Grove Care Limited

Blossom Fields

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 24 and 25 May 2016 and was unannounced. The previous inspection of Blossom Fields was in January 2014. At that time there were no breaches of the legal requirements.

Blossom Fields is a care home with nursing for up to 43 predominately older people. People have either general nursing care needs or are living with dementia. The home has three units over three floors with a 16 bedded dementia care unit being on the middle floor. The building is a purpose built care home designed around the needs of the older person and in particular those people with dementia or cognitive impairment. There was one passenger lift and three secured staircases which meant all parts of the home were accessible for people with impaired mobility.

Level access into the home was from the car parking area. The front of the property looked out on to the main Winterbourne road. To the rear of the property there was a secure courtyard area, where people could sit out in the warmer weather. To the side of the property the provider had developed a Memory Lane. This was a mock 1950's street created within the grounds of the home, providing a unique place where people who lived in the home could spend time with the aim of sparking memories of their younger days. The lane included a greengrocers, a Post Office, a pub, a telephone box and a bus stop with a seat where people could relax. The Memory Lane had featured on local and national News and most recently on Songs of Praise because of the services innovative approach to the care of people living with dementia.

The provider was forward thinking and innovative in their approach to providing the best possible care and had signed up for the dignity pledge and the dementia pledge. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living with dementia. They ensured they kept up to date with current practice and linked with care provider forums and support groups. They ensured people had access to the local community and their facilities and the community was invited to enter the home and participate in social activities. The service had a good reputation within the local community and also with health and social care professionals.

The manager was newly registered with CQC but had been at the home as manager since September 2015. 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.

People were kept safe. Any risks to people's health and welfare were well managed. The premises were well maintained and staff were trained in how to move people requiring assistance from one place to another safely. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to. Pre-employment checks were robust and ensured that unsuitable workers could not be employed to work in the service. The management of medicines was in line with good and safe practice.

Staffing levels for each shift were calculated to ensure each person's care and support needs could be met. The numbers were adjusted as and when people's needs changed. All staff were provided with the training they needed to carry out their roles and responsibilities effectively. The provider placed great emphasis on giving those staff who had proved themselves, extra responsibility. These staff members had taken lead roles in key areas. New staff to the service were well supported and had an induction training programme to complete. They were supported by a buddy and a mentor until they had settled in to their role. All other staff had a programme of refresher training to complete. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were supported to make their own choices and decisions where possible. Staff understood the need for consent and what to do where people lacked the capacity to make decisions. We found the home to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with the food and drink they liked to eat. There was a real commitment by the catering staff and the care team to ensure that people enjoyed their food and received a balanced diet. Where there were risks of malnutrition or dehydration there were plans in place to reduce that risk. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

People received a service that was caring and met their individual care and support needs. The staff were aware of the need for good working relationships with the people they looked after. People said they were well looked after and this was also confirmed by visitors we spoke with. There were many examples of where the staff had gone that extra mile to meet people's social and emotional needs which had resulted in improved well-being. People were able to participate in a range of different meaningful activities, both in Blossom Fields or The Grove (a residential care home run by the same provider) next door and in the local community.

Care planning processes ensured that each person was provided with person-centred care and where possible had been involved in drawing up their care plans. Care plans were well written and provided detailed information about how the person wanted to be looked after and how their care was to be delivered. People were encouraged to have a say about things that mattered to them and to raise any concerns they may have.

The provider used a quality management system to audit and monitor the quality and safety of the service. Action plans were developed where shortfalls were identified so that improvements could be made. The provider continually looked to make things work better so that people benefitted from an improved service. Any planned improvement actions were followed up to ensure they were implemented.

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.

People received care from staff who kept them safe. Any risks to people's health and welfare were well managed.

Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised. Robust recruitment procedures ensured that only suitable staff were employed.

Staffing levels were appropriate and enabled them to meet people's care and support needs. The numbers of staff were adjusted when people's needs changed.

People's medicines were managed satisfactorily.

Is the service effective?

Outstanding

The service was effective.

Staff received the training they needed to do a good job. They were all committed to providing a high quality service and involved in ensuring the service was effective. Staff were well supported and regularly supervised.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with food and drink that met their individual requirements and where risks of weight loss were identified this was managed well. People were supported to see other health and social care professionals as needed.

Is the service caring?

Outstanding

The service was caring.

People were treated with dignity, respect and compassion. Staff were loving and kind and supported people in a way that

promoted their well-being.

Staff recognised people's individual care and support needs and knew the value of positive working relationships. They were sensitive when it came to talking about end of life care and supported people to have a dignified and 'good' death.

Is the service responsive?

Outstanding ☆

The service was responsive.

People were able to participate in a range of meaningful social activities and emphasis was placed on what people enjoyed most. They were involved in community activities and enabled to live as full a life as possible. The community was also invited in to their home.

People received the care and support they needed and were looked after in the way they liked. People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Outstanding ☆

The service was well-led.

The provider and registered manager had a clear vision about the service. They were forward thinking and innovative and looked to how further improvements could be made to the service to benefit people.

There was good leadership and management of the service and feedback from people and their families was encouraged. People were looked after by staff who all shared the provider's commitment to running a well-led service.

Blossom Fields

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 24 and 25 May 2016. The inspection was undertaken by one adult social care 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 service. At the last inspection in January 2014 we found no breaches in regulations.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Healthwatch had visited in September 2015 and had shared their 'Enter and View' report with us. They had looked at the environment, staffing and person-centred care, nutrition and hydration, and activities.

During our visit we met and spoke with eight people living in the service and three relatives. We spoke with 15 members of staff including two of the directors, the registered manager, qualified nurses, care staff and ancillary staff. We looked at eight people's care documentation, together with other records relating to their care and the running of the service. This included eight staff employment records, policies and procedures, audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

Following the inspection we received feedback from two health and social care professionals. Their views and opinions of the service have been incorporated in to the main body of the report.

Good

Is the service safe?

Our findings

People who were able to talk with us told us they felt quite safe at Blossom Fields. They said, "I feel perfectly safe, staff advise me, and I have complete trust in them", "I feel comfortable and safe", "When using the hoist I have complete trust in the staff and realise I am in their hands, they make it as easy as possible", "I am cared for safely by staff, they take such great care of me" and "I feel very safe, there are always plenty of staff around to help those who need it".

Visitors were satisfied that their loved ones were living in a safe and caring environment. They said, "My loved one is safe and gets the support they need. Although they are independently mobile, staff keep an eye on them; we have no worries" and, "I feel my loved one gets all the support they need to make sure they are safe, they are at risk of falling, and use a zimmer to walk, but staff walk with them and make sure they are sitting somewhere comfortable before they leave them".

All staff completed safeguarding training as part of the mandatory training programme. Those staff we spoke with knew what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the registered or deputy manager. They knew they could report directly to the local authority, the Care Quality Commission or the Police. Staff would not tolerate any bad practice from their colleagues and referred to the provider's whistle blowing policy. The provider had a policy called 'Safeguarding the people we care for from Abuse' and this had last been reviewed in April 2016. The provider also had a policy 'Safeguarding children who visit Grove Care Homes'.

The registered manager had completed safeguarding training in March 2016 and was fully aware of their responsibility to keep people safe. One of the directors sits on the South Gloucestershire adults board and the safeguarding training sub group and had attended safer recruitment training with the local authority. As part of our preparation for this inspection we asked the safeguarding team for feedback about the service. They told us the service had worked well with them. The family of one person had raised a concern in 2015 and the safeguarding team had been satisfied with the actions taken by the service.

The procedures followed when recruiting new employees ensured unsuitable staff could not be employed at Blossom Fields. Recruitment records contained at least two written references and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. All references were followed up to ensure they had been written by relevant people who could confirm previous work performance. These measures meant people using the service were not put at unnecessary risk.

Risks to people's health and welfare were well managed. The level of risk for each person was determined in respect of moving and handling tasks, falls, the likelihood of skin being damaged because of pressure, nutrition and where appropriate, the use of bed rails. These measures ensured people received safe care and support. A detailed moving and handling assessment was undertaken with those people who needed support from the staff to move from one place to another. A safer handling plan was written and set out the

equipment to be used and the number of care staff required to carry out the task.

People were cared for in a safe environment. The corridors were wide, long and straight and handrails were fitted to both sides. There was a central passenger lift to all floors and a coded entry system on all doors leading to stair ways. The premises were well maintained but we did note that the vinyl flooring in two of the toilets had begun to lift. This was pointed out to the provider and registered manager on day one. By day two, action had already begun to rectify this.

The maintenance team had a programme of checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. Refresher fire training for the staff team was in the process of being arranged. A walk-a-round of the whole home was made every day and staff recorded any requests for maintenance tasks in the maintenance books kept on each floor. The records showed all checks had been completed when due and that servicing contracts were in place for all equipment. The catering staff recorded fridge and freezer temperatures and hot food temperatures before serving meals. All food was stored correctly and the last visit by an environmental health officer had resulted in the service being awarded the full five stars. Catering staff had daily, weekly and monthly cleaning schedules to complete.

The provider had a business continuity plan in place. This set out the arrangements to be followed if the home had to be evacuated for any reason. The plan included what would happen if the premises were flooded, there was failure of any utility services and adverse weather conditions including heat waves and winter weather. Personal emergency evacuation plans (referred to as PEEPs) had been prepared for each person.

The service had a team of about 50 care staff and nurses with many of them having worked at the service for a long time. The provider told us there was very little staff turnover and they would only use agency staff as a last resort. The registered manager used a dependency tool to calculate the number needed for duty each shift and reviewed this on at least a monthly basis. Staff said they were listened to if they reported that one person's care needs or behaviours impacted upon their work load and adjustments were made. Staff duty rotas were organised well in advance. Where there were gaps in the rotas they looked to the existing staff to pick up extra shifts but also had the benefit of 'borrowing' staff from their other home next door. This meant people were looked after by staff who were familiar with their care and support needs.

Shifts worked 8am-2pm, 2pm-8pm and 8pm-8am. At the time of our inspection, the service was looking after 43 people and staffing was arranged on the following basis: two qualified nurses and at least one senior care assistant plus nine care staff in the morning and seven or eight in the evening. Overnight there was one qualified nurse and four care staff on duty. In addition to the care team there were other staff on duty. This included the registered manager, catering staff, housekeeping staff and maintenance. The registered manager's working hours were supernumerary to the care hours and the deputy/clinical lead had a mix of supernumerary and care hours. The provider talked about times when they had allocated extra early morning staff or late evening staff (a twilight shift) to ensure the staff team on duty was able to meet everyone's needs.

There were clear measures in place to ensure medicines were safely handled and administered correctly. All medicines were stored in locked medicines trolleys or cupboards in one of two treatment rooms. Those medicines that required additional security were stored correctly and audited on a weekly basis. Records were kept of the room and fridge temperatures to ensure medicines were stored at the correct temperature. Senior care assistants had completed safe administration of medicines training and been deemed competent before they had been able to administer medicines unsupervised.

One of the nurses had taken a lead role on medicines and completed weekly audits. They ensured the repeat prescriptions were filled and delivered, stored correctly and administered as prescribed. Accurate records were kept of all medicines received in to the home and of those returned to the chemist for disposal. Medicine administration records were completed after medicines had been administered as prescribed by the GP. There were PRN protocols in place for those medicines taken on an 'as and when needed' basis. At the time of the inspection there was one person in receipt of oxygen therapy. Appropriate warning signage was displayed on the door of the person's bedroom and the room where spare oxygen cylinders were stored.

Where people were not compliant with taking their prescribed medicines arrangements were in place for these to be administered covertly. This is where medicines had to be disguised in a drink or food and administered in the person's best interests. Best interests discussions had taken place with the person's GP, relatives and any other relevant health and social care professionals and a record of this agreement was made.

Outstanding ☆

Is the service effective?

Our findings

People received the care and support they needed and met their specific requirements. Comments we received included, "The staff are excellent. I certainly cannot fault them in any way", "The experienced staff are good, the younger ones can be frivolous but they are all cheerful", "Very good staff, must have had good training" and, "I am capable of making decisions, I am consulted about all aspects of my care, medical and physical". Visitors said, "The staff are very competent and I am very happy with how they treat my loved one", "They know my loved one's likes and dislikes as they are not able to make decisions" and, "The nurses arranged a meeting with the doctor and the nurses to make some important decisions that my loved one could not do".

Staff knew all about the people they looked after. Each person had a named nurse and a keyworker. The keyworker role is to provide a link between the service and the family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. One key worker told us they would communicate with the person's family when they needed some toiletries but also enabled them to spend time having "a good old chat". This role enabled people to express their views and for their views to be listened to and acted upon. One member of the care staff said, "The keyworker role is important in developing close friendships with that person and their family. We get to understand the very small details that are important to them". An example we were given was where a member of staff helped a person to remember significant dates and had helped them purchase cards and flowers for their daughter's birthday.

An induction training programme was in place for all new staff. The programme had been aligned to the new Care Certificate and had to be completed within a 12 week period. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and consists of 15 modules to complete. The provider explained the Grove Care induction programme also had seven other sections to be completed. New staff were allocated a mentor (an experienced member of staff) and a buddy to support them during the induction period and help them settle in to their role. This meant that new staff were well supported and well trained and more likely to remain at Blossom Fields. For people this meant staff turnover was kept to a minimum and they were looked after by the same staff. Blossom Fields took nursing student placements from the local university and two of the qualified nurses we spoke with had completed the appropriate facilitated learning programme. The induction programme was signed off at the end of the 12 weeks.

All staff had a programme of refresher training to complete. This included moving and handling, safeguarding, fire safety, dementia care and infection control. Staff had workbooks to complete following any training, this was marked and the training was certificated. Those staff we spoke with confirmed they received regular training and, "we can make suggestions about training we feel would be beneficial for people and on the whole this gets arranged". As well as the mandatory training programme the staff team had undertaken training in care planning, pressure ulcer care, nutrition and end of life care.

Two qualified nurses told us they had completed 'care homes early warning signs' training (known as CHEWS). This enabled them to recognise when people were developing signs of ill health or ill-being. This

meant they could take early action, initiate the correct treatment and prevent hospital admissions. This benefitted people because it meant when they were unwell they continued to be looked after in their own home. One qualified nurse said, "When a person living with dementia is unwell, a hospital is not the right place for them to be looked after. Hospital staff do not have the skills or time to care effectively". The nurses referred to several people who had developed infections and were at risk of dehydration and one other person who had occasional seizures. They had each been successfully nursed in Blossom Fields and not required hospital admission.

All care staff were supported to achieve diplomas in health and social care. At the time of our inspection 30 staff members had achieved a diploma or an equivalent, at least to level two. Some of these staff members had achieved both level two and three.

Staff received regular supervision from a senior member of staff. The role of supervisor was shared by the registered manager, the qualified nurses and senior care assistants. During these sessions there were discussions about things that had gone well, any work performance issues and any training needs. These measures ensured staff all worked to the provider's high set of standards, had up to date knowledge and were able to meet people's needs effectively. Staff we spoke with said they were well supported and were "proud" to work at Blossom Fields.

The registered manager had completed advanced Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and also delivered training to staff groups. The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for people who lack the capacity to consent to treatment or care. The legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised. These safeguards protect the rights of the people who live in a care home to ensure that the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person's best interests.

All staff were expected to complete MCA and DoLS training. Those staff we spoke with during the inspection had sufficient understanding of the legislation and how it affected their day to day work.

Staff were clear about asking people for consent and said if a person declined they would try again later. One staff member talked about a person who was living with dementia who got on better with some staff than others. For this reason, when work was being allocated to staff they ensured the care assistant who was to look after that person during the shift was one where there was a good relationship. The registered manager explained that the staff rotas were organised around people's needs, for example to meet individuals needs, the needs of people who were unwell and where social activities required greater staffing levels.

The service had good administrative systems in place to record where DoLS authorisations were in place, when these authorisations were due to expire and who the person's representative was. The registered manager said a number of other DoLS applications had not been processed by the local authority but they regularly checked to ensure they were still on the 'waiting list'. Staff we spoke with knew where DoLS restrictions were in place.

People were provided with sufficient food and drink. They said, "The food is very good, a cooked dinner every day and soup and sandwiches for tea", "Food is jolly good, good variety" and, "The chef comes around and asks what sorts of things I would like to eat". One visitor said they thought the food was excellent. They told us their loved one had always been a difficult eater and would only eat certain food items. The staff

respected this person's wishes but provided them with fortified drinks to ensure they received a balanced diet.

People's specific nutritional requirements were met and appropriate measures in place where the risk of malnutrition or dehydration had been identified. Staff asked people about their likes and dislikes and ensured information was relayed to the kitchen staff. The kitchen staff were advised if a person's body weight decreased and fortified foods were supplied. Where needed, people would be provided with a diabetic diet, soft foods or pureed diets.

There was a four week seasonal menu plan in place and people were supported to make decisions about what they wanted to eat. Menu cards were available or they were shown a plated meal to help people make visual choices about what they would like to eat. At midday there was one main choice however people could choose from a range of alternative meals. People were able to choose whether they had their main meal of the day in the middle of the day or in the evening. The chef advised us that two of the catering team had been nominated for a 'Care Home Cook of the Year' award. One member of care staff had been delegated to the lead role in nutrition and arrangements were already in place for them to attend further nutrition courses. Part of their role was to analyse the monthly body weight recordings and to instigate actions by the catering staff.

We observed the meal time on one floor. People were made comfortable and were well positioned to eat their meals. For those who required them, a clothes protector was provided. Plate guards and adapted cutlery were made available, or meals served in bowls and enabled people to eat their meals independently. Those people who required support to eat their meals were given help in a sensitive and unhurried manner by a member of staff who sat next to them and took their cues from the person. The person was enabled to eat their food at their own pace.

Teas and coffees were served with biscuits and home made cakes, mid morning and afternoon and people had jugs of water or squash in their bedrooms. People were supported to remain well hydrated and where necessary the staff monitored how much people had eaten or drank each day. This meant they could take action if the risks of malnutrition or dehydration increased.

People were supported to access the health care services they needed. People were each registered with a local GP, one practice of which the service had a local enhanced service contract in place. They provided a weekly "ward visit", generally on a Thursday. The qualified nurses will have advised the surgery which of the doctor's patients will need to be seen, so they can bring along any documentation they need. One healthcare professional told us that the nurses organised the visits well, were asked to see people in a timely manner and always carried out any instructions they gave. The registered manager, nursing staff and the GP surgery were already in consultation to set up quarterly meetings to ensure people received the best possible health care. We saw documentary evidence in support of these plans. Examples of other healthcare professionals involved in people's care included opticians, audiology, foot care specialists, speech and language therapists , occupational therapists and physiotherapists, the care home liaison team and the frailty team.

Outstanding ☆

Is the service caring?

Our findings

People appeared well cared for. They looked well kept, their hair was groomed and fingernails were clean. They wore clothing that reflected their age, gender and previous life style and footwear was appropriate. They said, "Staff treat me with dignity and respect, I need all nursing care, they ask me what I would like", "I have carers of a different gender but I was asked if this was OK", "Staff treat me extremely well, with great humour which helps a lot" and, "Staff understand and respect my situation, they are busy people they take time to talk and listen to me, they explain things". Visitors told us, "Staff are very good, they treat (named person) with great kindness and dignity, staff know their ways, what they like to eat and what they like to do", "The staff are all special" and, "I am consulted on all decisions regarding my loved one's care and treatment". Both healthcare professionals who provided feedback after the inspection said their patients were very well looked after at Blossom Fields and they had no concerns.

We asked staff if they would recommend Blossom Fields to family members or friends. One staff member said, "I would know they would be well looked after, if they lived here". Another said, "The level of care people receive is very good. They are kept clean, well fed and reminded to drink regularly. I would recommend this home to relatives but I would want to continue working here".

All staff were seen to interact with people in a kind and compassionate manner. This included the 'managers', the housekeeping, catering and maintenance staff and the care team. People were generally referred to by their first names having been asked by what name they liked to be called. The staff used appropriate volume and tone of voice when speaking to people. It was evident there was a caring culture in all three units of the service. People were supported to move between different parts of the home and mix with others and the staff, of their choice. Group activities too place on all three units.

We saw many examples of positive interactions between the staff team and people. A group of people were supported in the garden area and were planting flowers in the raised tubs. One person said, "This is my best day of the week, when I can get outside. The weather today is glorious which is a further blessing". Staff referred to another person who "blossomed" when they were gardening as "this was their passion". This person was wearing gardening gloves, had a trowel in her hand was covered in soil and looked very happy. An award winning horticultural service was bought in by the provider to provide meaningful activities for people. The local television company were in consultation with Blossom Fields about doing a report on the work this service provided.

Staff spoke about the people they were looking after respectfully. They said they were taught to and, were expected to treat people with dignity and respect. Staff clearly knew the people they were caring for, and were able to describe in detail their likes, dislikes and preferences. Several of the care staff and nurses were dignity champions but according to one of the qualified nurses "had to prove themselves to achieve the accolade". There was a keyworker system in place and keyworkers were always involved in care plan reviews. The registered manager explained they used this approach because keyworkers knew the person best. One keyworker we spoke with said the role enabled them to forge good working relationships with the person and their family.

Staff gave people ample time to respond to them when they had asked a question and listened to them and acted accordingly. People appeared to be comfortable when staff approached them and the care staff took their cues from facial expressions and the person's body language. We saw staff knocking on people's bedroom doors and waiting for a response before entering the room. Care staff always ensured that bathroom, toilet and bedroom doors were closed when personal care was being delivered. We heard staff seeking consent before any intervention and waiting for a response before proceeding. We observed a care assistant discreetly suggesting a person come along to the bathroom to change their trousers without making reference to the 'accident' they had had. We observed staff speaking in a patient manner with one person who was looking lost and bewildered – they gently escorted them towards a sitting room, where they stayed with them until they had settled. The care assistant had provided them with a magazine to look at and this had then engaged them until lunch was served. It was apparent staff knew people well, including their likes and preferred choices.

We heard people being offered choices in respect of activities, food and drink and staff respected the decisions they made. People were treated with kindness and were responded to promptly. It was evident that the staff really cared for the people they looked after and wanted them to have the best possible time.

The provider and registered manager told us about one person who lived at the service. In 2015, because of the person's physical and mental frailty it would have been difficult for them to attend a special family wedding. Blossom Fields agreed for the church blessing to be held in the gardens by Memory Lane followed by the wedding reception. The person had been able to participate in the occasion and photographs had shown them looking very happy and surrounded by their family. Other people who the family had got to know, and staff were also able to join in the celebrations.

People and their families were being encouraged to put together memory boxes of things that were important to the person from their life. The provider had tried using different size boxes (large boxes had not worked) but still found some families did not want to engage with the process despite being informed of the possible benefits. These boxes could contain items personal to that person and used to engage with the person.

The service looked after people with palliative care and end of life care needs. All of the nurses were syringe driver trained and therefore able to administer pain relief to aid a person's comfort. The end of life care for people was aligned to the Gold Standards Framework although the service was not signed up to the programme. This meant the staff followed best practice and people received the care they needed. The qualified nurses ensured GPs prescribed anticipatory medicines in readiness for when people needed them. Anticipatory medicines include pain relief and other medicines, to manage distressing symptoms. This forward thinking meant the service was prepared for a sudden deterioration in a person's condition and there was 24-hour access to end-of-life medicines. This prevented the need to contact the out of hours doctor service. For the person this meant their symptoms could be managed effectively and without delay and supported a 'good death'.

The nurses and care staff worked with the family in meeting end of life care needs. They made sure they knew a person's wishes but did not leave asking these difficult questions until the person was very poorly. They broached the subject with the person and their family when the person was still well, when this was possible. People we spoke with said they had discussions with the nurses or care staff about dying and 'do not resuscitate decisions'. They said this had been done with great sensitivity and were "pleased it had been discussed". The discussion may be had in a one to one conversation with their keyworker whilst they were chatting or with one of the nurses. From speaking with the provider and registered manager it was evident these discussions took place as soon as possible, were not seen as a tick box exercise but as a matter of

great importance. Appropriate nursing equipment was in place to maintain the person's comfort and skin integrity – for example alternating air mattresses and electric profiling beds. The service had received a number of complimentary letters from relatives in respect of how they had supported people at the last stages of their life.

Outstanding ☆

Is the service responsive?

Our findings

Some people we spoke with during our inspection were unable to tell us whether they received the exact care and support they needed or whether the service was responsive. Comments we did receive included, "It was my decision to come here, my closest relative was already here and I could no longer manage to care for myself. I know I have made the right decision", "They will do anything for me that I wish, I spend a lot of time outside as I love the garden, I go to gardening club so am still able to continue my hobby" and, "After leaving hospital I knew I would not be able to return home and I went into another care home. My family and I knew it was not the right home for me and after a lot of research, they found Blossom Fields. I feel settled now". One person told us the staff had done everything to make them feel welcome and had placed everything exactly where they wanted it. They added, "After all, this is going to be my forever home, I am here until my demise".

Pre-admission assessments were completed for people who were considering moving into Blossom Fields. Where possible, people or their relatives were invited to visit the home, have a look at the facilities on offer and to meet the staff team. When these assessments were completed, either in the person's own home, or the hospital ward they used a tablet computer to show a video of the service, the bedrooms and the Memory Lane facilities. They also had a number of meal cards and activity photographs to show prospective 'residents' in order to help them and their relatives make an informed choice. This innovative use of IT equipment provided a visual picture of the service and facilities at Blossom Fields and helped to dispel the myths about what it was like in a care home.

The assessment documents used by the service ensured that a holistic overview of the person's care and support needs was gathered. The document covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and dietary requirements. It also included the person's lifestyle choices and preferences. The assessment of the person's needs continued after admission since the service recognised that people's needs can change in a different environment.

The assessment was used to develop a person-centred care plan. Plans were well written, provided clear instructions for care staff to follow and had involved the person and their family where appropriate. People's wishes and preferences had been incorporated into the plans. The provider and registered manager talked about the recent improvements they had instigated in respect of oral health care planning. They had done this because they had identified this as an area where they could do things better. One person's plan said, "Please ask me if I would like a bath or a shower because I do not always want the same". People had a plan stating how they liked their room laid out. Plans we looked at had the following comments: "I like my bed facing the window", "It is important to me that my crucifix is placed either side of my bed", "I like my bed against the wall. It makes me feel safe" and, "I want a mirror on the wall so I can brush my own hair".

A new activity co-ordinator had been appointed and was due to start work at the beginning of June. There had only been a short period of time since the previous activity co-ordinator had left but a programme of meaningful activities had continued. There was a wide and varied activities programme in place. On the

day of our visit an external organisation called 'Growing Support' facilitated a gardening group with the support of a member of care staff. Those people who were participating in the group were enjoying the activity which takes place every two weeks in the enclosed courtyard garden. Here there were raised flower beds and people were planting flowers they had grown from seeds in previous sessions, and also planting tomato plants in grow-bags. We later observed a dance therapy session, this was attended by 11 people and two staff members, and all actively participated. On the second day of the inspection it was 'World Food Day'. This happens on a monthly basis and a different country is selected each month, in May 2016 it was Mexico. People were provided with authentic Mexican food although could opt for an alternative. The food generated some positive and negative comments from people and the staff team. Care staff took an active part in meeting people's social needs as these were seen as being as important as meeting physical and personal care needs.

There was easy access to the garden and Memory Lane for all people including those who were confined to a wheelchair. Staff said the outside space was popular with people and well used. Memory Lane provided an authentic replica of real shops, post office and a pub, with ample seating around a village green so that people could sit and reminisce. The service also benefitted from a sensory room however, staff reported it was an under-used facility. There were massage chairs for people to use, a large water feature and opportunities for people to be stimulated by light, sound and touch for example.

Examples of other activities that regularly took place include singing for the brain, arts and craft, 'cookery classes', flower arranging, quizzes and reminiscence sessions. There was a monthly church service. People were encouraged to take part in activities either in Blossom Fields or The Grove care home on the same site. Activities that were taking place were advertised on the notice boards sited in several places throughout the home. For those people who were either room or bed bound, or did not like group activities, individual person-centred sessions were arranged. For one person this involved support with maintaining contact with family members who lived abroad via a video link.

The service maintained links with local facilities to ensure that people remained part of the community. They used the local library for example and, last summer catering and activity staff had taken several people along to a 'Village Bake Off' event. Blossom Fields had won some of the prizes. Coffee mornings were arranged at Blossom Fields in collaboration with the dementia alliance. This meant that people who were still living in their homes and their families were able to visit Blossom Fields and see how people were looked after.

A daily newspaper 'The Daily Sparkle' was available for people to look at. This had a reminiscence focus with items such as 'On this day in…..' , a, 'do you remember' story, general knowledge quizzes and the words of a well known song. A monthly Grove Care newsletter was produced. This included photos of events, people and staff's birthdays and other celebrations. There was also information about the employee of the month and what feedback they had received from people and their families.

People said if they were unhappy they would ask to speak to the nurse in charge or the registered manager. The visitor we were able to speak with said the same and confirmed they had been provided with a copy of the complaints procedure. Both the people who lived in the home and their relatives were also able to raise any concerns or complaints they may have during care plan review meetings and 'resident and relative' meetings.

The service had received written compliments via email, letter and thank you cards. The registered manager ensured that all comments were shared with the staff team and some cards were seen posted on the notice board in the staff room and in the meeting room. A supply of service user/relative feedback questionnaire

forms were kept in the main entrance along with a suggestion box where feedback could be posted.

The provider had a complaints policy in place and this was last reviewed in March 2016. The policy set out the arrangements that would be followed if a complaint was received. Any complaint would be acknowledged within two working days and investigations were held within 28 days. The policy stated that all complaints were responded to in writing. The service had received four complaints in the last 12 months and records showed that each of them had been handled in accordance with their policy. Each of the complaints had been about minor issues however action had still been taken. There had been a mix up regarding one person's different toiletries that were in the same shape bottles and staff were instructed in the next team meeting to be more diligent. The registered manager said that any complaints were used as an opportunity to learn, to make changes and to do things better. CQC have not received any complaints about this service.

Outstanding ☆

Is the service well-led?

Our findings

The leadership and management of the service were centred upon providing a high quality, person-centred service. Throughout our inspection we saw examples of how this had been achieved. There was an overwhelming view from the staff team that they were proud to work in Blossom Fields. They were all committed to ensuring each person was well cared for and able to do meaningful things. They attributed this to the expectations of the provider and registered manager and also their 'leading by example' approach.

People were able to tell us the names of the registered manager and the deputy and said they saw the registered manager and other members of the management team (the registered providers) frequently. People said they were informally asked for their opinions, and this was done conversationally. People made the following comments, "I see the manager around, everyone is so nice, nothing is formal, it is just like talking to a friend", "I am totally satisfied with everything, I think I am lucky to be here", "I would not hesitate in speaking to (manager's name) if I had a problem, she is very amenable and easy to talk to. She comes in and asks if everything is ok" and, "The main thing about being here is that I don't need to worry". One person said, "This is an excellent place, I am very happy here and would thoroughly recommend it to anyone". Another said, "The deputy comes in for a chat. I do not see so much of the manager, but I sleep a lot so could miss her".

Visitors said they had a good relationship with the registered manager and team and found the manager to be accessible, approachable and supportive. Comments included, "The manager is always around, she has an open door policy and is very approachable", "Overall we are happy with the care, and are lucky (named person) is here", "I see the manager around when I visit, she is approachable and someone I feel I would be able to talk to" and, "I would certainly recommend this home, care is excellent, staff are excellent, could not ask for more".

The provider shared some feedback comments with us as a result of them asking the staff team whether they felt the service was well-led. The responses had been, "She is very respectful of her staff and leads by example", "I think she is a good manager and is very understanding. We are lucky to be led by her", "I feel the home manager is always willing to listen and assist where possible, she is firm but fair" and, "She is committed to running a well led nursing home". Those staff we spoke with during the inspection all expressed the same positive comments regarding the management and leadership of the home, not only by the registered manager but the providers, the nurses and the senior members of staff.

The provider had also asked staff and visitors for feedback on whether they felt the service was outstanding. Again, the comments were positive and included the following statements: 'The staff always go the extra mile', 'It is all about the residents and they are all treated as individuals' 'Blossom Fields stands for person-centred care' and, 'We all work together as a team'.

The provider's vision and values were to ensure Blossom Fields offered people they cared for a home where individuality was encouraged, with trained staff who had the time to give attention to detail. They also

wanted to give people the chance of enjoying the company of like-minded people. It was evident these visions and values were shared by the registered manager and the whole staff team. There was external recognition of the good things that happen at Blossom Fields. The Memory Lane project had attracted a lot of media attention and it was widely recognised how this real-life reminiscence had benefitted people's daily lives. If a person was distressed staff were able to take them for a walk and spend some one to one time with them.

It was the provider's ethos to involve all staff in meeting the high standard of quality expected. They had delegated responsibility for some areas to key staff. For example one of the qualified nurses had taken the lead role in infection control and one of the senior care assistants was the falls champion. Both completed regular audits of their specific area. Monthly audits were completed of any falls and any trends were identified so preventative measures could be put in place. Another member of staff had taken a lead role in nutrition. Medicines were audited on a weekly and monthly basis.

The registered manager or the deputy attended weekly managers' meetings with the managers from the other services run by the provider. During these meetings they looked at current issues and agreed any actions to be implemented and also discussed any events that had occurred to look for lessons learnt. People's views and also the views of relatives and staff were discussed in these meetings. A range of other regular meetings were held with trained staff, senior care staff and team leaders, night staff and individual meetings on each of the three floors.

Prior to the activity co-ordinator leaving, their last meeting held with people had discussed what they would like to do, what they felt about the care they received and the meals they were served. People and their families were encouraged to provide feedback. The comments received had been included in the service's overall action plan and some had already been addressed. The provider was exploring the use of a social media system (like an interactive diary) to further enhance the communication between families, the staff team and management. This forward thinking approach would enable visual evidence of people's lives to be posted when families were not present and also mean families could post pictures and information for the person to look at.

Blossom Fields had an 'Enter and View' visit from Healthwatch in September 2015. They found there was a person-centred approach to care with enthusiastic leadership and dedicated caring members of staff. They made two recommendations. They suggested an audit of the home to ensure it was as dementia friendly as possible and secondly to look at leadership matters in person-centred dementia care. The provider had incorporated these suggestions in to their audit programme.

The provider used a range of different measures to monitor the quality of the service provided. They used a quality management system to audit the service and ensure they complied with regulations and the fundamental standards. There was a programme of audits to be completed on a monthly, three monthly and six monthly basis. Named staff members were responsible for completing some of these checks. All audits resulted in an action plan with timescales where any shortfalls were identified and reviews of the plans ensured the improvements were made. One example of an action taken following an audit was the provision of sensor equipment following a falls audit.

The providers and registered manager had undertaken spot checks on the night staff to ensure the night staff were completing the duties expected of them and were providing care and support to people. Qualified nurses worked alongside care assistants during the day as often as was possible to monitor their work performance and ensure people received the best possible care.

The provider regularly attended the local authority care home providers forum and was linked with the care and support west group. The service was signed up to the national dignity pledge and the dementia pledge and subscribed to a care home management resource. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living with dementia. The providers regularly attended training courses and seminars provider by South Gloucestershire Council and shared the achievements of their service.