

Blossom 24 Healthcare & Training Ltd

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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

Blossom24 Healthcare and Training Ltd is a domiciliary care agency, providing personal care to adults and children in their own homes. At the time of inspection, two young people were 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.

People receiving care from the service had a variety of needs. Their families told us that they felt safe and were cared for by experienced caring staff team who knew their relative well.

The provider and registered manager had systems and processes in place to safeguard people from harm and abuse. Staff completed training in safeguarding and how to report concerns. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People were protected from the risk of infection. Staff took part in regular testing for COVID -19. There were sufficient staff to meet the needs of the people at the service. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide safe and effective care. Systems and processes were in place to safely manage people's medicines if required.

People were supported to live healthier lives and staff were available to help them access healthcare services if required. We saw that the service worked closely with healthcare professionals to ensure good outcomes for people.

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used their knowledge to provide people with good quality care.

Staff were supported well by the management team and enjoyed working at the service.

There were systems and processes in place to ensure the quality of the service. The registered manager ensured actions were taken to make improvements when needed.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The service ensured that people were living as full a life as possible, achieving their best possible outcomes. Families told us that people using the service were receiving good opportunities in a supportive environment.

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

Why we inspected

This service was registered with us in April 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Blossom24 Healthcare and Training Ltd

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 26 November 2021 and ended on 3 December 2021. We visited the office location on 26 November 2021.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with two relatives of people who used the service about their experience of the care provided. We spoke with two care staff members, the registered manager and the provider. We reviewed a range of records. This included two people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at quality assurance documents.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were supported to live full and active lives, risks associated with people's chosen lifestyles and activities were assessed and monitored. Risk assessments were evident in care files relating to individual choices and activities.
- Records contained clear guidance for staff to minimise known risks. For example, risk assessments guided staff to ensure they knew how to support someone when walking near water. This enabled a person to take part in an activity they enjoyed while remaining safe.
- Staff were knowledgeable about how to mitigate risks and knew how to report any concerns.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when receiving support from staff. One relative told us, "I have no concerns about [person's] safety with staff."
- The provider had systems in place to safeguard people from abuse. The procedure to safeguard people was in place. This meant people could be provided with appropriate protection.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns to relevant agencies if they had a situation where they needed to follow safeguarding or whistleblowing procedures. Staff's knowledge of safeguarding procedures was checked during their one to one supervisions.

Using medicines safely

- Staff were trained in safe medicines management; however, no medicine was currently administered to people.
- The registered manager told us all staff would have a competency check if people required medicine to be administered in the future.

Staffing and recruitment

- Assessments and support plans identified the number of staff required to deliver care safely, and the time of calls. No one reported any missed calls.
- Sufficient staffing was in place. Relatives told us staff were usually on time and, if they were late, this was minimal and caused them no concerns and this was always communicated. One relative told us, "Staff are on mostly on time. If not, they ring me. They are very flexible to meet [person's] needs."
- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.

Preventing and controlling infection

- Relatives told us that staff always wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff had received training in infection control, including COVID-19 and donning and doffing of personal protective equipment (PPE).

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents. No accidents or incidents had occurred to date.
- Staff meetings showed care and training issues were discussed at staff meetings. This meant there was a forum to discuss improvements to the service.

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.

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

- People had their needs and preferences assessed before care was provided. This enabled the provider to ensure there were sufficiently trained staff to provide the care and support needed.
- Assessments reflected people's lifestyle choices, culture and preferences.

Staff support: induction, training, skills and experience

- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance. One relative said: "Staff are trained well and we all learn from each other about what approach works and what doesn't."
- People who used the service had a range of specific health conditions. The provider provided staff with the right training to meet these needs. For example, understanding autism.
- Staff received regular guidance and supervision, so they could competently fulfil their role. Managers worked alongside staff to share experience and good practice. Staff said they felt supported in their role.

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

- People's nutritional needs were clearly documented and staff were knowledgeable about what food and drink people were able to have.

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

- People's assessment and care plans covered health care needs, external agencies and contact details for health care professionals involved in their care.
- The registered manager worked closely with families, and followed guidance provided by healthcare specialists to ensure continuity of care. For example, positive behaviour support plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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.

- Staff understood the principles of the MCA and supporting people to make choices. Mental capacity assessments were not required for the young people that were currently supported by the service.
- Relatives confirmed staff always asked people for consent before providing care.

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 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 received support from staff who were friendly and caring. One relative said: "Staff are very good. We have no problems and we are always kept up to date with the activities [person] does."
- Staff had a good knowledge of the people being supported. They were enthusiastic about providing quality care to meet the young people's needs.
- Staff told us they fully respected their religion and culture. For example, if they wanted to go to a place of worship, staff would take them.

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

- Relatives said they had been involved in the planning of the activities the service supported people with. One relative said, "I was asked about activities [person] liked. [Person] always has a great time when they are doing activities. They [staff] take [person] to so many different places."
- Care plans set out how people liked to receive their care. Relatives said staff respected their views.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff were respectful of preserving their privacy and promoting dignity when providing care to them. Staff gave good examples of protecting people's privacy.
- Relatives said staff respected people's independence and did not do things for them that they could do themselves. Staff said they always encouraged people to be independent and would help when needed.
- Staff were aware of keeping information safe and confidential.

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 contained information on how people wanted their care to be provided. Staff promoted people's independence.
- Relatives said people received care that was personalised to their needs. They said staff knew and understood them. One relative said, "Staff check with me if there has been any changes, is there anywhere specific I want the carers to support [person] to do."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in picture format for a young person which was their preferred method of communication.
- The registered manager was aware of the need to respect people's preferred communication styles.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. No complaints had been made.
- Relatives told us that if they had had concerns they felt confident the registered manager would deal with them very quickly.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager was aware of what was required should someone require this type of support.

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 service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs.
- Relatives told us that staff provided care that met people's needs.
- Spot checks on staff took place to monitor how staff were providing care, timeliness of calls and the caring approach to people. Staff said they had regular checks and said they were provided with any support they needed from the registered manager. One staff member told us; "I feel supported by [provider and registered manager], I can contact them at any time."

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

- The registered manager and staff all had a good knowledge and understanding of the people they supported, and they knew them well. One relative told us, "Staff are very friendly, they all know what they are doing."
- Staff told us they were happy working for the service. One staff member said, "I really enjoy my job."
- Staff put people at the centre of the service and provided friendly, quality care to meet people's care and support needs.
- Staff attended regular team meetings and received supervision, allowing them the opportunity to receive feedback from the management team as well as feed into the running of the service.
- Staff were aware of the provider's whistleblowing policy and said they felt able to raise concerns.

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 registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

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

- The registered manager understood their role and understood the needs of their staff team. Staff we spoke with were very positive about their role.
- Staff understood their responsibilities, and who to go to for help should they need it.

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

characteristics

- Feedback was sought from people, their relatives and staff on a regular basis. This gave the opportunity to suggest any changes or improvements. Comments from feedback included, "All great, excellent service" and "[person] is happy so we [family] are happy."
- Staff meetings were held to discuss the service. Issues discussed included training and government guidance.

Working in partnership with others

- The provider worked closely with the commissioners and the local authority to ensure the service was meeting the needs of the people they supported.
- The provider and registered manager welcomed feedback and were continuously looking for ways to improve the service and people's experiences.