

Home Direct Services Limited

Blossom Home Care Malton

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?

Requires Improvement ●

Summary of findings

Overall summary

Blossom Home Care Malton is a domiciliary care service providing regulated activity of personal care to people in their own homes. At the time of the inspection the service supported older people, younger adults and people with dementia.

At the time of our inspection there were 18 people 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.

Care records were held electronically with required risk assessments and support plans to provide people with safe care. People received their care and support as assessed. However, system checks had failed to ensure associated electronic records were always completed and where there were omissions that these were looked into without delay. The provider discussed actions to update this information during the inspection.

Staff had access to a range of policies to support them in their roles. However, these required updating. For example, to reflect current provider contacts, including the correct Local Authority for safeguarding referrals. The provider responded to our concerns and policies were updated during the inspection.

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe.

People received their medicines safely as prescribed. Good administration processes were completed by suitably trained staff and record keeping followed best practice.

Staff were safely recruited into their roles. Staff received appropriate induction, training, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform. Where there were omissions with the completion of refresher training the provider was aware with planned actions to quickly implement the required improvements.

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.

People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes, preferences and any personal characteristics were recorded and supported.

Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People told us they felt confident to approach staff and management, and that their suggestions would be listened to.

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 10 December 2021 and this is the first inspection.

Why we inspected

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

Recommendations

We have made recommendations for the provider to review and improve their policy and practice for the oversight of comprehensive electronic record keeping and the timely updating of policies and procedures used by staff as a point of reference. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Blossom Home Care Malton

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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

At the time of our inspection there was not a registered manager in post. The provider has notified the CQC that a new manager had accepted an offer to manage the service and register with the CQC.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 February 2023 and ended on 28 February 2023. We visited the location's office on 22 February 2023.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We reviewed information we had received about the service since first registration.

We used all this information to plan our inspection.

During the inspection

We spoke with 5 people receiving a service and 6 relatives. We reviewed 3 care plans, medication records and records associated with the management and oversight of the service. We reviewed 3 staff files, associated training and support records and a range of policies and procedures used by staff as a point of reference to support them in their roles. We spoke with 6 staff including the nominated individual, an associated service franchise manager and the deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. This meant people were safe and protected from avoidable harm.

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

- Staff understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- Staff had access to an electronic safeguarding policy. However, we found information to raise any concerns to the local authority required updating. This was completed during the inspection.
- People were safe from the risks of abuse. One person said, "I get on with all of the carers and feel safe with them all. This is very reassuring to me."
- All incidents were documented with associated processes in place to record outcomes and actions to help prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Care plans included assessments of people's needs. Known risks were recorded with information for staff to follow to provide safe care. A relative said, "All the carers treat my relative with great care and respect which is lovely."
- Staff knew how to manage risks when visiting people in their home. One staff member said, "We are always vigilant to any risks, care plans include information about known risks and this information is routinely updated."
- Checks were completed to ensure staff had the required information to safely access people's homes and navigate their environments.

Staffing and recruitment

- Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider followed business contingency plans to ensure people received their care and support to meet their assessed needs. One person said, "I've not had any occasions where the carers have not turned up, the office has phoned me to let me know if they are running really late which is good."
- There were enough staff employed to provide people with consistent person-centred care that met people's individual needs.

Using medicines safely

- Where people required support to take their medicines, this was completed safely.
- Staff received medicines training and spot check observations were completed to ensure they followed

best practice guidance.

- If people were prescribed 'when required' (PRN) medicines, the provider followed a medicines policy to ensure protocols were in place for staff to ensure manufacturer's instructions were followed. One person said, "They put cream on my knees and back every day, which is needed, and they never forget to do it or rush off without doing it."
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements. A staff member said, "We respond to any risks by wearing masks, aprons and gloves. The masks help to reduce the spread of any airborne viruses."
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and received formal recorded supervision and appraisal in line with the provider policy; to provide a confidential personal reflection of their role, expectations and to discuss any concerns.
- Staff completed a robust induction to their role with regular support and introductions to people they were supporting.
- Staff completed both mandatory training and training to meet people's individual needs. Where training was overdue the provider had plans to bring this quickly back up to date to ensure training both at induction and to refresh skills was completed promptly.

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

- The provider completed assessments prior to agreeing a new package of care to ensure they were able to meet the person's needs.
- New referrals were only accepted when the provider was able to assure themselves of their ability to provide people with effective care and support. The nominated individual told us they would only accept a new care package once they had the staff capacity and were able to match a person with a suitable member of staff.
- People were involved in all aspects of their care and support. A relative said, "After a few weeks of providing carers for my relative the care package needed reviewing and they arranged a meeting with me to discuss things."

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

- There was no one with any specific dietary needs at the time of the inspection. However, care plans included provision to record any allergies and staff confirmed they would have access to any dietary requirements should this be required. A relative told us, "Recently a couple of the carers have learnt that my relative likes scrambled eggs for breakfast, so they are taking the time to make them which to me shows how caring they are. Nothing is too much trouble for them."

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

- People received support to access other health professionals when required.
- Staff ensured that any health advice for people was recorded.
- Staff clearly understood the required processes to ensure people received timely access to health professionals.

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.

- Staff understood the requirements associated with the MCA. At the time of the inspection no-one receiving a service who was under a Court of Protection.
- People were asked for their consent prior to being supported.
- Staff understood the importance of offering people choice and to promote their independence.

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

- Staff were kind and caring. A relative said, "All of the carers treat my relative with care. They have been trained so that they absolutely treat my relative with dignity and respect which is important to me."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff member said, "It's like a small family, everyone works well together for the benefit of people who use the service."
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any choices and preferences. One person said, "They check what I want and need. For example, a while ago they phoned me to ask if I would have a male carer as they were short staffed and I said, no. They respected my decision."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were actively involved in the planning of their care and were supported to express their views.
- Staff understood the need to treat people with respect and dignity.
- Staff encouraged and supported people to be as independent as possible.
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and personal awareness. A relative said, "There are approximately 3 or 4 carers who come on a regular basis and my relative has grown fond of them all. My relative really enjoys the time the carers spend with them and the carers treat them with care and respect."

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 good. This meant people's needs were met through good organisation and delivery.

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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual.
- People were involved with their care planning and their preferences and choices were recorded.
- Care plans included information about people's, interests, dislikes and healthcare needs which staff told us promoted a personal touch with people.
- Care plans were reviewed and signed by the person to consent to any changes.

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.

- Staff communicated very effectively with people. One person said, "They are approachable and amenable to our requests which works well."
- People's communication needs were recorded in care plans for staff to follow.
- At the time of the inspection no one required information in a specified format. Information was available in a variety of formats, including large print to help people understand the information and make informed decisions about their care should they need it.

Improving care quality in response to complaints or concerns

- People had clear expectations on the quality of the service they received and understood how to share any concerns.
- Everyone we spoke to told us they did not have reason to consider a complaint. Concerns were routinely dealt with and they felt confident complaints would be addressed appropriately. One person said, "I have no concerns or issues with this care company but would voice my concerns to the manager if/when needed."
- Guidance on raising concerns and complaints was available and processes were in place to investigate and respond in an open and transparent way; to help improve the service people received.

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 service management and governance checks were not always effective in their purpose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance and performance checks used to manage the service were not always effective.
- The provider was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns. However, oversight failed to ensure all required notifications were submitted in a timely way. For example, changes to the statement of purpose (SOP). A statement of purpose is a legally required document that includes a standard set of information about a provider's service.
- Systems and processes used to ensure records remained up to date were not regularly reviewed and checks had failed to always ensure the required improvements we identified, were implemented in a timely way. For example, electronic care records contained flagged omissions which had not been addressed, and provider policies required updating to ensure staff had access to correct guidance.

We recommend the provider reviews their quality assurance policy to ensure required governance, audits and checks remain robust and effective; to maintain accurate records and identify any areas for improvement.

- Where we discussed areas for improvement, the provider was pro-active in their response. They immediately notified the CQC of the required changes and discussed a plan of actions to drive the required improvements.

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

- People were complimentary about the management of the service. One person told us, "I would recommend this company as I have no reasons not to."
- Staff told us the management team was both approachable and responsive. One staff said, "There's been some real improvements recently, the deputy manager is very pro-active and communication has improved; it doesn't feel like just going to work."

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

- The provider understood their responsibility to investigate and apologise for any incidents under the statutory duty of candour; policies supported staff in a process of acknowledging where there was a failing,

and prompted a full investigation to identify what could be improved, implementing actions preventing it recurring.

- People and staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

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

- People were given the opportunity to feed back on the service they received and told us staff were approachable.
- Staff discussed their passion for their roles and the supportive team approach to providing people with consistent care.
- Pre-assessments of people's needs ensured care was planned to meet any personal characteristics and preferences.
- People's views and preferences were recorded and where required adjustments made to ensure care was tailored to meet their needs. For example, people were asked if they preferred male or female care staff before commencing a service to ensure their choices were available to support them.

Continuous learning and improving care; Working in partnership with others

- People felt confident that the service would act if they suggested an area for improving care.
- The provider ensured people had access to other available health services to meet their needs and help them remain independent in their own homes.
- The provider worked with local authorities and only accepted referrals where they had the capacity to meet peoples assessed needs.
- Staff were passionate about enabling people to live their best lives as independently as possible in their own homes.