

## Consensus Support Services Limited

# Blossoms

### 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

Blossoms is a small residential care home providing personal care and support for up to six people with learning disabilities. At the time of our inspection six people were using the service. At the last inspection, the service was rated Good and at this inspection we found the service remained Good.

People continued to receive safe care. Staff knew how to recognise the signs of abuse and they were confident on using the safeguarding reporting procedures. People were consistently protected from the risks of harm; staff knew how to manage risks, whilst promoting people's rights to take risks. Staff were appropriately recruited and there were enough staff to provide care and support to continuously meet people's needs. The medicines administration systems ensured people consistently received their medicines safely.

The care that people received continued to be effective. The staff support, training and professional development systems ensured staff had the right skills, knowledge and experience to effectively meet people's needs. People were supported to maintain good health and nutrition.

There were positive relationships between people using the service and the staff. The staff were caring and treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with their personal preferences. People knew how to raise a concern or make a complaint and the provider responded appropriately to any concerns or complaints.

The service had a positive ethos and an open culture. The registered manager had good oversight and leadership of the service. People, their relatives and other professionals had confidence in the registered manager to lead the staff team in providing consistent high quality care.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Blossoms

## **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 checked 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 was a comprehensive inspection that took place on 7 March 2017; the inspection was unannounced and carried out by one inspector.

Before the inspection the provider completed 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 looked at information we held about this service and information from statutory notifications that had been sent to us by the provider, statutory notifications inform us of important events, which by law the provider is required to tell us about. We also looked at information we had received from other agencies and the local authority who commissioned services from the provider.

During the inspection we spoke with four people using the service, one team leader and five support workers. We also carried out general observations of interactions between staff and people using the service. We reviewed the care records for two people using the service, three staff recruitment files and records in relation to staff training and support. We also looked at records on medicines administration, health and safety and quality monitoring of the service.

# Is the service safe?

## Our findings

People were kept safe by staff who had received training to recognise the signs of potential abuse and know how to raise safeguarding concerns. One person said, "I feel very safe." Another person, with limited verbal communication, when asked if they felt safe, responded by nodding and smiling. One member of staff said, "We all have training on safeguarding, which we have to update each year, if I had any reason to suspect any of the people living here were at risk of being abused, I wouldn't hesitate to report it." Another member of staff said, "Safeguarding is a very important part of our job, we need to ensure people are fully protected from all forms of abuse and kept safe."

Risk assessments acknowledged the potential risks involved with promoting people's independence. Such as how people were to be supported to access the community, use public transport and manage personal finances. The risk assessments were reviewed regularly and updated as and when people's needs had changed.

People received care from a dedicated team of staff that had worked at the service for a number of years. Records within the staff recruitment files evidenced that thorough pre-employment checks were carried out. There was sufficient numbers of suitably qualified staff to keep people safe and meet their needs. One person said, "I think there is enough staff." A relative also told us they had thought the staffing levels were good, they said, "I have never had any cause for concern about the staffing levels." One member of staff said, "We are proud we do not use any agency staff, it is important that people receive care from a staff team they know and trust." We saw the staff rota accommodated people's daily choice of activities. We observed that staff worked at a relaxed pace and responded to people's requests for assistance without any delays.

The medicines management systems ensured that people received their medicines safely. We observed staff administering medicines to people; they explained what the medicine was for and sought consent before administering medicines. The care plans contained detailed information on any allergies people had, and listed the medicines people were prescribed. Medicines audits were regularly carried out to identify and correct any discrepancies found, the medicines administration records (MAR) and medicines storage were kept in good order.

## Is the service effective?

### Our findings

People received care from a staff team that were knowledgeable and skilled in carrying out their roles and responsibilities. One member of staff said, "We have lots of training, we have to do regular training updates, we get reminders to tell us when certain training courses are due for renewal." We saw that staff completed the Care Certificate training, and records confirmed training was closely monitored at the service.

The staff told us they felt well supported by the registered manager and the team leaders. They told us that when they first started working at the service they had been given a full induction and assigned to a learning mentor. One member of staff said, "Everyone is really supportive, I have learned a lot since I started working here, the support is great." The staff told us they received regular supervision meetings to discuss their learning and development needs and how they were going to be achieved.

People were fully supported to make decisions about their care and their day to day routines and preferences. Staff understood the importance of people's rights to make choices. Detailed assessments had been carried out to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority.

People were supported to choose foods and drinks and to prepare and cook their own meals. Healthy eating was promoted and people at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. The staff were vigilant to changes in people's health.

Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. In the event of an emergency hospital admission, each person had a health action plan in place that summarised their needs. People had regular access to healthcare professionals, such as the GP, district nurse, occupational therapist, dietician, speech and language therapist, optical, dental and podiatry services.

## Is the service caring?

### Our findings

People developed positive relationships with staff and were treated with kindness, compassion, dignity and respect. One person said, "All the staff are very nice, we get on very well." We observed good interactions, laughter and good humour between people and staff. A relative commented on the caring nature of the staff, they said, "I can't speak highly enough of them; they are so friendly, supportive and caring."

The staff provided person centred care, viewing each person as a unique individual, ensuring their emotional needs were met. People were relaxed in the company of staff and clearly felt comfortable in their presence. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives.

Friends and family were welcome to visit and likewise people were supported to visit their friends and family and to engage in their chosen, educational, leisure and occupational activities.

The provider had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. Information about people using the service was kept confidential, stored securely and only accessed by people who had permission to do so.

## Is the service responsive?

### Our findings

People received personalised care and support. Comprehensive assessments had been carried out to identify people's needs and plan how they were to be met at the service. Detailed care plans had been developed in conjunction with people living in the home and where appropriate their relatives.

People told us about the different activities they attended. One person said, "I like to go shopping, bowling and to the cinema." One person visited their elderly mother each week and looked forward to the home baking she did for him. Another person loved watching 'soaps' on the television and the staff told us they and other people using the service were very aware not to disturb them when watching their favourite programmes. Another person was a passionate Liverpool supporter; a member of staff told us they tried to keep up to date with how the team were doing in the football league, so they could have meaningful discussions with the person about their team. One relative said, [Name of person] likes his own routine and is very difficult to motivate, whatever you ask he will say no. The staff have done a terrific job in getting him to join in activities, he went on a boat trip and absolutely loved it, so much he is looking forward to the next one, he has also been to some of the disco's and enjoyed them." On the day of our inspection most were out either at work or at their day centre.

A complaints policy was available for people in an easy read format. One relative said, "I have never had the need to make any complaint, but if I did I am 100% sure it would be dealt with properly." Appropriate systems were in place to record any complaints received. A keyworker system was used, whereby each member of staff was matched with individuals using the service. People had regular meetings with their keyworker, during which they had the opportunity to raise any complaints.



## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

Good management and leadership was demonstrated by empowering people and their families to be involved in making decisions about their care. People confirmed they felt in control of their lives and supported to make their own decisions. We saw that people and relatives were invited to give their views on the service they received, by completing an annual questionnaire also available in an easy read/pictorial format. The questionnaires that had been returned to the service from the most recent survey indicated that people were pleased with the service they received.

There was a positive, open and transparent culture in the service. Staff were aware of how to protect people from abuse and the provider had a whistleblowing procedure they could use it if required. They told us they were pleased with the support they received from the registered manager and team leaders and how they were always available whenever needed. They told us they were able to contribute to the service development; that regular staff meetings took place to provide opportunities to discuss issues and they felt listened to.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.