

Blossoms Care Services Limited

Blossoms Care Services Ltd

DCA

Inspection report

15-16 Eaves Court
Bonham Drive
Sittingbourne
Kent
ME10 3RY

Tel: 08009177045
Website: www.blossomssupportedliving.com

Date of inspection visit:
20 September 2018
21 September 2018

Date of publication:
19 October 2018

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

The inspection took place on 20 and 21 September 2018. The inspection was announced.

At the last Care Quality Commission (CQC) comprehensive inspection on 19 and 20 January 2016, this service had an overall rating of Good.

At this inspection, we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossoms Care Service Ltd DCA, on our website at www.cqc.org.uk

This service is a domiciliary care agency. Blossoms Care Services is a care agency that provides care services to people in their own homes and people living in supported living accommodation. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and administration of medicines. At the time of the inspection the service was providing support to 68 people, in the Isle of Sheppey, Sittingbourne, Faversham and the Swale area. The service can provide a range of visits to people, from one to two hours per week, up to several visits per day. Support is primarily given to older people, people with learning disabilities, people with sensory impairment, and people with mental health difficulties. People had a variety of complex needs including mental and physical health needs and behaviours that may challenge. The support provided aims to enable people to live as independently as possible.

Staff enabled people to use assistive technology to support people to be as independent as possible. They had initiated and led projects to help people move from residential services, where they had previously required constant staff supervision, to allow them more privacy and independence in their own homes or supported living services. Staff were available and easily accessible nearby. Staff and the management team had an understanding of managing risks and had supported people that had previously challenged services to reach their full potential.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

The service provided care and support to people enabling them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to reach their potential and live independent lives. People and their relatives were overwhelmingly positive about the service they received. One person said, "The carers are ok, nice and they do help me. They support me and are helping me to maintain my independence. I am working towards getting my own house and recently staff have started

helping me to take my own medicines".

The service continued to have suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. Staff were confident that they could raise any matters of concern with the provider, the registered manager, the managers of services or the local authority safeguarding team. Staff were trained in how to respond in an emergency (such as a fire, or if the person collapsed) to protect people from harm.

Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow and knew who to contact, if they felt a person's normal freedoms and rights were being significantly restricted.

The management team involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs. People could express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community.

The management team carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

People were supported with meal planning, preparation and eating and drinking. Staff supported people, by contacting the office to alert the management team about any identified health needs so that their doctor or nurse could be informed.

People had positive relationships with the support staff who knew them well and used their shared interests to help people live interesting lives. There were enough staff available to meet people's needs and people were busy and engaged with their communities. They were supported to make and maintain friendships and relationships that were important to them.

The service had robust recruitment practices in place. All new staff received induction training and they worked alongside experienced staff and had their competency assessed before they could work on their own. Refresher training was provided at regular intervals. Staff had been trained to administer medicines safely.

Staff followed an up to date medicines policy issued by the provider and they were checked against this by the training manager. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

People said that they knew they could contact the management team at any time, and they felt confident about raising any concerns or other issues. The management team carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the managers of the services.

The provider had processes in place to monitor the delivery of the service. As well as talking to the management team at spot checks, people could phone the office at any time, or speak to the senior person

on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs.

Incidents and accidents were recorded and checked by the provider or registered manager to see what steps could be taken to prevent these happening again. Risks were assessed and the steps taken to minimise them were understood by staff. Managers of services ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

People felt that the service was well led. The provider and registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the range of services provided. Staff were motivated and proud of the service. The service had developed and sustained effective links with organisations that helped them develop best practice in the service. The registered manager used effective systems to continually monitor the quality of the service and ongoing plans for improving the services people received.

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 remains Good

Good 

Is the service effective?

The service remains Good

Good 

Is the service caring?

The service remains Good

Good 

Is the service responsive?

The service remains Good

Good 

Is the service well-led?

The service remains Good

Good 

Blossoms Care Services Ltd DCA

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 20 September 2018 and was announced. On the 21 September 2018 staff were telephoned to gather their views about the service. The inspection team consisted of one inspector and an expert by experience. The expert by experience understood the needs of people supported by this type of service. The expert by experience telephoned people and/or relatives to obtain their views about the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with eight people receiving a supported living service, two people who received support in their own home and seven relatives of people who received support in their own home. We spoke with the nominated individual, the registered manager and seven staff.

We looked at a variety of records. This included six care plans, daily notes; a range of the providers policies including safeguarding and health and safety; the recruitment records of four staff; the training records for all the staff and quality audits.

Is the service safe?

Our findings

People who used services said that they felt safe with their support staff and had no cause for concern regarding their safety or the way they were treated by staff. One person said, "Fantastic, I am so proud to be with this company. I trust every carer, there is nothing too much trouble for any of them. They help me maintain my independence, they help me do as much as I can. Everything is recorded in my file, they always know how I am doing". One relative told us, "She is definitely very safe and very well looked after. The staff are very well trained and able to use the equipment needed".

The staffing levels were determined by the number of people using the service and their needs. Staff with the right skills supported people in the right numbers to be able to deliver care safely. Staff were experienced in caring for people with learning disabilities and complex needs. Staff turnover was low in the service which meant that staff had got to know the people they were supporting very well. People were independent with areas of their life skills and staff were not required by people all the time. We could see that the way staff were deployed matched people's needs in their care plans. The staff duty rotas demonstrated how staff were allocated to each person's support needs. Staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times.

People were protected from the risk of receiving care from unsuitable staff. The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

People were safeguarded by staff who were trained to protect people from harm. One member of staff said, "There are lots of routes to go down if we have any concerns". Staff followed the provider's policy about safeguarding people and this policy was up to date with current practice. Staff had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff had read and understood the provider's whistleblowing policy. This meant that people were protected from the risks of harm and abuse.

Before any support package was commenced, the management team carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, if there were any outside steps to negotiate to enter the property.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the identified risks and the action they needed to take when caring for people.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care in the community could continue. For example, in the event of inclement weather. Staff received training in how to respond to emergencies. This meant for people in supported living services they could be evacuated safely should this be necessary. The provider had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time.

There were systems in place to monitor and collate incident and accident data to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. Risks were reduced by consensus and with respect to people's independence. The records showed that management were investigating and reviewing the reports and monitoring for any potential concerns. This ensured that risks were minimised across the service and that safe working practices were followed by staff.

People were supported to manage their medicines safely and at the time they needed them. Checks were carried out to ensure that medicines were stored appropriately, and support staff signed medicines administration records for any item when they assisted people. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who could manage the whole process independently to those who required full assistance. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time.

People were protected from potential cross infection. The office premises we visited looked clean and staff received infection control training. Staff had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons.

Is the service effective?

Our findings

People told us that the information they get about the service is clear and that the staff understood how to support them. People said that they thought the staff were well-trained and attentive to their needs. People said, "I have my own key worker, who I get on very well with" and "I enjoy their company, the staff are all very nice". People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs.

People benefited from staff who had appropriate training and skills to meet their needs. All new staff completed an induction when they started in their role. The induction and refresher training included all essential training. One member of staff said, "When I started I had three weeks training and then a week's induction and we have ongoing training". Staff completed training to Care Certificate standards which was recorded in their training records. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised. Staff did not work alone until they had been assessed as competent to do so. Staff were given other relevant training, such as behaviours that challenge, autism awareness and personality disorders. This helped ensure that all staff were working to the expected standards and caring for people effectively, and for staff to understand their roles and responsibilities.

Staff told us that additional training was provided quickly in response to people's changing needs. Training had been provided to staff in using a PEG (artificial feeding system). This meant the individual had continued to receive their care package without having to change provider. Staff told us their training was continuous. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

The registered manager checked how staff were performing through a programme of supervision (one to one meetings), and an annual appraisal of staff's work performance. One member of staff said, "We have an annual appraisal which is very good, we can talk freely about how we feel". Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff told us they were supported through regular supervision and observation of practice. Records seen supported this. Spot checks of staff were carried out in people's homes. A spot check is an observation of staff performance carried out at random so that staff can learn from any mistakes, and receive encouragement and feedback about their work. These were discussed with people at the commencement of their care and support when people could express their agreement or not. People thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make decisions and knew what they needed to do to ensure

decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, advocates or their friends and family were involved.

The service had a policy in relation to restraint. Managers had completed a Level 4 course in restraint and restriction, and staff that worked with people whose behaviour challenged had received training. Clear guidance was in place for staff to support people who presented behaviours that could harm them or other people. The specific behaviours that the person may exhibit were clearly listed, together with the appropriate response that staff should take and information about what could trigger the behaviour.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. One relative told us, "The staff keep a food diary for him, they encourage him to eat healthy food, and help him to manage his weight". People were encouraged to be as independent as possible in preparing their meals. They told us that they liked to help cook and that they chose all their own meals. This meant that people living in support living accommodation were supported to maintain a healthy diet and to enjoy socialising around their meals.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager or managers of services, who then contacted their GP, community nurse, mental health team or other health professionals. Each person had a record of their medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses regarding people's health needs. Occupational therapists and physiotherapists were contacted if there were concerns about the type of equipment in use, or if people needed a change of equipment due to changes in their mobility. Each person had a health action plan that set out their specific health needs. People were supported to lead healthy and active lives regardless of their age or physical ability.

Is the service caring?

Our findings

People described their care positively. Staff we spoke with had the right attitude to care and were committed to delivering compassionate care. People told us that staff were kind, friendly and respectful and they felt included. People told us, "The staff are lovely they can manage most situations", "The staff look after me really well" and "I get on really well with the carers, they are teaching me to cook my meals".

People living with disabilities often suffer discrimination. The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights (EDHR). These were accessible to staff and EDHR choices were included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with demonstrated to us how they delivered care respectfully. This meant that care was open and inclusive.

Staff continued to develop positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. Staff were given the time to develop positive and meaningful relationships with people. One relative told us, "Although she is unable to respond, they never give up trying to engage her and enable her to participate in activities". This showed that the provider and registered manager took care to deploy staff that would meet people's individual needs.

People valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. There was clear information for staff to follow for example, facial expressions and body language, when people were distressed and needed comfort. Staff told us this was especially useful where people did not use verbal communication. Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. This showed that staff provided caring and considerate support.

Staff respected people's privacy. Staff were discreet when discussing people's needs, moving to quiet areas of the office as required. Staff communicated effectively with each person using the service, no matter how complex their needs. For some people this meant using alternative or supportive communication methods such as computer apps and picture boards to assist them in speaking out. The registered manager had produced easy read information guides and policies for people. Staff had worked with the speech and language team to develop visual storyboards. The speech and language team had provided training for staff which meant that staff were able to develop visual storyboards for the people they supported.

Staff encouraged and supported people to prepare their meals, doing domestic tasks, and accessing the community, as developing skills, promoted people's independence. Assistive technology was sourced, supplied and used to help people retain or develop their independence. Activity sessions were carefully planned and carried out to enable people to try new things and develop new skills. For some people this meant that they could further develop their independence, for example working towards going out into the local area on their own. People had been supported to move into their own home from a more supported setting and over a period of time the support hours had reduced. People had been supported and could

now stay on their own overnight and they managed their own medicines. One person said, "I can now manage my own medicines, I was a little apprehensive, but I get lots of support from Blossoms staff". This meant that people were encouraged to be as independent as possible.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People received personalised support which met their specific needs and felt their needs were reviewed and kept up to date. This was confirmed in people's records and by staff. People described their staff as being 'supportive' and 'caring'. One person said, "I am very happy here, they are helping me to keep my independence". One relative told us, "They (staff) always try to encourage him to join in, it is like a big family. I think he gets all the social help he needs".

People told us that they had a care plan with information in it about their care. They and the people that mattered to them had been involved in identifying their needs, choices and preferences and how these should be met. Records showed that people had been asked their views about their care. Reviews of the care plan could be completed at any time if the person's needs changed. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff. We could see that care plan reviews had taken place and that these had been recorded. Staff said they were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests, and preferred communication method. For example, one care plan stated, 'To help me communicate I use my own signs or I point to what I need'. The plans also included details of people's religious and cultural needs, together with a 'when I die person centred plan' if appropriate.

Person centred reviews took place with health action plans and communication passports in place where relevant. Health action plans are recommended for people with learning disabilities by the department of health to promote people's health and their access to health services. Communication passports are easy to follow person-centred booklets for those who cannot easily speak for themselves when they need to use other services. For example, if they were admitted to a hospital.

Staff recognised the importance of social contact and companionship. They supported people to develop and maintain friendships and relationships. People were supported to use the telephone and email to stay in contact with families and friends. Staff helped people to arrange visits for dinner or a social catch up.

People were supported to be involved in a range of activities in the local area, including swimming, bowling, social clubs, going to the cinema, eating out and drinks at the pub. One person said, "We are always going out somewhere, today it is lunch club". One relative told us, "He goes horse riding, gym, regular walks, he loves it there". Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, using technology to ensure records were accessible to people with different communication needs.

The provider had given people clear information about how to make a complaint. There was a written and

pictorial procedure and staff discussed people's satisfaction with the service at regular meetings with them and the key members of their team. In addition to the formal complaints procedure the registered manager and management team spoke with people and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint. One relative said, "If there are any concerns the company acts immediately to correct them. Overall we have nothing to complain about".

The service kept a log of any missed calls. Missed or late calls were taken very seriously and records showed that once alerted, action had been taken to cover every call.

Is the service well-led?

Our findings

People told us the service was well managed. People said, "The manager is very approachable, I can call with any problems and they sort it out for me straight away" and "The office always return my calls, they listen to any problems I may have". One relative told us, "The manager is very good, I have a very good relationship with her, I can ring her and she will deal with it immediately".

Staff told us, "They are the best people I have worked for, very supportive management" and "It is a lovely company to work for, very nice and good morale amongst staff".

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider and registered manager continued to develop and sustain a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Our discussions with people, their relatives, the provider, registered manager and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and registered manager were supportive of them. Staff told us that the provider and registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff.

Staff told us they were well supported by the registered manager. Staff said, "Manager very approachable, feels part of the team, it is like a family, no one is treated any different" and "I wished I had come to Blossoms years ago, never had such a friendly boss. She is always there if needed". Staff had regular staff meetings and felt support and guidance was available whenever they needed it. The registered manager knew the staff team well.

Staff continued to have access to a range of policies and procedures to enable them to carry out their roles safely. The registered manager had introduced staff training following the data protection changes and the implementation of the General Data Protection Regulation (GDPR).

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. Staff were aware of the whistleblowing procedures and said that poor practice would be reported. The policy included information about external agencies where staff could raise concerns about poor practice, and directed staff to the Care Quality Commission.

The registered manager and training manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

The management team carried out audits and checks of the service to ensure that people were safe and received good care and support. Action plans recorded issues found, the action taken and the registered manager signed off audits when completed.

The provider and registered manager had a clear vision for the service which was based on providing support that was led by and focused on the person and developing the service for the future.

The provider and registered manager continued to work in partnership with other agencies to enable people to receive 'joined-up' or integrated care as appropriate.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.