

Blossom Healthcare Solutions limited

Blossom Healthcare Solutions

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Blossom Healthcare Solutions is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection 34 people were receiving using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider had started providing care for people with complex conditions. We were not assured the tasks being provided were within the providers scope of registration and all risks related to this fully explored and mitigated. Whilst some training had been provided to staff delivering these tasks, the records kept in relation to this were not always comprehensive or up to date.

People and their relatives told us they felt safe and were protected from the risk of abuse. Risk assessments had been carried out to identify and minimise any risks involved in people's care. People's medicines were managed safely. Staff were recruited safely and there were enough staff to meet people's needs.

Care plans were reviewed and updated as people's needs changed. People were supported by staff who knew them well and were able to identify people's likes and dislikes. 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.

Staff monitored people's health effectively and responded promptly if people became unwell. Staff worked well with other professionals involved in people's care to ensure they received the support they needed.

People told us they were treated with dignity and respect and were positive about the support they received.

A complaints procedure was in place and people told us they felt able to raise concerns when they needed to.

The provider monitored the quality of the service and had an action plan to address any areas identified for improvement.

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

Rating at last inspection

This service was registered with us on 09 April 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 13 November 2019.

Why we inspected

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

We have found evidence the provider needs to make improvements. Please see the effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to staff training and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Blossom Healthcare Solutions

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors and an expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We carried out the inspection visit on 14 June 2022. It was announced. We told the provider before our visit we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be available at their office.

Inspection activity started on 14 June 2022 and ended on 27 June 2022. We visited the location's office on 14 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and 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 spoke with five people who used the service, 13 relatives and viewed surveys about their experience of the care provided. We spoke with seven members of staff including the registered manager and quality and assurance manager. We reviewed a range of records, including 14 people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were enough staff to meet people's needs. However, some staff were not suitably competent and skilled to provide people with safe care.
- During the inspection we identified concerns in relation to the type of tasks some staff were delivering to people with complex needs.
- Training statistics for some mandatory training were low and some competency assessments related to specific tasks were not in date. Two staff members were providing a specific task for a person with complex needs had not had their competency checked since 2018.
- There was mixed feedback about late calls, however the provider had recognised this and was working on reducing this. We noted late calls had reduced significantly in the last couple of months. One person told us, "If staff are held up, the office phone me. The staff stay the full time." A relative said, "If the traffic is bad, they can be late. Perhaps once or twice a week. They do the time they are meant to, and twenty minutes delay doesn't affect medication."
- Safe staff recruitment procedures were followed. Recruitment checks undertaken included references and checks with the Disclosure and Barring Service (DBS), which helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- Risk assessments were in place to help keep people safe. However due to the complexity of some people's health conditions we were not assured all risks associated with staff completing particular care tasks for two people had been fully explored by the provider.
- Whilst staff completing these tasks told us they felt confident and people we spoke with were happy with the competence of staff to deliver this care. The provider had not established robust protocols to ensure staff delivering these tasks and people receiving this care had the appropriate oversight in place to ensure these tasks were being completed safely.
- Staff told us they knew how to manage risks when visiting people in their home. One staff member said, "The care plan is updated regularly and has all the risk assessments. The care plan records what we need to do, I shadowed other staff before working with [person]."

Using medicines safely

- Medicines were not always managed safely. The majority of people received their medicines in a safe way and systems ensured timely administration of medicines. However, medicine was administered to two

people with complex needs in a specific way and we were not assured this was within the scope of the providers registration. Following the inspection, the provider stopped staff administering these medicines in this way whilst this was explored in more detail.

- Where people were prescribed 'when required' (PRN) medicines, for example, paracetamol, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- One person told us, "The staff give me my medicines from the boxes. I've not missed any. They record it in the book in my care plan on MARS (Medicine administration record)."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- People and their relatives told us staff followed relevant infection prevention and control guidance. One person told us, "They [staff] wear face coverings, aprons, shoe covers and gloves. They help to microwave my food. The hygiene is good."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives felt safe with staff. One person told us, "I'm very satisfied with the quality of care. They do what I want and what I need. They get me out of bed safely. They fixed bedrails on the bed, got a special toilet seat and something for me to grab on to. The staff are polite." A relative told us, "Yes, [person] is very safe. The staff are lovely and good. I am satisfied with the way they work."
- The service had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report to if they had any concerns about people's safety. A staff member told us, "I would at first report to the manager and tell them about the abuse. If I was worried about them not doing anything I would go to the council."
- Processes were in place to ensure all incidents were documented with systems to record outcomes and actions to help prevent similar events as part of lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not operate effective systems to ensure staff were appropriately skilled to meet the needs of people using the service.
- Two people that used the service had complex needs. Whilst people were happy with the care they received, the provider had not ensured staff had received specialist training to help them understand people's health conditions. For example, two people had spinal injuries and not all staff supporting these people had received training in this area. Following the inspection, the registered manager sent us evidence this training had now been booked.
- We were not provided with evidence staff had received training in other specialist areas such as dementia, catheter and stoma care.
- Competency assessments were not up to date and some staff were delivering care that would be considered complex. For example, two staff had not had up to date training or their competency assessed since 2018.
- There were also several subjects where percentages of staff mandatory refresher training were very low. For example, nutrition and diet and pressure care all below 50%. Due dates for these subjects were recorded as 2021.

We found no evidence people had come to harm; however, effective training had not taken place. Systems and oversight required review to ensure the training needs of staff were identified. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the concerns about training most people and relatives were positive about the skills of the staff. One relative told us, "The staff are compassionate, kind, professional, experienced, highly trained and skilled."
- Staff were supported through supervisions where they could discuss any issues. One staff member told us, "Yes, we have regular checks where they come in and we do have the opportunity to talk to managers. They are very supportive, and I would go to [senior staff member] for anything." Another staff member said, "have just had my appraisal with [senior staff member]. I do feel very supported and I can call at any time."

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

- Assessments were in place for people's health and care needs. Relatives told us these were discussed with them. One person told us, "The assessment report was done a long time ago. It's working fine. I am hoisted safely. I'm waiting for a ceiling hoist that the staff have suggested. The occupational therapist (OT) is sorting

it out. My hoist is kept clean." A relative told us, "We have a care plan and we sorted out a live-in carer due to the risk of accidents at an early review. I have power of attorney and the care plan was discussed with me. I signed the care plan."

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

- People's care records included assessments of their dietary requirements and food likes and dislikes.
- Information related to any allergies people had, or specific dietary requirements were recorded, and staff had access to this information. One staff member told us, "[Person] likes everything prepared fresh as they do not like microwave meals, we cook pasta and grilled chicken with salad or in the winter casseroles."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood how to ensure people received timely access to health professionals. For example, staff told us people had access to their GP, dentist, occupational therapist and district nurse. One person told us, "I needed appointments arranged and the office does them for me and gives me support." A relative told us, "The office called the G.P when we were worried about [person]. They discussed it with me first."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity had been considered in line with guidance for relevant decision-making processes. Staff employed had completed training in relation to the MCA. A staff member told us, "I would ask managers if I thought anyone required an assessment of their capacity, but that would not stop me making sure I tried everything to support them to make their own decisions."
- People and relatives confirmed staff always asked for consent before providing care and support. One person told us, "The staff always respect my decisions."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service and their relatives were positive about the staff that supported them. One person told us, "The staff are polite, always happy and a pleasure to have around." Another person said, "The staff help me. If I'm depressed and feel like crying, one of the staff talks to me, calms me down and it's like getting speaking therapy." A relative said, "They [staff] are very efficient and very friendly. You can't fault them. They are really nice and do the job. They don't cross boundaries and are very professional."
- The provider recorded in their provider information return, "We operate a completely open and unbiased operation. All staff and all clients are respected for who they are as individuals, regardless of race, religion, sexual orientation, disability, etc. People must be able to live their life safe and secure that they can be who they are, and not have to worry about pretending to be something else."
- One person told us, "Staff respect my culture and are very respectful of my gender. I only get lady staff."
- Care plans were written with consideration of people's cultural, religious or spiritual needs and included any personal choices and preferences.

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

- Staff supported people to express their views so that all staff understood their views, preferences and choices. One person told us, "They [staff] ask me what I want to wear and what I want to do. If I say no, they don't force me." A relative said, "Oh yes, [person] has choices. The staff will ask what [person] would like to do. Like go out into the garden or if they want a drink. The staff listen to [persons] choices."
- Staff told us they had time to get to know people and talk with them. One staff member told us, "We talk all the time, [person] is able to communicate. They can tell us what they want or need." Another staff member said, "I was able to get to know [person] and have a chat. They told me about what they like and dislike. [Person] does not go out only into the garden."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with respect and dignity by staff. One person told us, "The staff knock on the door every time, they close the curtains for showers and stay outside. When I'm finished, they will hand me a bathrobe." A relative said, "[Person] can be difficult but they [staff] treat [person] with respect. They are gold dust. They're incredibly professional in the face of [person's] abusive behaviour."
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible. A staff member told us, "I make sure when we do personal care, I cover [person's] bottom half when doing top half and I close any doors. We try to encourage people wherever we can to be involved."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The provider had not always assured people's needs were being met appropriately. Two people that used the service had been receiving care without an appropriate healthcare professional providing oversight. Whilst the provider had employed a qualified nurse, the provider had not fully considered whether these tasks were in scope of their registration requirements.
- People and their relatives were fully involved in planning and reviewing their care, to ensure it fully met their needs. Care plans were personalised, detailed and up to date. One relative told us, "We discuss what actions to take jointly with the staff. I am informed of any changes especially of any skin changes. The staff monitor, check and take photographs. They discuss anything that's changing with us both."
- Staff told us if people's needs changed, they were quickly informed by the management team and care records were updated.
- Staff were knowledgeable and understood the care needs of the people they supported. A staff member told us, "All clients have a care plan, it has medical history, next of kin, people's background, hobbies and interests. They also have what we need to provide on each visit."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed when they started to use the service. Each person's specific communication needs were detailed in their care plans.
- Relatives told us people's communication needs were met. One relative told us, "They [staff] will speak slowly, precisely and repeat to make [person] understand. They take their time. They use the board with pictures or point to see what [person] would like." Another relative said, "The staff use an alphabet board and look for non-verbal responses."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and complaints received had been investigated and resolved by the manager. The provider kept a detailed log of ongoing complaints and investigations.
- People and relatives told us they knew how to make a complaint and gave us examples of the concerns and how they had been resolved. One relative told us, "Perhaps little things we raised with the manager and office, But, nothing major. Office dealt with matters straight away and fixed it."

End of life care and support

- Care plans detailed people's end of life wishes and preferences. When professionals were involved in people's end of life care this was recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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; Continuous learning and improving care

- We were not yet assured the provider who was also the registered manager had a good understanding of their role and responsibilities in relation to the conditions of their registration in operating within their regulated activity.
- Care was being delivered to people with complex needs which the provider had not fully explored if this was appropriate or safe for staff to deliver. Following the inspection, the registered manager stopped staff from completing these tasks whilst we looked into these concerns. The registered manager did acknowledge the concerns identified and was working to try to ensure the service was operating correctly.
- The provider's quality assurance processes had not identified the concerns found during the inspection in relation to staff training, skills and competencies.

We found no evidence people had come to harm; however, systems were not robust enough to demonstrate the quality and safety of services were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and, relatives were positive about the care they received and the service. One person told us, "I have nothing negative to say. I'd give them 10/10." A relative said, "I've always praised the staff and told the office that many times."
- Overall, people and relatives told us the office communicated well about any delays that made staff visits late. They followed up and informed people of any health concerns and of arising additional care needs. If needed the service helped people to make health appointments and liaised well with their relatives. If people were isolated, then staff were said to be helpful by making conversations to reduce their sense of aloneness.
- One person told us, "Yes they do get things done at the office and are very good. I am quite happy overall." A relative told us, "We asked for the timing of visits to be changed as they were too close together. It was fixed straight away."
- People and relatives were encouraged to provide feedback about the service and were confident their

views would be listened to and acted on. One relative told us, "Yes we have done a survey. Last one was about New Year's Day."

- Staff were positive about working for the service. One staff member told us, "I am happy with the company." Another staff member said, "The manager checks up on me to find out how I am getting on, especially when working with a new client. They encourage me to express my views freely and provide assistance when I need it."

Working in partnership with others

- The registered manager was working in partnership with other agencies.
- Care records demonstrated the service was working with other professionals, such as social workers and commissioners.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had come to harm; however, effective training had not taken place. Systems and oversight required review to ensure the training needs of staff were identified. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>We found no evidence people had come to harm; however, effective training had not taken place. Systems and oversight required review to ensure the training needs of staff were identified. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>