

Blossoms Care Home Limited

Blossoms Care Home Limited

Inspection report

Mounts Road
Greenhithe
Kent
DA9 9ND

Tel: 01322381642

Date of inspection visit:
22 June 2021
23 June 2021

Date of publication:
22 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Blossoms Care Home Limited is registered to provide accommodation and personal care for up to 22 people. At the time of the inspection, the service was occupied by 18 people who were living with a range of health and support needs. These included; diabetes, epilepsy and dementia.

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

People were positive in their feedback. One person said, "Staff are wonderful and caring." Relatives also said, "From the first phone call to Blossoms prior to mum moving in, I have had 100% confidence that it was the right choice for mum. The staff are all amazing and within days of mum arriving many of them knew her likes and dislikes." A healthcare professional also said, "I can confirm in my experience that the residents receive safe care from Blossoms residential home".

Our observation showed people were safe at Blossoms Care Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The new registered manager followed safe recruitment practices.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Medicines were stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed. Staff training records confirmed staff had been trained in medicine administration.

People had received care from staff who were well supported with induction and training. Staff received one to one supervision and annual appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We saw that people participated in activities, pursued their interests and maintained relationships with people that mattered to them.

The service was well-led. Effective quality audits were in place and continuous improvement and learning had been embedded in the service. We observed that the new registered manager was proactive in ensuring people received good care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 February 2020) and there were

multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced focused inspection of this service on 14 January 2020, 16 January 2020 and 22 January 2020. Breaches of legal requirements were found. After the last inspection, the provider completed an action plan as required to show what they would do and by when to improve safe care and treatment, staffing, premises and equipment, receiving and acting on complaints, person centred care, duty of candour and good governance.

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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Blossoms Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Blossoms Care Home Limited is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, acting senior support worker, support workers and the chef. We carried out observations throughout the inspection.

We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of documentary evidence including training records, staff meetings, residents and relatives' meetings and auditing and monitoring documents.

Is the service safe?

Our findings

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

At the last inspection in January 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- At our last inspection, we found this area needed to be improved upon. Records showed that the previous registered manager had not learnt any lessons when things went wrong. When some concerns had been identified, these had not always been discussed at handovers and staff meetings to improve the service.
- At this inspection, the new registered manager had been proactive and had put in place new incident and accident record keeping system, which included a section for lessons learnt and incident reflection. These were reviewed regularly. For example, one person was found to be developing ulcerated leg. The district nurse was contacted and got involved in the treatment. This was raised as a safeguarding to the local authority and CQC was notified.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable within the service. One person said, "It is okay here and I feel safe." A relative said, "I have seen for myself that the staff at Blossoms do deliver a very high standard when it comes to safe care from the service." Another relative said, "Ever since my father moved into Blossoms, I have seen how caring and supportive the staff are. They make sure all the residents are completely safe."
- Safeguarding processes continued to be in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I am not happy about something such as bad practice, I will speak with the new manager. I can contact the police, local authority or the Care Quality Commission."
- The new registered manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and in place to guide staff on what to do to minimise each identified risk and help keep people safe. The care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; falls, nutrition and hydration, health, activities and mobility. We observed staff followed these during our inspection.
- Our observation showed that staff knew the individual risks to people and how to manage these risks

safely and effectively.

- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency arose.
- People were protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Staffing and recruitment

- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people using health and social care services.
- There were enough staff available to support people's needs. People's staffing support needs were jointly assessed and reviewed with their social worker.
- Accredited agency staff were used, whenever necessary with appropriate checks and agreements were in place for agency staff not to work in any other service.

Using medicines safely

- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure they continued to practice safe medicines administration.
- Medicines were stored safely including those requiring additional security. There were no gaps or omissions on the medicine administration record (MAR), which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- The new registered manager had ensured people's medicines had been reviewed with the GP and other healthcare professionals involved in their care.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. For example, there were signage to alert visitors, people and staff about washing their hands regularly and using appropriate PPE. Tests were performed on visitors before gaining entry to the service. A relative said, "I'm very happy to share that I've been able to see my loved one every week and the staff have been fantastic to ensure to test me for covid-19 for the safety of myself and others whilst I'm visiting the home."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. We saw records that confirmed that the new registered manager had followed the latest government guidelines on admitting people into the service.
- We were assured that the provider was using PPE effectively and safely. We observed this practice during this inspection.
- We were assured that the provider was accessing testing for people using the service and staff. We saw records of staff weekly testing during the inspection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A relative said, "They were following all government guidelines."
- We were assured that the provider's infection prevention and control policy was up to date. A relative said, "Covid-19 guidelines are in place in the service."
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection in January 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection in January 2020, the previous registered manager failed to provide staff with the appropriate training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- At our last inspection, staff had not received regular supervision meetings and annual appraisal of their work performance with the previous registered manager. This meant that staff were not provided the opportunity to discuss their performance, development and training needs and for the previous registered manager to monitor this through regular supervision.
- At this inspection, the new registered manager had ensured all staff had their supervision and an annual appraisal of their work performance. The new registered manager told us that they had daily contact with staff, and they were able to discuss any issues or concerns. A member of staff said, "Following my supervision and appraisal, the new registered manager had given me responsibilities unlike before. Opened my eyes to a lot of things. I do enjoy it and like the fact that they gave me more opportunity to learn more."
- At our last inspection, we found that staff had not completed specialised training on diabetes despite one person in the service living with diabetes. This meant staff had limited knowledge about diabetes and might lack the ability to mitigate any associated risk, which related to people's ability to consent. Further, staff had not received training in dementia and Mental Capacity Act 2005 (MCA).
- At this inspection, staff had received appropriate training in such areas as dementia, diabetes, epilepsy and Mental Capacity Act 2005 (MCA). This meant that staff now had required skills and knowledge to meet people's needs effectively. All mandatory training had been kept updated by staff. Since the last inspection, staff had the opportunity to undertake further training to increase their skills.

Adapting service, design, decoration to meet people's needs

At the last inspection in January 2020, the provider failed to ensure premises was properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 15.

- At our last inspection, the décor of the service was very tired and needed updating. Decoration of the service did not meet people's needs. Carpets downstairs and upstairs communal areas remained tired, grubby with some areas worn, torn and in need of repair. Worn or torn carpets could be a trip hazard to people in the service. The kitchen also required updating.
- At this inspection, the provider had replaced all carpets in downstairs and upstairs communal areas and corridors. The service redecoration was in progress and almost completed when we inspected. The provider explained that the delay was due to the pandemic. The kitchen cooker had been replaced.
- At our last inspection, we found that second lounge downstairs unused and cluttered. At this inspection, we observed people used this lounge downstairs for breakfast and lunch comfortably. This space gave people more choice and which area of the service they wish to use. People had free access to a secure courtyard where activities took place in better weather.
- One person said, "I like to sit outside as I am now when the weather is hot. It is good." A relative said, "The new registered manager is putting new things into place. Making Blossoms even better than it already is."
- The service had been designed and redecorated to meet the need of people with dementia needs. The environment was spacious and decorated with people's involvement. Signage around the service helped people understand what each room was used for. For example, signs for toilets and exits were clear. As people with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms. Bedroom doors had clear names, in bold face with good contrast between text and background, which enabled people to know their rooms. People's rooms were personalised to suit their tastes and needs.

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

- The new registered manager was responsible to undertake an initial holistic assessment with people before they moved into the service. The new registered manager said, "Since I started, I have been assessing prospective new people and have admitted four people after ensuring that we were able to meet their needs. I will never accept anyone we are unable to meet their needs."
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular reviews of their support. A relative said, "When I was looking for a place for my dad, I visited Blossoms as a last result after making an appointment. Well as soon as we walked in, I knew it was the right place for dad. The atmosphere when my daughter and I walked in was so homely and relaxed. I accepted straight away."

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

- A healthcare professional said, "There is a high standard of health care, access to services and continuity. We do this by the use of our multidisciplinary team including senior carers, home manager, GP staff, frailty nurse and other community team members such as the palliative nurses."
- There was a close working relationship with the local GPs, occupational therapists, frailty advanced nurse practitioner and district nurses. A healthcare professional commented, 'I have regular meetings with the manager and staff to discuss areas where they are finding challenging and needed extra support. The home

is also being supported by the Clinical Commissioning Groups (CCGs) and Multidisciplinary teams (MDT) meetings that hold monthly, which I am a member.'

- People continued to be supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or specialist nurse. People's individual care plans set out for staff how their specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 and found that they were.

- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the new registered manager had made an application to the relevant authorising body. At the time of our inspection, 17 people in the service were subject to DoLS authorisation, which were granted.
- Consent to care and treatment while living at Blossoms was discussed with people. Photograph consent forms were signed by people or their relatives, which indicated consent for the use of their photographs. We saw that the MCA process was followed when necessary. For example, one person required covert administration of medicine. MCA process, which included best interest meetings were held with relatives and healthcare professionals before this was put in place.
- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

Is the service responsive?

Our findings

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

At the last inspection in January 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection in January 2020, the previous registered manager failed to ensure people's individual needs and preferences were met. was a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 9.

- At our last inspection, we found there were limited activities for people in the service. Activities did not take place due to limited number of staff on shift.
- At this inspection, the new registered manager had reviewed and introduced various activities that stimulated people. People could participate in some group or one to one activity. We found a plan of special events and activities and these were advertised on the service's notice board. People were offered individual support according to their needs and choices. There were activities such as quiz, singalong, word search, colouring, and crafts, amongst others. The new registered manager also engaged an external entertainer singer and an exercise instructor on a weekly basis, which we observed people loved. Monthly horse and dog therapy had been introduced based on request from people who lived in the service. This demonstrated person centred approach to meeting people's needs.
- Relatives told us, "Overall, from what I've seen for myself, the staff are amazing at what they do, they are non-stop, always going around the home making sure that residents and even visitors are well watered, fed, entertained, etc but what I love most of all, the staff don't just want a relationship with the residents, they want to interact with the families too and no matter how under pressure they all are, they always have a smile on their face and for what I've seen for my own eyes I have to give a ten plus out of ten." And "They have plenty of activities with dance, craft and exercise."
- Care plans had been revised and individualised by the new registered manager, with a lot of personal information about people. The important people in their life, where they had lived before and worked, as well as their interests and hobbies were all included. The things that helped to make people happy and the things that made them sad or anxious were also recorded alongside how to support each person. Religious and cultural needs were documented. Some people were identified with a specific religion, but they choose not to do this. Other people did not have specific religious beliefs. This meant staff had the information available to support people well.
- People and those close to them were involved in the development and review of their care plans. A

relative said, "They engage me in conversations about our families and the care."

- Detailed daily records were now being kept by staff. Records included personal care given, well-being and activities joined in.

Improving care quality in response to complaints or concerns

At our last inspection, the previous registered manager failed to act on any complaint received, investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. This was a breach of Regulations 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 16.

- At our last inspection, relatives told us they were either not provided with information on how to complain or they did not know how to.
- At this inspection, relatives told us that they had been provided with information on how to complain and the new registered manager was in regular contact with them. A relative said, "They have excellent feedback to family." Another said, "Thus far I have no complaints. Staff are loving and considerate."
- At our last inspection, we found that complaints had not been recorded or actioned.
- At this inspection, we found that the new registered manager had introduced a complain log, which was also used for concerns raised. For example, a relative raised some concerns via the questionnaire received. They commented that there was not always a good communication between service and themselves. The new registered manager spoke with the relative, introduced herself. The relative stated the comment related to the previous manager and explained that they are now happy with the communication system the new registered manager had put in place.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints process was displayed in one of the communal areas in an easy to read format, so all people were aware of how to complain if they needed to. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaints since we last inspected.

End of life care and support

- The service was supporting one person who was at the end of their life. Support was provided in partnership with a hospice team, who led and coordinated the best personalised care for people who are at the end of life. This ensured that people received the right support in the best place possible, enabling them to make the most of the time they have.
- Staff had conversations with people and their relatives about end of life plans and people who had chosen to, had written plans in place.
- Staff had received end of life and palliative care training. This would enable staff in meeting people's care and support needs.

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- Where people's communication needs assessed, people's care plans were also produced in easy read or pictorial formats, which meant that people diagnosed with dementia were able to understand them.
- The complaints policy in place was also available to people in different formats such as large print and pictorial format.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection in January 2020, this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection in January 2020, the previous registered manager failed to continuously operate effective systems and processes to assess, monitor and improve the quality and safety of the service. Failed to ensure records were accurate, complete and consistent and failed to act on feedback from previous inspection. This was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

- At our last inspection, record keeping had not improved. Records had not been adequately maintained. There were contradictory information on file and assessments not fully completed.
- At this inspection, the new registered manager had reviewed all documents, ensured areas we found at the last inspection such as oral health assessment had been fully completed and where required, referrals made to the dentist. Daily records seen were robust and detailed.
- The action plan from the previous inspection sent to us had been met. The new registered manager had implemented and completed a range of audits such as monthly Key lines of enquiry (KLOE) action plan, environmental audit, monthly medication audit, safeguarding audit, accident and incident audit and various others. The audit we found were robust and all identified action plans had been completed by the new registered manager. For example, on the 19 June 2021, the new registered manager completed a pressure prevention audit, during the audit it was highlighted that an individual had not been referred to MDT's. All individuals where support was needed including Occupational therapist (OT) and physiotherapist were referred accordingly.
- At our last inspection, we identified a shortfall in staff training. Staff were not trained in specialised topics such as dementia and diabetes despite everyone who lived in the service had dementia, with one person with diabetes. At this inspection, the new registered manager had ensured staff had been adequately trained in all mandatory courses and specialised courses.
- There was a new registered manager at Blossoms Care Home. Support was provided to the new registered manager by the provider in order to support the service and the staff. The provider and new registered manager understood the responsibilities of their registrations. Registered persons are required to notify CQC of specific incidents relating to the service. We found that, where relevant, notifications had been sent to us

appropriately.

- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection in January 2020, the previous registered manager failed to comply with the requirements of the duty of candour. This was a breach of Regulation 20 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 20.

- At our last inspection, the previous registered manager did not understand their responsibilities to be open and honest when things went wrong.
- At this inspection, we found the new registered manager was open and honest when things went wrong. When they started in this role, they had sent in notifications and raised safeguarding which were not raised nor notified by the previous registered manager. In another example, there was an incident where one person pushed another. After learning from the incident and putting actions in place, the new registered manager apologised to relatives in writing about the incident.
- Feedback from the local authority confirmed that the new registered manager had been open and honest with them. The new registered manager had been sharing the service new comprehensive action plan and audit with local authority commissioning.
- A healthcare professional said, "I feel the new manager knows her responsibilities well; she is an effective and efficient leader."

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

- At our last inspection, we found this area needed to be improved upon. We stated that the service could benefit further if they had relative's meeting based on comments from relatives about not being fully involved in the service.
- At this inspection, this area had been improved on. The new registered manager had implemented relatives meeting, and set up Facebook page to interact with relatives after consultations with both people and relatives and monthly key worker meetings, which was feedback to relatives.
- Relatives had been happy with the new registered manager involving them and their loved ones in the service and care of the people. Relatives said, "My relative had an episode with his COPD that an ambulance was called on three separate occasions as staff was very concerned with his breathing. I was contacted straight away so I could go along to the hospital to support [Person]." And "They have excellent feedback to family. They are so friendly and welcoming. Staff are wonderful."
- The new registered manager had systems in place to receive feedback about the service, including an annual questionnaire in May 2021. These were sent to people living at the service, staff, health and social care professionals and relatives. All responses received showed that those who responded were satisfied with the service provided. Everyone who lived in the service stated they were happy with the service.
- The questionnaire for people who used the service was in a user-friendly format, which made it easy for people to understand. Comments from relatives included, 'The home has always updated me when there

has been a concern with my father. I am very happy with the service.'; 'I have no concerns with the support my relative receives. Staff are lovely and hard working.'; 'My relative feels that Blossoms is the best place for mum to be. I have recommended the home to people.'; '100%, couldn't ask for better. Since mum moved in, I have slept at night for the first time since 2016.' And 'Blossoms care home is friendly, caring, welcoming, making dad happy.'

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

- People told us they were able to speak with the new registered manager anytime. One person said, "I have no concerns or problems. If I have any concern, I can go to the manager at anytime."
- Everyone was aware of who the new registered manager was. We saw the new registered manager supporting people and staff members throughout our inspection. Members of staff said, "The new registered manager is friendly, they have been doing a lot more for the people, getting things sorted for them. If I have a problem, I can speak with them."; "The new manager is a lot better. We see her working. She is approachable. She has done a lot of work since she started. She is very dedicated, here morning and evening and weekends." And "The new registered manager had made a lot of good changes since starting. They have been working with us [Staff] on the changes. They are approachable."
- Relatives also said, "The new manager is wonderful. I've met her each time I come to visit dad. She is putting new things into place. Making Blossoms even better than it already is." And "The new manager is a very warm, professional and very experienced at what she does and we look forward to any changes in the near future."
- A healthcare professional said, "The new registered manager is keen and willing to work with the families, staff and health and social care professionals to provide the safe and effective care within the home."

Continuous learning and improving care

- A healthcare professional said, "The manager listens and supports to her staff team well. They are interested in staff development/learning."
- The new registered manager kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops and webinars held by the local authority, skills for care and others for care providers. The new registered manager used these to improve service provision for people. The new registered manager had membership of BILD (The British Institute of Learning Disabilities), BAUS (British Association of Urological Surgeons and professionals (Catheters), Diabetes UK, Epilepsy Action and Skills for care.
- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed.

Working in partnership with others

- Healthcare professionals said, "The new registered manager is working, liaising and maintaining cordial relationship with other health and social care professionals and significant others that matter in the lives of their residents. The service is proactive in referring to the appropriate healthcare professional when in need." And "We work together with close communication, collaborative working and regular ward rounds. Overall, I feel that the service is well managed."
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as the dietician to ensure people received joined up care.