

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 4 and 5 October 2018 and was unannounced. The previous inspection of Blossom Fields was in May 2016. At that time there were no breaches of the legal requirements and the service was overall as Outstanding. At this inspection, we found the service remained outstanding.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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 service 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 those people with dementia or cognitive impairment. There was one passenger lift and three secured staircases which meant all parts of the service were accessible for people with impaired mobility. At the time of this inspection there were 43 people in residence.

Level access into the service 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 service, providing a unique place where people who lived in the service could spend time with the aim of sparking memories of their younger days. The lane included a greengrocer, a Post Office, a pub, a telephone box and a bus stop with a seat where people could relax. The provider had made some changes to Memory Lane to update the features and introduce additional memorabilia (for example a record shop).

Why the service is rated Outstanding:

At the last inspection we found the service provided an outstanding model of care and support to people with nursing care needs, but in particular, to people living with dementia. The provider has continued to build on this, has made further improvements and sustained the ability to provide an outstanding service.

The provider was forward thinking and innovative in their approach to providing the best possible care. The dignity pledge and the dementia pledge were both at the heart of everything they did. The service and staff have continued to demonstrate their commitment to care for people with dignity and to enhance the lives of people living with dementia. The provider and staff team 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 continued to have a good reputation within the local community and also with health and social care professionals.

There has been a change in the registered manager since the last inspection. 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. Staff received safeguarding adults training and ensured people were protected from harm and abuse. They knew what to do if concerns were raised and who to report any concerns to. Any risks to people's health and welfare were well managed. Staff were trained in how to move people one place to another safely, using the appropriate equipment. The premises were well maintained. The management of medicines was in line with good and safe practice.

Pre-employment checks were robust and ensured that only suitable workers were employed to work in the service. 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.

People were provided with an outstandingly effective service. The training programme ensured each staff member had the necessary skills and knowledge to carry out their roles and responsibilities effectively. The provider had identified key staff and given them extra responsibilities in specific areas. Dementia care training was interactive and a 'dementia suit was used'. This enabled staff to experience what it was like to live with dementia. New staff were well supported and had a robust 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 service 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. Feedback we received was wholly positive about the meals provided. The catering staff and the care team ensured 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 an exceptionally caring service that met their individual care and support needs. The staff had 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 and in the local community.

People received an exceptionally responsive service. There was a person-centred approach to care planning and where possible they were involved in making decisions about how they were looked after. Care plans were well written and provided very personalised 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.

There was also a person-centred approach to meeting people's social care needs. There was a programme of group activities however specific arrangements would be made on a one to one basis with an individual.

People were supported to access the local community and enabled to independently go shopping with back-up support as necessary. People were encouraged to speak up and say how they wanted to be looked after, to have a say about things going on in the service and to raise any concerns they may have.

People were living in a care home that was well managed and where there was good leadership and management in place. The provider was actively involved in the service and continued to make further improvements to enhance people's lives. They 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 remains safe.

Is the service effective?

Outstanding ☆

The service remains outstanding.

Is the service caring?

Outstanding ☆

The service remains outstanding.

Is the service responsive?

Outstanding ☆

The service remains outstanding.

Is the service well-led?

Outstanding ☆

The service remains outstanding.

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 4 and 5 October 2018. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led. 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.

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 asked health and social care professionals who have had contact with the service to provide us with feedback about the service. Their views and opinions of the service have been incorporated in to the main body of the report.

During our visit we met and spoke with 10 people living in the service and three relatives. We spoke with 13 members of staff including one of the directors, the registered manager, qualified nurses, care staff and ancillary staff. We looked at six people's care documentation, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits, quality assurance reports, satisfaction survey reports and minutes of various meetings.

Is the service safe?

Our findings

People were safe living at Blossom Fields. They said, "The staff are very supportive and I feel safe when they are attending to me, they wash and dress me, never hurt me or do anything wrong in any way, I feel totally safe in their hands", "I feel totally at ease with the staff, they keep me safe, I like to try and walk around my room, but I am very unsteady I have to use a walking frame. Whenever I walk, the staff walk beside me to keep me safe" and "I feel totally at ease in the care of this home everything is done to keep me safe".

Relatives reported their family member was safe at Blossom Fields. They said, "The care staff are wonderful both during the day and at night, I am staying around the clock at present. I am amazed at the night staff checking on every person throughout the night to see that they are safe and all is well" and "(named person) is safe and sound here, I don't need to worry".

People were protected from harm and abuse. Safeguarding training was part of the mandatory training programme all staff completed. Staff told us they would report any concerns they had about a person's safety or welfare to the registered or deputy manager, or report directly to the local authority, CQC or the Police. Information about how to report any concerns was displayed on notice boards throughout the service. The provider had relevant policies in place in respect of whistle blowing and safeguarding the people we care for, from abuse.

The registered manager had completed level two safeguarding adults for provider's training with the local authority in May 2017 and was fully aware of their responsibility to keep people safe. One of the directors sat on the South Gloucestershire adults board. A registered manager from another of the provider's care services was a qualified safeguarding trainer and provided training for the staff team.

Risk management was seen as paramount in meeting people's care and support needs. Staff knew they were responsible for people's safety but ensured people made choices and had as much control and independence as possible in their daily activities. 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 and the maintenance team had a programme of checks to complete on a daily, weekly and monthly basis. A walk-a-round of the whole service was made every day and staff recorded any requests for maintenance tasks in the maintenance books kept on each floor. All checks had been completed when due and that servicing contracts were in place for all equipment. The catering staff had a programme of checks to complete and these covered the fridges and freezers, hot food temperatures and the cleaning schedules.

The provider had a business continuity plan in place. This set out the arrangements to be followed if the

service 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 heatwaves and winter weather. Personal emergency evacuation plans (referred to as PEEPs) had been prepared for each person.

The service had a stable staff team with little staff turnover. Agency staff were only deployed as a last resort. This meant people were looked after by staff who were familiar with their care and support needs. A dependency tool was used to calculate the number of staff for each shift. This was reviewed monthly or more often if needed. Account was taken when people had increased care needs or there were social activities taking place. Staff duty rotas were organised well in advance.

To meet people's daily living needs the care team were supported by the catering staff, housekeeping staff and maintenance team. The registered manager's working hours were supernumerary to the care hours and the deputy had a mix of supernumerary and care hours.

Safe recruitment procedures continued to be followed to ensure unsuitable staff could not be employed. Pre-employment checks included at least two written references and a Disclosure and Barring Service (DBS) check. A DBS check helped employers make safer recruitment decisions.

There were clear procedures in place for the safe management of medicines. One of the qualified nurses had taken a lead role in medicines management and ensured the ordering, receipt into the home, storage, administration and disposal of any medicines followed safe practice. Robust medicine audits were completed weekly including a check of controlled medicines stock. Qualified nurses administered medicines but senior care staff who had received additional training could assist people with their medicines. Where people needed their medicines to be administered covertly, best interest's 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.

People were protected from the risk of infection. The service was clean and tidy. Cleaning schedules were in place for all bedrooms, communal lounges and dining rooms. Individual members of the housekeeping team tended to work on the same floor and took a pride in keeping the service looking good. The kitchen had been inspected by the Food Standards Agency and been awarded the maximum five-star rating.

The provider was open and transparent regarding any safety concerns. Incident reporting was followed up by learning and improvement. A thorough analysis and investigation happened when things went wrong. For example, records evidenced the actions taken when one person was found to have unexplained bruising. The family had thanked the service for being open and honest. In a second example, the service had identified a trend in a person's behaviours and taken the appropriate actions to lessen the chance of recurrence.

Is the service effective?

Our findings

People's feedback about the effectiveness of the service was exceptional. The care and support they received met their specific requirements. Comments included, "The staff know what and how to do things and they do it well. When I felt unwell no worries at all they got the doctor" and "The staff are good at their jobs, they know what they are doing". Relatives were also very positive about Blossom Fields and said, "The staff are really good at their jobs, look around here, you can see they really know how to care". Comments from health and social care professionals were extremely positive and included, "It was great for me to see excellent care practice in action" and "They deserve their outstanding rating, people are so well looked after".

Before people were admitted to Blossom Fields an assessment of their individual care and support needs was made. The assessment document ensured 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 had recognised that people's needs can change in a different environment.

Staff were well trained and had the necessary skills, knowledge and experience to deliver effective care and support. New staff had an induction training programme to complete which met and exceeded Care Certificate standards. 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. New staff were well supported and well trained. The service took nursing student placements from the local university and qualified nurses had completed the appropriate facilitated learning programme.

All other staff had a programme of refresher training to complete. This ensured they remained up to date. Any new training and development needs were met and training was tailored to individual staff members requirements and learning styles. Qualified nurses had completed specific training to enable 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 at Blossom Fields, where possible.

Since the last inspection the service had recruited a dementia lead nurse. The provider had done this to ensure the best possible care for people living with dementia. This nurse worked closely with the other nurses and the care staff and had provided more in-depth training on dementia care, mental capacity, distressed reactions and techniques on distraction. The training was interactive and used a 'dementia suit' which simulated how people who lived with dementia felt. For example, heavy limbs, loss of dexterity and other diminished senses. Laundry, housekeeping and catering staff were also included in this training. Staff told us about the benefits of the training and the significant impact this had on the people they were looking after. One commented they had a better understanding of 'heavy limbs' and why people may move slowly at times. The body suit was also being taken out to local schools and the dementia lead nurse was delivering training to school children, with plans to do this with other community resources, including South

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.

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 make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. 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. We found the service was complying with the MCA.

All staff completed MCA and DoLS training and those we spoke with knew how this affected their day to day work. People were always asked to consent to care and support and if they declined the staff would try again later. Some people living with dementia interacted better with some staff therefore staff rotas were organised around their needs, to improve the person's well-being.

People were provided with food and drink they liked and met their individual requirements. Comments included, ""The food here is very good, I get plenty to eat and I am putting on weight", "The food is okay, you get a choice every day, the food is not like home cooking but is okay", "Choices are very good, you always get something you will like" and "You are never hungry here".

People's specific nutritional requirements were met and appropriate measures in place where the risk of malnutrition or dehydration had been identified. People were asked 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 specific diet, for example a diabetic diet, soft foods or pureed diets.

People were supported to make decisions about what they wanted to eat and choices were provided at each mealtime. People could choose from a menu card or make a visual choice after being shown a plated meal. During our inspection we observed the lunchtime experience for a group of people. They were given a choice of where they wanted to sit and were offered protective coverings for their clothing. The tables in the dining room were laid up with cutlery, napkins and drinking glasses and people were offered a choice of fruit juices to accompany their meal. After the meal, one person stated, "It is like a very posh restaurant here".

Since the last inspection the head chef had reached the finals for the 'Care Home Cook of the Year' awards but had not won the overall accolade. A member of care staff had been delegated a lead role in nutrition and arrangements and had attended further nutrition training courses. Their role included an analysis of

each person's monthly body weight recordings and to instigate actions by the catering staff. This meant any weight losses were acted upon promptly and advice sought from health care professionals in a timely manner.

People were supported to access the health care services they needed. People were each registered with a local GP, one practice of which had a local enhanced service contract in place. They provided a weekly "ward visit", generally on a Thursday. Examples of other healthcare professionals involved in people's care included mental health outreach services, opticians, audiology, foot care specialists, speech and language therapists, occupational therapists and physiotherapists, the care home liaison team and the frailty team. Feedback we received from health and social care professionals was complimentary regarding the way Blossom Fields worked with them for the benefit of the people they looked after. One health care professional said the staff 'knew what worked with a person' and they often had to refer to nurses for advice.

Is the service caring?

Our findings

People continued to receive outstanding care at Blossom Fields. They said, "The staff, every one of them are great, wonderful", "The staff are very respectful towards me and everyone else, I like them all", "The staff are very nice, kind and caring, no complaints about any of them, they ask all of the time, do you like this, do you want this or that, they always ask and listen to what I have to say", "The staff are very respectful and always call me by my pet name, I don't much like my proper name" and "The staff treat me well. They are really nice they look after me". During this inspection we also saw this level of courtesy being displayed towards relatives and between individual staff members.

Relatives were also exceptionally complimentary about the way their family member were looked after and the caring nature of all the staff. They said, "The staff are kind and thoughtful, (named person) is moving towards the end of life, they are so supportive of me at this difficult time" and "The staff, all of them are kind towards my (named person) and supportive towards me. They make time to listen to our point of view, they are never hurried". Healthcare professionals who provided feedback said people were very well looked after at Blossom Fields and they had no concerns.

The provider maintained a log of all letters and cards sent to the service. We looked through these and made a note of a few of the compliments made: "Thank you to all the nursing and support staff for all the love and care you gave my late father. Knowing that he was so well looked after was of great comfort to the family" and "With heartfelt appreciation, you made (named person) last days full of joy and laughter". All other comments were of a similar vein. One relative had written to the manager after their parent had passed and said, "I shall miss visiting. Everyone was so kind, caring and marvellous to dad, me and the rest of the family".

During the inspection we observed many positive interactions between the nurses and care staff and people who lived in Blossom Fields. Every person on every occasion was addressed by their first name or the name they preferred. Without exception, all members of the staff were very friendly, smiled and laughed a lot, and were enjoying their job role. No interactions with people were hurried – we observed one staff member walking alongside a person who was walking with their walking frame. They both chatted whilst they walked, despite the walk taking a considerable length of time. We also noted that people were always given time to express their point of view and the staff listened to them.

People were always given choices and consent was sought before any care activities were carried out. 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 when they requested assistance they 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 care.

Staff spoke about the people they were looking after respectfully. They referred to the provider's expectations that they were to treat people with dignity and respect always. There was a keyworker system in place and keyworkers were always involved in care plan reviews as they knew the person the best. Staff

were able to describe in detail people's likes, dislikes and preferences and how to ensure a person's well-being was maintained. Staff were also able to tell us how they looked after people when they were distressed and what action they could take to make people feel better.

Staff told us about one person where there were difficulties in them accepting personal care assistance from all staff members. In response to this the staff team had identified care staff who she got on well with. This person did not become distressed when receiving personal care because they perceived a 'friend' was helping them instead of a member of the care staff. For this person it meant their well-being was promoted.

'Caring for the individual is at the heart of what we do' was the service's motto, transcribed on the wall in the reception area. People were encouraged to express their views and be actively involved in making decisions about their care, even if they were living with dementia. An example of this is where people were involved in making recruitment decisions when new staff were being interviewed. A set of questions had been agreed with people and when staff came for interview, they were asked to sit and chat with people. Their interactions were observed and then people were asked to give feedback about the potential recruits. The provider had completed a 'Dignity Audit' with the aim of looking to see that 'the person wherever possible was leading the care we give'.

The service had made significant improvements since the last inspection on the work they were doing with 'memory boxes'. They did not use small boxes placed on the wall outside of the person's room but used an interactive memory box, kept in the person's bedroom which was portable. One staff member talked about a person who liked baking cakes. Their memory box contained cake making memorabilia and was used to stimulate conversations when the person was anxious. We were told about another person whose bedroom was their memory box and their 'garden' had been brought in to the room by their spouse. This evidences an innovative approach to meeting individual people's needs.

Is the service responsive?

Our findings

People continue to receive an exceptionally responsive service. They told us, "I cannot get around much these days, everything I could possibly need is provided for me, I am happy about everything here, and not unhappy about anything", "I broke my glasses. I rolled onto them on my bed, I cannot see so well without them.....The staff read to me, everything is alright here, I am looked after just the way I want and need" and "I can't moan about anything here, I am not unhappy at all, everything and everyone is wonderful".

Others 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. Observations we made during the inspection were that people received person-centred care, the staff were very attentive and prompt in aiding and people chose how they were looked after.

Relatives made the following comments, "We as a family have been involved in the care planning process every step of the way for my parents, they have mental health issues, we have Power of Attorney and we act on their behalf" and "I have not been involved in the care planning process, but my sister has as they are the oldest and have Power of Attorney, my (named person) has Dementia".

Each person had a person-centred care plan which provided clear instructions for care staff to follow and included the person's wishes and preferences. The plans recorded things that were important to the person, things that worried them and specific dislikes. For one person their plan stated they did not like too much noise, they liked a night light in their bedroom and might want to sleep in their chair at night. For a second person who wanted to be involved in decisions about their care but could not verbally communicate, their plan detailed what blinking, shaking their head, nodding and moving their eyes towards objects meant.

People were able to participate in a programme of varied and meaningful activities with a mixture of group and individual activities. Activities were season-based to keep people within the current season. Examples include activities based around spring time – gardening, planting bulbs for instance, summer holidays in the summer, and winter times arts and crafts in readiness for Halloween, bonfire night and Christmas. A typical week's activity programme included a taster exercise session, a church service, arts and crafts sessions and a baking club. The church service or praise service was held every month and all religions and beliefs were welcomed. External entertainers included dance therapy, pet therapy and singers and musicians. Care staff took an active part in meeting people's social needs as these were being as important as meeting physical and personal care needs.

The service was very committed to keeping people part of the community. There were weekly trips to a local community centre where a dementia café was held. This enabled people to meet up with Winterbourne residents who were living with dementia, and widen their circle of friends. Other walks had been made to the local pond and staff told us how one person liked to meet up with old friends there.

We spoke to one person, living in Blossom Fields, who led the monthly quiz for the rest of the people they

lived with. They told us they "allowed" people to be in teams and tended to make the questions about history, explaining, "That is what we know best". Families were always involved in this activity and winners were given an 'edible' prize.

Specific activities had been arranged for individual people who did not like to join in group activities. The staff ensured they found out what people had done in their past life and looked at where they could accommodate activities. The staff had arranged for one person who had a love of horses, to have a saddle in their room and this had stimulated their touch and smell senses. A trip had also been arranged to a local equestrian centre and on return his mood had been elevated and he had an improved sense of well-being. For another person a WW2 reminiscence session had enabled them to open up about their own experiences and since this they had been more likely to come out of their room and socialise with the others.

Since the last inspection the service had set up an initiative with a local supermarket, to enable people, where possible to shop for items independently. During the inspection one person was being assisted to go out to the shop to buy a newspaper. Although a member of staff went with them, they 'waited in the wings', leaving the person to ask for what they wanted and pay. The staff would be available to help if necessary (payment of the correct money if need be). The service was very keen to empower people to be as independent as possible. Another lady was taken out by staff to be able to choose and buy art equipment she wanted.

To introduce youngsters in to the service they had contacted a local youth forum and toddler group. Teenagers were visiting Blossom Fields, chatting to people, helping them with arts and craft activities and supporting them on outdoor activities. The provider told us the staff team were encouraged to bring their own children to interact with people as this was found to be beneficial for people's well-being.

Since the last inspection Memory Lane, an authentic replica of real shops, a post office and a pub for example had been refurbished and brought up to date. A re-opening party had been held in July. A group of people had written to members of the Royal family and asked them to attend. Their invitation had been declined but they had received a nice letter in return. The hair salon had also been refurbished. The service also benefitted from a sensory room. 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 activities that had happened in 2018 the Queen's birthday party and cake, pamper afternoons, movie nights, baking club and St Patrick day celebrations. When the snow had been around in March 2018, snow was brought in from outside and people were helped to make mini snowmen and throw snowballs at the staff. The service continued to use the daily newspaper 'The Daily Sparkle' as a reminiscence aid and produced a monthly Grove Care newsletter. This included photos of events, and other celebrations.

No one expressed any issues or concerns to us during the inspection and CQC had not received any complaints about this service prior to the inspection. It was evident from comments people made that if they were unhappy they would ask to speak to the nurse in charge or the registered manager. Relatives said, "Nothing but good things can be said about here. If I had to complain I would speak to the staff or the manager", "I know anything would be sorted out, they always listen to what you have to say", "I do not have any complaints at all, but if I had I would speak to the manager" and "There was a slight issue around the selection of sandwiches at teatime, I mentioned this and the selection is better now, see you suggest something they listen and if possible make changes".

The provider had a complaints policy in place and this set out what would happen if a complaint was received. The service had received eight 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. The registered manager said that any complaints were used as an opportunity to learn, to make changes and to do things better.

The service provided exceptional care to people with palliative care and end of life care needs. The staff team responded exceptionally well and looked after people in line with the Gold Standards Framework, followed best practice and ensured people's comfort was maintained at all times. Anticipatory medicines, including pain relief and other medicines to manage distressing symptoms, were arranged and ready for use before they were needed. This forward thinking meant the staff were prepared for a sudden deterioration in a person's condition and prevented the need to contact the out of hours doctor service. All staff were committed to ensuring people experienced a 'good death'.

Relatives were encouraged to take part in meeting their family members end of life care needs. The staff made sure they knew a person's wishes before and upon death and did not leave asking these difficult questions until the person was very poorly. 'Do not resuscitate decisions' were clearly recorded and evidenced discussions between the person where appropriate, family, nursing staff and the GP. 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 many complimentary letters from relatives after Blossom Fields had cared for their family member until passing.

Is the service well-led?

Our findings

Since the last inspection there has been a change in the registered manager however the leadership and management of the service has remained centred upon providing a high quality, person-centred service. The service remains exceptionally well led, with all staff members being proud to work at Blossom Fields and being totally committed to ensuring each person was well cared for, had the best possible quality of life and was able to do meaningful things. The expectations of the provider and the registered manager remained high and were passed to the whole staff 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. A social care professional told us they had visited the service, spoken with the registered manager and staff team and come away with a lot of ideas and examples of how to deliver excellent care.

We asked people how they felt about the management within the service. They said, "The manager comes around and checks on how things are going", "The manager is called X, you see them around all of the time, they take time to talk to me" and "Everything is good here, I have just been to a meeting, they listen to what you have to say". Relatives were also complimentary about the management and their availability. They said, "The manager is very open and supportive", "My family member is coming towards the end of her life, everyone including the manager is very supportive towards me at this difficult time. I am staying here around the clock, they have made me a bed, are keeping me well fed and I am always offered drinks" and "The management here is good, you can speak to them at any time, they have an open-door policy. I have completed quality surveys, and I have attended meetings in the past, they will listen to what you have to say about things".

Since the last inspection the provider had again asked staff and visitors if they thought the service was still outstanding. The feedback had been, "The staff are very willing to take on extra tasks", "Well managed friendly staff. Residents are always happy and content", "Attention to making the daily lives of residents as good as possible" and "The staff are really supported by the managers". Staff we spoke with during the inspection were proud to work at Blossom Fields and attributed this to the exceptional leadership and management, by not only the registered manager but the providers, the nurses and the senior members of staff.

The provider had a programme of quality assurance audits in place. These checked on the quality and safety of the service and where shortfalls were identified action was taken to rectify this. Their systems were effective in maintaining the quality of the service. Medicines were audited on a weekly and monthly basis. One of the nurses had taken a lead role in infection control and completed robust audits. 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 and identified any actions needed if a person had a significant weight loss.

The provider held weekly managers' meetings with the other services run by Grove Care and discussed any current issues and agreed any actions to be implemented. They also discussed any events that had occurred to look for lessons learnt. People's views and 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.

People and their families were encouraged to provide feedback. A suggestion box had been placed in the reception area. Annual survey forms had just been sent out. The provider took seriously any comments made by people, their relatives and other stakeholders and always acted where this was possible.

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 improvements were made.

The provider was very keen to maintain links with the local community. In September 2018 they had held a charity football match with staff and their families taking part. They had raised one thousand pounds for the local hospice and the local memory café. Some of the people who lived at Blossom Fields had gone along to watch the match. The service had recently reformed their choir because they now had a pianist. People living with dementia and their families, staff and their families were members of the choir. The provider was keen the facilities in the service could be used by local residents, for example their assisted bathrooms, laundry facilities and for day care provision.

The provider and registered manager continued to be active members of the local authority care home providers forum and the service was linked with the care and support west group. The provider attended training courses and seminars provided by South Gloucestershire Council, to share their best practice for the care of people living with dementia.