

WT UK Opco 4 Limited

Blossomfield Grange

Inspection report

1 Worcester Way
Shirley
Solihull
West Midlands
B90 4JX

Tel: 01217012700

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03 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blossomfield Grange is a residential care home providing personal care for up to 109 people across 3 different floors. The service provides support to adults, including people living with dementia. At the time of our inspection there were 61 people living at the home. The service was separated into 2 forms of support; Assisted Living and Reminiscence (for people living with dementia).

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

People were supported to remain safe and protected from harm. People's risks were assessed and care plans put in place to support people in the way they wanted. There were enough trained staff at the service to meet people's needs, including the safe administration of medicines. Where incidents or accidents occurred, these were investigated and analysed to reduce the risk of reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and offered them choices and control over their care. People's care plans were personalised to meet their preferences and individual needs. People and relatives knew how to complain about the care they received and the manager ensured any complaints were responded to. People were supported compassionately and effectively when they were nearing the end of their lives.

The manager had effective oversight in the running of the home to ensure the safety and quality of the care people received. Staff were valued and felt supported in their work. People and their representatives were engaged and encouraged to share their experiences of the care provided and action was taken to drive improvement. People were supported to access their local communities and take part in activities which were meaningful to them. The service worked effectively alongside other health and social care professionals to ensure people's needs were met and their health maintained.

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

Rating at last inspection

The last rating for the service under the previous provider was Requires Improvement (published 22 July 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service and due to concerns received about the care and treatment people were receiving and the responsiveness of the management team. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to

calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossomfield Grange on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe 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 ●

Blossomfield Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 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

Blossomfield Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blossomfield Grange is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. A new manager had been in post for just over 1 month and had submitted an application to register with us, CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the location on 30 January and 03 February 2023. We spoke with 12 people who used the service and 2 relatives about their experiences of care. We spoke with 13 members of staff including the manager, regional director, deputy manager, coordinator, senior carer, care assistants, maintenance coordinator, activities assistant and domestic staff.

We reviewed a range of documents. This included 10 people's care records and multiple medicine administration records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies and processes in place to identify and respond to safeguarding concerns.
- Staff could explain potential signs of abuse and the actions they would take if they had concerns, including alerting the management team.
- People told us they felt safe with the care provided. For example, one person told us, "I feel safe, no problem. They come at night and check in on me. I find it reassuring."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and systems were in place to monitor these. Guidance was in place for staff to ensure they knew how to support people safely, and when to raise any concerns.
- Staff knew people well and what their individual needs were. They understood how to monitor and manage their safety.
- We observed staff supporting people safely whilst using assistive equipment. For example, staff supported a person to transfer from their wheelchair to an armchair using a mobile hoist. Staff ensured they explained to the person what they were doing at each stage and used correct techniques to complete this transfer safely.
- The assessment and monitoring of safety equipment and the premises were in place and any remedial actions required were completed in a timely way.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to support people at the home. Staff were responsive to people's needs and supported them in a timely way. Staff responded to call bells and attended to people's time specific care needs.
- Dependency tools were used to calculate safe staffing numbers. The home did utilise agency staff at times to cover some shifts. The management team received agency profiles to ensure the staff were suitably trained to support people at the home. The manager informed us they were actively recruiting for further permanent staff.
- The provider completed the required pre-employment checks to ensure staff were suitable to work with vulnerable people.

Using medicines safely

- Medicines were administered safely. Where medicines were administered by staff or if people self-administered their medicines, this was recorded. Staff responsible for administering medicines were trained and their competencies had been assessed.
- People told us they received their medicines when they needed them. For example, one person told us, "I can ask for it if I need anything."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no active restrictions on people receiving visitors to the home. The provider had policies and procedures in place that aligned with government guidance. This was to ensure people had access to visitors in the event of an infection outbreak at the home.

Learning lessons when things go wrong

- Staff used effective reporting systems to alert the management team to any incidents, accidents or concerns. One staff member told us, "If I have concerns or anything worrying happens, I tell my coordinator or the managers. We also record everything on the [electronic] system. The managers look into it and make sure things are in place to support people."
- We found where issues had been identified, the manager proactively acted on the information by seeking

further advice, completed investigations and implemented action plans to ensure safe systems were in place, and improvements were made.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- People were placed at the centre of their care. Care plans and risk assessments captured people's preferences in how care should be provided to them. Where people wanted to maintain their independence and privacy, their care was tailored to meet their needs. For example, one person chose to manage their own medicine. They told us, "I self-administer. They top up the cabinet once a month." The service ensured there were appropriate plans and risk assessments to support this decision safely.
- Staff understood the importance of involving people in their care. Staff knew people well and what their preferences were, but ensured people continued to be given choices. One staff member told us, "I always ask people what they want or need. If they are having difficulty or can't decide, I show them different options to choose from and explain what is available."

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.

- Documents were available in different formats on request, or if this was identified as a need during the assessment and review stage.
- There were systems to identify people's preferred method of communication and the support they may require in doing so. Whilst English was the first language of all people at the time of inspection, the manager had systems to identify if people required an interpreter.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop meaningful relationships with others who were important to them. People could receive visitors and were supported to use telephone and video calling technology to maintain contact.
- The home provided a range of different activities people could take part in, either individually or alongside others. This included events taking place in the home, within the local community or further afield. One person told us, "You can join in if you want to but you're not forced to." Another person told us, "There's always things to do. I like to play scrabble with my friends."
- People's religious or faith needs were supported with access to a dedicated prayer room within the home.

Improving care quality in response to complaints or concerns

- We found the manager had systems to record and respond to complaints or concerns, ensuring further investigation was completed and resolutions sought to avoid reoccurrence.
- There was prominent signage around the home to inform people of how to make a complaint.

End of life care and support

- People reaching the end of their lives had personalised care plans to support their needs and wishes. Where people could not communicate their wishes independently, their loved ones contributed to care plans, to ensure their wishes were recorded and respected during end of life care.
- The service worked responsively alongside specialist external health professionals to ensure people had access to anticipatory medicines and complex care 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a registered manager at the time of inspection. However, the provider had promptly ensured there was an experienced manager running the home whilst they applied for their registration with the CQC.
- The manager had effective oversight of the safety and quality of care provided. Audits of care and medicine administration records were completed to ensure people's needs were being met as planned. Where any issues were identified, the manager took action to understand how these occurred and implemented action plans to reduce the risk of reoccurrence.
- The management team held daily meetings to share important information. The meetings were structured and tasks were delegated to ensure prompt action was taken in response to people's needs. For example, 1 person required support from district nurses to manage their skin. The district nurses provided guidance to support the person's treatment, which was shared with the management team. Action was taken to update the person's care records and staff were informed.
- The manager was aware of their statutory and regulatory requirements. Safeguarding referrals were completed and sent to the local authority when there were concerns for people's safety. The manager notified the CQC of key events or risks which had taken place in the home.

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

- People felt confident in the management of the home. One person told us, "The home is well managed, definitely." Another person told us, "The manager is very approachable."
- Most staff felt supported in their role. One staff member told us, "I feel supported here, the managers are responsive and really do listen. It's good because I get feedback about my own performance and I feel valued."

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 management team were aware of their responsibilities under the Duty of Candour, which is a regulatory requirement to ensure providers are open and transparent. It sets out specific guidelines providers must follow if things go wrong with people's care and treatment.
- Where this was required, there was evidence of the manager undertaking investigation and analysis of incidents and accidents and sharing this information with the people concerned to ensure they were fully

informed.

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

- People and their representatives were actively encouraged to engage in the running of the service. People had access to a 'resident's forum' where regular meetings were held for people to share their views and experiences. One person told us, "We have the resident's forum where we can raise things and it's rectified if possible." The service also had 'Resident Ambassadors' who would obtain the views or concerns of other people who did not feel confident to raise these themselves, to ensure they were heard.
- The home also ran relative meetings to capture their views. Where relatives or representatives could not attend, the manager would provide updates by sending them the minutes of the meeting, to ensure they remained informed.
- We found satisfaction surveys were completed and analysed in order to drive improvement within the service.

Working in partnership with others

- The management team and staff worked alongside other health and social care professionals to ensure people had access to appropriate care and treatment. GP visits were completed twice a week and the service ensured they were made aware of any changes in people needs or health.
- The service worked alongside a charitable organisation to deliver information technology training and skills workshops for people who wanted to learn how to use computers independently.