Blossom Home Care Ltd

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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

This inspection took place on 1 November 2016. The inspection was announced which meant that we gave notice of our visit. This was because the location provides a domiciliary care service and we needed to be sure the registered manager would be available.

The service was registered with the Care Quality Commission (CQC) on 7 September 2015 and had not previously been inspected.

Blossom Home Care Ltd is a domiciliary care service that provides support to younger and older adults in the local area of Northallerton. Support could be for sensory impairment, dementia, mental health and learning disabilities. All care is carried out in peoples own homes. At the time of inspection the service was providing care to 60 people.

There was a registered manager in place who had registered with the Commission on 4 August 2016. 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.

We found that accurate records were not kept of the administration of medicines. Medication administration records (MARs) had not been completed by staff when medicines had been administered. MARs did not clearly record all the required information about the prescribed medicines that were to be administered.

Risks to people arising from their health and support needs were not always assessed, and plans were not in place to minimise them. Risk assessments were not specific to the person.

People who were receiving end of life care had no plans in place documenting their individual preferences and wishes.

Staff understood safeguarding issues, and felt confident to raise any concerns they had in order to keep people safe. Staff were able to tell us about different types of abuse and the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination.

A number of recruitment checks were carried out before staff were employed to ensure they were suitable. The induction process was not extensive or robust enough to support and educate staff.

Staff received training to ensure that they could appropriately support people, and the service used the Care Certificate as the framework for its training. However records showed that the induction process did not

provide sufficient shadowing hours in people's homes for new staff and staff we spoke with confirmed this. Not all staff had received practical moving and handling training. We were told this was booked to take place in the next couple of weeks.

We have made a recommendation about the staff induction process.

Staff received support through regular supervisions. Staff felt confident to raise any issues or support needs they had at these meetings.

The registered manager conducted spot checks on staff practice regularly.

Staff had a working knowledge of the principles of consent and the Mental Capacity Act and understood how this applied to supporting people in their own homes. Evidence of consent was sought.

We found there was sufficient staff employed to support people with their assessed needs and to sit and chat with them. We were told that staff were kind and respectful; and staff we spoke with were aware of how to respect people's privacy and dignity.

Care plans were not always person centred. Generic care plans had been produced and were used for all people who used the service and contained very little person centred information. Care plans were not updated in a timely manner to reflect current needs. One person did not have a full care plan in place.

The registered provider had a clear complaints policy that was applied when issues arose. People and their relatives knew how to raise any issues they had. All complaints were investigated with a full outcome for the complainant.

Staff felt supported by the registered manager and the registered provider.

The registered provider had developed systems to monitor and improve the quality of the service provided but these were not used effectively or to their full potential by management. Audit of daily records, medication records and food and fluid charts did not happen in a timely manner. Some records were left in the person's home for up to six months without any checks being made.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These referred to safe care and treatment and good governance. You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not accurately recorded.

Risks to people were not always assessed and plans were not always put in place to minimise the risk.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

The service monitored staffing levels, and carried out pre-employment checks to minimise the risk of inappropriate staff being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive a effective and robust induction.

Staff received training to ensure that they could appropriately support people, and were supported through supervisions.

Evidence of consent was sought.

People's nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity, respect and kindness.

Staff encouraged people to maintain their independence, which was appreciated by people and their relatives.

People and their relatives spoke highly of the care they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not person centred and essential care records were incomplete.

People were supported to prevent social isolation

The service had a clear complaints policy, and people and their relatives knew how to raise issues.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We found audits were not effective, they were either incomplete or just tick boxes and had not highlighted the concerns we found.

The registered manager understood their responsibilities in making notifications to the Care Quality Commission.

Staff felt supported by the registered manager and registered provider.

Blossom Home Care Ltd

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 1 November 2016 and was announced. This meant that the registered provider knew we would be visiting. This was the service's first inspection as they had registered in September 2015.

The inspection team consisted of two adult social care inspectors. Two experts by experience made telephone calls to people and their relatives on 24 and 25 October 2016. An expert by experience is someone who has experience of this type of service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We used the information to help plan this inspection.

The registered provider was not asked 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.

During the inspection we looked at seven care plans, Medicine Administration Records (MARs) and daily records. We spoke with three members of care staff, plus the registered manager and the registered provider who is also the owner. We looked at four staff files, including recruitment records. We spoke with 16 people and 10 relatives over the telephone prior to the office inspection day. We made telephone calls to people in their home, these calls took place on the 24 and 25 October 2016.

Requires Improvement

Is the service safe?

Our findings

Individual risk assessments were not always completed and when they were they were generic and not person centred. One risk assessment we looked at for moving and handling stated that the person was hoisted for evening transfers. We looked at a review that had been completed in July 2016 which stated the person had become a little more independent and was now able to 'get ready sitting up and could stand to pull bottoms up'. This information had not been updated in the risk assessment.

Another risk assessment we looked at, detailed how a person could mobilise with the assistance of one staff member and that they 'used a Zimmer frame to walk and shuffle.' We spoke with staff about this person who told us that two care workers were now needed for all calls due to the person's poor mobility. This information had not been updated in the person's care plan or risk assessments. Where people had a specific diagnosis such as diabetes, there were no related risk assessments about the complications that could occur. This showed the registered provider was not taking appropriate steps to protect people who used the service against risks associated with the person's needs or the home environment. When we asked the registered manager about this they told us they would make significant improvements to their records.

Care plans listed the medication people were on. However, when a new medicine was introduced the care plan was not updated in a timely manner. We looked at the feedback analysis records which were contained on the registered provider's rostering computer system. Feedback analysis was completed by the care worker after each call to detail what tasks had been carried out and any concerns or changes. This analysis stated that one person had been prescribed Lorazepam on a when required [PRN] basis. The care plan had not been updated to reflect this. There was no information documented as to why they had been prescribed Lorazepam, when it could be administered and how often. The registered provider stated that this person administered their own medication. However, one record within the care plan said staff were to administer medicines due to the person not being able to open packaging. On another record in this care plan it stated that the person self-medicated and left the medicine packets on the bed to show this. It was not clear which information was correct. The registered provider agreed to update the records immediately. We were sent an updated care plan after inspection.

Another person was prescribed Warfarin where the dose can fluctuate depending on blood tests for the international normalised ratio (INR) which is a measure of how long it takes the person's blood to clot. We could see staff had signed to say they had administered the Warfarin and how much had been given. We asked how staff knew how much to give with the dose changing so regularly. The registered provider stated that staff did not manage this. However, the medication administration records (MARs) showed staff were signing to say they had administered the medicine.

One person had been prescribed Daktacort cream to be applied to a specific area due to redness of the skin. Details of this cream had not been added to the correct section on the MAR so this person did not have this cream applied for a five day period.

We saw that the MARs were audited by the registered manager when they were collected from the person's

home along with the daily notes. However, they were not collected on a monthly basis and for some people were not collected for up to six months. This meant that if an error had occurred it could continue for up to six months without anyone's knowledge. The MARs we looked at had many gaps and some had no personal details recorded such as the person's name. The audits completed by the registered manager had highlighted these issues and records showed that staff were to be spoken to.

These findings evidenced a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people who used the service if they received their medicines on time. One person we spoke with said, "I am supported to take my medicines on time, I have them at breakfast."

All the people who used the service said they felt safe with the staff who provided care. People we spoke with said, "I wouldn't let them in if I wasn't safe." Another person stated they had been wary to start with as the company was new, they said, "I now feel completely safe and have absolute confidence in the agency and the carers they send. They all know what they are doing." And another person said, "The girls help me shower and I would be frightened of falling if they weren't there."

A relative we spoke with said, "We have only been with them (Blossom Care) about three weeks, I feel the consistency of carers and their manner made [relatives name] feel safe and secure, enabling them [care staff] to help their relative with personal care."

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs in the event of an emergency, such as flooding or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We saw evidence that risk assessments, covering premises and environmental risks to staff, were completed. Due to many people living in rural locations risks for staff had been completed by the registered provider and looked at areas such as where to park, to take a torch, make sure phone is charged.

The service had a whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included all relevant contact details including the local authority and CQC as well as who to contact internally. Staff we spoke with said they were told about the whistle blowing policy during their induction and would feel confident in reporting concerns without the fear of recrimination. One member of staff told us, "We need to make sure everyone is safe and raise any issues straight away."

Staff understood safeguarding and knew the procedures to follow if they had any concerns. There were safeguarding policies in place and staff were familiar with them. Staff also received safeguarding training and could describe different types of abuse.

The service recently had a high turnover of staff. The registered provider said this seemed to be due to the amount of travelling staff had to do and now really emphasised this during interview. The service had recently recruited ten new members of staff and they were waiting to start their induction. A relative we spoke with said, "We had a pre assessment process and we said consistency was important for my relative. We had a nice pattern going but the agency can't seem to hang on to their staff, the ones they have are professional but they are travelling too far." We passed on all people's and relatives comments to the registered provider who told us they were going to look into the current recruitment and induction process

and planned to make improvements.

We looked at rotas for a number of staff and people who used the service. We could see that people were allocated a regular team of staff and calls were allocated at consistent times. The registered manager told us that people generally had a regular rota unless they had staffing issues, such as staff holidays, staff sickness or a staff member who leaves the service. People we spoke with confirmed there calls were usually attended at the allocated times.

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Interview notes in staff files showed that applicants were asked questions to test their knowledge of areas such as the importance of people's rights and choices, confidentiality and any training needs they had. Two references were sought and a Disclosure and Barring Service check was carried out before staff were employed. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk unsuitable people from working with children and vulnerable adults.

Staff told us that there was a plentiful supply of personal protective equipment such as aprons and gloves and they were able to collect stocks of these from the office at any time.

Requires Improvement

Is the service effective?

Our findings

New staff undertook an induction programme. The first day covered the registered provider's policies and procedures and records showed this lasted four hours. The registered provider was also using Care Certificate materials to provide basic training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competencies and standards of care that will be expected. New staff would then shadow experienced staff on calls in the community. Records showed that the shadowing only lasted about two to four hours. Staff we spoke with told us they were happy with the induction they were given. One staff member told us, "I didn't do much shadowing but I have done care previously so I wasn't concerned." Following the inspection we were told this staff member started before the service had any clients and was therefore unable to shadow. The registered provider told us they assessed the staff member when they started providing care. Other staff members we spoke with felt the induction was sufficient. We discussed the length of induction with the registered provider and whether they thought there was a sufficient amount of time for staff to complete the first day of induction and shadowing hours allocated. The registered provider agreed that not providing a solid induction could be the reason for the high turnover of staff and sent an action plan after the inspection to say the induction period had been extended.

Records showed that some staff received training before they began to work in with people in their own home, which included moving and handling, first aid, safeguarding, health and safety and medication training. However, we could see that three staff members who had been employed within the past three months had not received training in some of these areas before they started working with clients.

A relative we spoke with said, "I was impressed when a new staff member came out to shadow and train, especially on the equipment, they learnt from the manner of the more experienced staff and not just the mechanics of the equipment." Another relative told us, "I feel safe in the knowledge that carers are trained, knowledgeable and considerate to [relative]." and "I feel [relative] is safe as the carers all seem well trained and always cope whatever [relative] presents them."

One staff member we spoke with said, "The induction first day was all about the company, what is expected, the shifts we would work, this took about four and a half hours, then I did shadowing." Another member of staff told us they had done no shadowing but had done care before. Following the inspection we were told this staff member started before any clients, therefore unable to shadow. The registered provider assessed the staff member when they started providing care. We discussed the importance of shadowing with the registered provider stating that shadowing was just as important for the person who used the service as well as the staff member.

We recommend that the registered provider finds out more about induction processes for new staff, based on current best practice.

We asked people who used the service if they felt staff had the training to carry out their role effectively. One person we spoke with said, "Staff know what they are doing especially with the hoist." Another person said,

"They [staff] hoist lift me up gently. I never feel that they don't know what they are doing." And another person said, "They [staff] are well trained and know me and how I like things." A relatives we spoke with said, "My relative has been known to push away but everyone seems well trained to manage and jolly [relative] along."

Staff received the training they needed to support people effectively. Annual mandatory training was undertaken in fire safety, first aid, moving and handling, infection control and health and safety. Mandatory training is training that the provider thinks is necessary to support people safely. Additional training was provided in areas including complaints, catheter care, diabetes care and stroke awareness. A training matrix was used to plan and monitor staff training. The majority of the training was done online. We discussed the need to provide practical training in manual handling and the registered manager assured us that this was booked in for all staff to take place in the next few weeks. The registered provider and staff said they did not attend calls that required manual handling until they had received this practical training.

Staff spoke positively about the training they received, and said they would be confident to request any additional training they wanted. One said, "There is a lot of on line training and I am doing practical moving and handling at the end of the month, we do moving and handling training yearly as well as medication and safeguarding training."

Staff were supported through supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records confirmed that supervisions were used to discuss knowledge and training and any support needs the member of staff had. One member of staff told us, "I have a supervision about every three months and we discuss any issues I may have, how things are going and any training I may want or feel I need, I am looking to do my NVQ level three." Only two members of staff had worked at the service for just over a year and their appraisals were due to take place.

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 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. We checked whether the service was working within the principles of the MCA. All staff had received an overview of MCA as part of their induction and staff demonstrated some understanding of the basic principles of the Act.

We saw evidence of signed consent in care files. Consent was sought for recording and sharing information and consulting with other professionals, recording of weights and skin lesions and for photographs. This showed that the correct procedures were being followed in respect of obtaining and recording consent.

Where a need had been identified people were supported to maintain a balanced diet. Staff helped by preparing meals, snacks and drinks. All staff had received food hygiene training. One person who used the service said, "I sort the menus out and the carer does the shopping. We chat about meals and they always check, nicely, that we are eating and drinking." A relatives we spoke with said, "[Relative] doesn't eat very well and so I leave food prepared and the carers see that they are eating and drinking. They were very good in the summer when it was hot, they [staff] made sure they [person] were drinking." Another relative said, "Meals are prepared and served twice a day for my relative, they enjoy this interaction with the carer."

People were supported to maintain good health and to access health professionals when needed. One relative we spoke with said, "My relative had banged their leg and it was being treated by other health care professionals. The carer [care staff member] was unhappy with the healing process of the wound and arranged for the district nurse to review. I was very impressed how quickly the carer had reacted and that they had acted so responsibly and kept me informed."

Good

Is the service caring?

Our findings

People who used the service were happy with the care that was provided. People we spoke with said, "The carers are chirpy, cheerful people who cheer us up. They are very caring and always discuss anything we need." Another person said, "The carers are wonderful, kind and gentle, I could not ask for better." And another said, "All pleasant enough." Relatives we spoke with said, "The regular team are good carers but consistency would be an improvement although understand that this can be difficult, all the carers are lovely." Another relative said, "Some are better than others but all cheerful and friendly. My relative is particularly fond of one carer as they not only speak but listen as well." And another relative said, "I could not be more impressed by the caring manner that extends to my relative, they are so lovely with them."

People said care was delivered with dignity and respect. One said, "They are reliable and stay as long as they are meant to and take care of me with dignity and respect." Another person said, "They [staff] treat me with the utmost dignity and respect. That is never in doubt." Comments from relatives we spoke with included, "I am very impressed and grateful for the respect they show my relative and their understanding." and "We are treated with respect and dignity although I would prefer carers not to address them [people] using their Christian name." All comments were passed onto the registered provider.

We asked staff how they supported people's privacy and dignity. One staff member said, "I put myself in their shoes and take how that feels into consideration, I also don't discuss anything with anybody else, unless I have to for safety reasons."

Staff said they encouraged people to maintain their independence. Staff we spoke with said, "I get people to do as much as they can for themselves, such as if I am supporting them with washing I offer them the flannel." And "I don't want to take away people's independence as they may give up, I motivate them, we are just there to help."

People who used the service said they felt supported to maintain independence. One person said, "Sometimes I need help with washing, but other days I am okay and they [staff] ask on the day, they like you to do what you can do for yourself." Another person said, "I am regaining bits I can do for myself and they [staff] let me try." And another person said, "Usually the same girl comes, she is patient, doesn't rush me, she helps me and doesn't take over as I like to do what I can." A relative we spoke with said, "My relatives care package has been reduced as they have regained more independence, they responded quickly as their needs changed." Another relative said, "They chat and sing, it keeps [relative] relaxed and that means it is easier to help them, they encourage them to manage what they can." And another relative said, "The staff cleared pathways for my relative to mobilise as independently as possible and gently guide them."

Nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information on how to access an advocate along with addresses was provided to people.

Requires Improvement

Is the service responsive?

Our findings

We looked at seven care plans for people who used the service. Some of the care plans were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. For example, one care plan we looked at relating to personal care detailed the person's preference stating 'there were two bowls in the bathroom to use, green for top half and purple for bottom half' and '[person] likes to use soft wipes'. However, some care plans lacked detail. One care plan we looked at that related to oral hygiene stated that the person required support with dentures but did not state exactly what level of support was needed. One person was provided with a sitting service for two hours each week. There was no information detailed in the care plan about the person's likes and dislikes and what their interests were. From talking to staff and people who used the service they explained they provided or received person centred care however this was not documented.

We saw evidence that care plans were not updated in a timely manner to reflect current needs. For example, someone was introduced to a new medicine for anxiety, the care plan was not updated. We were sent an updated care plan for this person after the inspection. Another person had an increase in their package of care. Rotas showed that the increase was taking place with two care staff allocated to each call but the care plan did not reflect this. One person did not have a full care plan in place; we were told that there was a full one in the person's home but this information was not available in the registered providers office. We discussed this with the registered manager who said the deputy manager had implemented one but this needed 're-doing' due to mistakes. We could see no evidence of this updated care plan. There were three people receiving end of life care. No care plans were in place with regards to end of life care for these people.

We asked people and their relatives if they were involved in the planning of their care. one person we spoke with said, "I am not sure about a care plan but the carer understands my needs." Another person said, "I can't remember a care plan but I had lots of conversations with the boss." And another person said, "I have a care plan and the carers write in it all the time." A relative we spoke with said, "We had an initial assessment which was face to face and in depth and the care plan was put together after that, I was impressed." Another relative said, "There is a care plan and we were involved in this, the documentation is good and carers complete records at each visit" and "I was involved in the original care plan and it is reviewed monthly, I cannot remember signing it though." The service confirmed that it gathers all of the information required to formulate a care plan from people using the service and their families."

We asked staff if they found the care plan easy to follow. One staff member said, "I find them easy to follow, they often document people's likes and dislikes." Another staff member said, "I find the care plans to be fine."

Before people were offered a place within the service a pre-admission assessment was completed. The assessment was used to capture people's needs, abilities and levels of independence as well as information about their life history. One person who used the service said, "I was very happy with the detailed, face to face assessment I had."

People were supported to get out into the community and not be socially isolated. On relative said, "They take [relative] out for a coffee so they are getting out and relying on someone other than myself."

We asked people if they had ever made a complaint and if they knew how to make a complaint. One person said, "I have not needed to complain, I would ask my family to do this if I required." Another person said, "I am happy and confident that if I had a complaint it would be treated seriously." And another person said, "I have no complaints but I would soon tell them if I wasn't happy about something."

There was a clear policy in place for managing complaints. This set out what would constitute a complaint, how it would be investigated and the relevant timeframes for doing so. It also contained information on external bodies people could complain to if they were dissatisfied with the service's response. The service had received five complaints since opening. We could see all complaints had been investigated with a full outcome for the complainant.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who had been registered with The Care Quality Commission since August 2016.

We were told that all daily visit report sheets were audited by a member of office staff. We requested to see these documents for one person but were told no daily visit reports or any other documents, such as MARs and food and fluid charts, had been returned to the office despite this person's care commencing in June 2016. We spoke with the registered provider about this who told us, "We cannot rely on staff to return paperwork to the office as often pages of documents would be missing. Instead we now collect all paperwork when we complete a review or visit a person that uses the service." The registered provider had no way of monitoring which documents had been received and which documents they still needed to collect. Some records had been left in the person's home for up to six months. We could see issues on the MARs which had continued throughout this time.

Quality assurance audits were completed by the owner and registered manager in areas including recruitment files, supervisions and appraisals and care plans but these were not completed appropriately and contained poor detail. The audits had not been fully recorded and gave no indications of the concerns or errors that had been found. A 'tick' or a 'cross' had been marked at the top of the audits which we were told by the owner indicated that they were either all okay (tick) or issues were found (cross). Brief action plans had been developed as a result of these audits. It was not clear from the information recorded in these audits if they had identified any of the concerns that we found during inspection.

We discussed collecting the report books and daily charts including the MARs more frequently and the need to complete more robust audits with an action plan with the registered provider. They agreed that the audits had not been used to their full potential and the reason for this was due to 'falling behind' with the audits. The registered provider told us they would look to improve the audits immediately. After the inspection we received an action plan from the registered provider stating all actions would be completed by 6 November 2016. This included completing end of life care records, creating more detailed person centred care plans and increasing the induction period.

A record was kept of accidents and incidents that occurred whilst care was being delivered in a person's home, which included details of when and where they happened and any injuries sustained. We could not see evidence that the registered manager looked for trends of accidents and incidents, such as did they always occur when a certain member of staff was supporting. However after the inspection the registered provider, provided us with a trend analysis document which they were now using. We also found information in daily notes which showed accidents had occurred and the accident and incident record file had not been updated. The registered provider said they would update this immediately and start to look for trends and patterns.

During the inspection we were told that one person was receiving end of life care however later in the

inspection we found there were three people receiving end of life care. We looked at the care plans for these three people. None of the care plans contained information around end of life care or the person's wishes and preferences around the care that was to be provided. We discussed this with the registered manager and registered provider. They said they would rectify this straight away. We received an action plan after the inspection which detailed how the registered provider was planning on rectifying this.

Feedback was sought by the registered provider, from people who used the service and their relatives. This was done via People Planner. People Planner is a rostering system that was used by the registered provider. Staff were responsible for providing feedback after each visit they attended. This was done via a hand held device and submitted onto the registered provider's computer system (people planner). This feedback was then reviewed by management. The registered provider said, "We check the feedback and if there are any concerns we record them and then record what action we have taken." We looked at the recordings of feedback. Where concerns had been raised this had been recorded but very little action had been taken as a result. For example, one person was reported to have 'a swollen and red foot'. This was reported on two consecutive days but no action had been taken to seek medical advice. Another concern stated that two paracetamol had been found in a person's bed. Action taken was recorded as 'nil'.

These findings evidenced a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We asked people and their relatives what their thoughts were on Blossom Home Care. Comments included, "The firm needs acknowledging, they are good and someone should give them money so that care isn't so expensive" and "Couldn't wish for better." And another person said, "The agency is so good, I wouldn't have anyone else" and "It is a jolly good service." A relative we spoke with said, "Top marks for a great company." Another relative said, "The service my relative was receiving was working very well I am very happy."

People who used the service and their relatives also had access to People Planner. People Planner is a software system which provides real time monitoring. One person who used the service said, "My relative likes to able to see online what is happening and they are able to print the rota for me." One relative we spoke with said, "The use of People Planner gives me easy, real time knowledge of my relative's situation from wherever I am." They went on to say, "I have high praise for this system, I feel secure that [relative] is being well cared for, I know what is happening without always being there."

We asked staff if they enjoyed working for Blossom Home Care Ltd. Comments included, "It is good, I love the fact you are not rushed. With the 50 minute calls we can provide people with proper care and I like to chat to people" and "The good thing about working here is the clients, I love it I think it's great, nothing can be improved."

We asked people and their relatives what they thought of the registered provider and registered manager. One person said, "I don't know who the manager is, I can't remember meeting them but I think I have rang the office." Another person said, "The boss is helpful and approachable, for a new company that has got bigger the care has stayed at the same level. They have not lost sight of their aims, standards are high." Others said, "I have never met the boss." And another said, "The boss is very contactable." A relative said, "The owner (who is a registered nurse) and team leaders have been known to come out and deliver care, they say it's the best way for them to understand someone's needs. I am very pleased with the service."

The registered provider who is a registered general nurse (RGN) told us they provide extra medical support to people. They said, "This is done to both support the local district nurses, but also to provide strong links with GP's and district nurses, and help to prevent unnecessary hospital admissions. If the provider can

attend to and advise on medical conditions early, she can ensure that people see their doctors more quickly so that they can be treated at home before their conditions deteriorate."

We asked staff if they felt supported by the management. A care worker said, "My manager is always there, they ring me to see how I am and always make themselves available, I can pick up the phone about anything." Another staff member said, "The management are fine, you can ring them anytime, there is always someone there."

The registered manager conducted regular spot checks on staff and we were told these were at least three times a year. These consisted of checking for punctuality, personal appearance, politeness and consideration, respect and privacy to the person in their home, their ability to carry out care and knowledge and skills. One staff member we spoke with said, "I get a spot check every three months, I have passed them all up to now, the manager makes it relaxed, they check my uniform, my ability to work and they also check the client is happy."

One person who used the service said, "I can't remember being asked for feedback but I would soon tell them if I wasn't happy with something." Another person said, "A supervisor came to ask how things were going, I had no issues." A relative we spoke with said, "I complete a feedback form about every six months, I am very pleased with the service." Another relative said, "I can remember completing a short feedback form but feels that they are regularly in touch and they respond quickly to any concerns (minor) or changes."

We saw evidence of a survey that had sent to people who used the service. This had taken place in April 2016. The feedback was mainly positive however one person who used the service had noted that the induction and shadowing process could be better. A staff survey which had taken place also showed feedback that the induction and shadowing could be longer, especially to meet the people's needs. The registered provider had put plans in place to rectify this issue.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Regular staff meetings had taken place with the most recent taking place in September 2016. The minutes of the meetings showed that staff had the opportunity to raise concerns and were updated about changes within the service. Areas that were discussed included; feedback from people who used the service, spot checks, medication, training and scenarios such as what to do it staff were unable to gain entry to a person's home. We could see that these arranged meetings had been well attended by care staff. One staff member we spoke with said, "We have staff meetings monthly, if we can't make it we are emailed the minutes."

Regular management meetings had also taken place discussing area such as hours of care being provided, sickness levels, staffing and accident and incidents that had occurred.

The registered provider told us and provided evidence to show that Blossom Home Care Limited had been shortlisted for three awards at the Great British Care Awards. The Great British Care Awards are celebrations of excellence throughout the care sector. One award was for putting people first, another was for care innovator and another was the care team award. The registered provider said, "We were runner up for all three awards. We are extremely proud to have achieved this in our first year of trading."

The registered manager told us they were very active in fundraising for the Alzheimer's Society and take the lead on holding dementia awareness sessions in the local community.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments relating to the health, safety and welfare of people using the service were not completed or reviewed regularly. Not all risk assessments included plans for managing the risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider was not operating an effective system or process to make sure they assessed and monitored their service. Their audit and governance systems were not effective. Not all records relating to care and treatment of each person using the service were kept or fit for purpose.