmed they were invited to meetings and reviews on a regular basis and kept informed of any changes that were being made. One relative told us, "I am fully involved in [name] care and I am always kept in the loop with everything that is how I want it to be." The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen profile' document in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan. The keyworker reviewed the plan on a monthly basis highlighting any changes which were then actioned by management.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. People and relatives confirmed this and told us that they had a good relationship with the provider, manager and staff and could speak to them about any concerns and things were dealt with immediately.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be good.

There was a registered manager in place. 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.

Staff told us the service was well organised and they enjoyed working there they said the registered manager and provider had a visible presence within the home and in the daily running of the home. The registered manager knew the people they supported and regularly worked alongside staff. People told us they were treated fairly, listened to and that they could approach the manager at any time if they had a problem. Staff told us the manager had also arranged transport for them to get to and from work because the service was not accessible by public transport to fit in with their shift pattern.

The service carried out a range of audits to monitor the quality of the service. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives as well as other professionals. All of the comments were positive. Comments included, "Having [name] so well looked after is peace of mind for the family well done to Blossomwood for getting it so right."