

The Olive Services Limited

Blossom Place

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Blossom Place is a care home providing personal and accommodation to up to 14 adults. The location consists of three buildings, each of which has its own separately adapted facilities. At the time of the inspection, 10 people were using the service.

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

The quality of the service was not always assessed effectively. We noted shortfalls in the service that had not been identified by the inhouse quality assurance process. Staff did not always promote people's dignity and privacy. The management of medicines was not safe. Risks to people were not managed effectively to reduce harm to them. There were not always management plans to provide guidance to staff to reduce risks to people. Staff did not always follow safe infection control practices reduce the risk of outbreaks of COVID-19 or any other type of infection.

People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew the actions to take to report abuse. Incidents and accidents were reported, and the registered manager reviewed, analysed and took actions to ensure learning from them. There were enough staff available to support people safely. Staff felt supported in their roles and records showed they received regular supervisions, training and appraisals.

Care plans were up to date and reflected people's needs. People's end-of-life wishes were documented in their care plans and followed. People were engaged in activities to occupy them. People's needs were assessed in line with best practice guidance and covered a range of people's needs. People's nutritional and hydration needs were met. People had access to healthcare services they needed to maintain good health; and staff liaised effectively with other services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought for the care and support they received.

The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

People and their relatives knew how to raise complaints about the service. The registered manager responded to complaints appropriately in line with the provider's procedure. The provider worked in partnership with other organisations and services to develop and improve the service.

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 inadequate (published 29 May 2021). The service was put into Special Measures. At that inspection we found breach of regulations 9, 10, 12, 13 and 17. We issued a warning notice on the breach of regulation 17.

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 the provider remained in breach of regulations 10, 12 and 17. Their rating has changed from inadequate to requires improvement. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossom Place 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?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Blossom Place

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 team consisted of two inspectors, a medicine inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Blossom Place 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 registered manager registered with the Care Quality Commission. A registered manager is someone who with the registered 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 the information we held about the service which included notifications of events and incidents at 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 this information to plan our inspection.

During the inspection

We spoke with five people and four relatives of people using the service, four care staff members, the kitchen and domestic staff and the registered manager. We looked at seven people's care files and medicines management records for 10 people. We also reviewed five staff members' recruitment and supervision records and other management records such as incidents and accidents and quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training data and quality assurance records. We received feedback from a member of the local authority commissioning team.



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 this key question was rated as inadequate as the provider failed to ensure people were safe. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At our last inspection the provider had failed to ensure the safe administration and management of medicine. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but further improvements were required to comply with regulation 12.

- Peoples medicines were not always administered and managed in a way that promoted their safety. Staff did not always follow the directions of the prescriber when supporting people to take their medicines.
- There was not always guidance in place to support the administration and management of people's 'as required' medicines (PRN). Where we found PRN guidance in place, these were not always in line with the prescriber's directions on the medicines administration records (MAR). For example, two people's PRN protocols for Lorazepam stated a maximum daily dose of 2mg. However, the directions on the MAR suggested a maximum does of 1mg daily. This could lead to confusion when administering this PRN medicine resulting in an overdose when not intended. Therefore, we were not assured that people were receiving PRN medicines as prescribed. 'when required' medicine before administration.
- Some people were prescribed medicines with variable doses. However, there was no guidance in place for staff to refer to, to know when to administer a higher or lower dose.
- Some people were prescribed eye drops. The label directions were generally "to the affected eye/s" and the service had not sought clarification as to which eye or eyes to administer the eye drops in. Therefore, we were not assured that these eye drops were appropriately administered.
- Some people were prescribed emollient creams containing paraffin. However, the fire risks associated with the build-up of residue on people's clothing and bedding were not assessed in line with the drug safety alert issued by The Medicines and Healthcare Products Regulatory Agency (MHRA) in 2008. Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients (updated in 2016, 2018 and July 2020).

This demonstrates a breach of Regulation 12 (2)(f) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Medicine administration records (MAR) were completed fully and we found medicine stock was checked and audited regularly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we found the provider had failed to ensure risks to people were managed effectively to maintain their health and safety. This was a breach of Regulation 12 (Safe care and treatment Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made some improvements but further improvements were needed to comply with regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were not always assessed and management plans developed to reduce the likelihood of harm to them.
- Two people's care records showed they had suffered epileptic fits in the past. However, there was no specific guidance in place for staff provide appropriate support in the event the suffered a fit or in an emergency. Therefore, we could not be assured that staff would be able to support people appropriately. We also identified this as a concern during our last inspection. After our inspection the provider sent us a copy of completed risk assessments that provided guidance to staff to reduce risk. No staff had been trained on epilepsy management.
- One person's care record showed they had unexplained weight loss from when they returned from hospital 24/8/21. There was no risk management plan in place to show the actions to be taken to reduce further risks.

This demonstrates a breach of Regulation 12 (2)(a)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We noted risks associated with people's behaviours, mental health and daily activities had been assessed and steps explored to reduce harm to them. Triggers and signs to recognise deterioration in people's mental health were stated; and actions for staff to take to respond appropriately were also recorded.
- Staff understood risk management plans developed to support people. Staff we spoke with told us the care plans provided them with information and the registered manager supported them where needed.
- Lessons were learnt from incidents and accidents. Records of incidents and accidents were maintained, and the registered manager reviewed them; and took actions to ensure learning from them.

Preventing and controlling infection

- Infection control procedures were not always followed to prevent and control the risk of infection. Staff did not always use personal protective equipment (PPE) effectively. We observed a staff member taking swab sample for testing from staff and people. They did not have appropriate protective equipment on required to carry out such task which involved been in close contact with people and taking bodily specimen.
- PPE was available for staff to use but they not always use it effectively to reduce infection risk. Staff were observed to carry out Covid-19 testing without disposable protective equipment to protect them and they shared the same cotton tabard between them whilst they carried out testing. They continued their shift after taking swabs from people and staff with the same cotton tabard until we drew their attention to it.
- This increased the risk of an outbreak of infection in the home. We were not assured steps were always followed to prevent and control the risk of infection.

This demonstrates a breach of Regulation 12 (2)(h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Visitors were tested before accessing the home. Staff and people using the service were tested regularly.
- The registered manager understood the guidance relating to isolation and social distancing where there is a risk of infection.
- The provider was promoting safety through the layout and hygiene practices of the premises.
- The provider's infection prevention and control policy was up to date and staff were trained on infection control.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had failed to ensure people were safeguarded from the risk of abuse and neglect. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made the required improvements and was no longer in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were safeguarded from abuse as systems and processes in place were effective. People told us they felt safe. One person told us, "I speak up for myself and I let the registered manager know if anyone was rude to me." Another person said, "I feel safe here."
- Staff had been trained on safeguarding people from abuse. They showed they understood actions to take to protect people. One staff member said, "I will first let the registered manager know of any suspicion I have. She is good and will deal with it. I know how to whistleblow if I need to."
- The registered manager understood their responsibilities to safeguard people from abuse. Record showed they had provided support to staff through training, and meetings to improve their practices. The registered manager had followed safeguarding procedures to address any concerns of abuse and notified the local authority safeguarding team and CQC as required.

Staffing and recruitment

- People and staff told us they were enough staff to support people. One person told us, "There are always plenty of staff around. I come downstairs and see staff chatting with other residents."
- We observed there were enough staff to support people throughout the period of our inspection. The rotas for the four weeks period we looked showed the number of staff the registered manager told us was required on duty each time.
- Staff told us they were enough on duty to effectively support people safely. One staff member mentioned, "The number of staff on duty is enough currently as the house is not full and they are not demanding. I believe when there are more service users and their needs are high the manager will increase the number of staff too."
- Records showed staff who worked at the service undergone a robust recruitment process before they started work.

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 this key question was rated as requires improvement. At this inspection this key question has improved to good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. At the last inspection the provider had failed to complete a thorough assessment of people's needs in line with best practice guidance. At this inspection, the provider had made the required improvement and was no longer in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff assessed people's needs and delivered care in line with best practice guidance. We saw that people's care needs have been reassessed in line with good practice guidance.
- Assessments covered people's physical and mental health conditions, personal care needs, social needs, nutritional needs, their behaviours, mobility, cultural, religious and other areas relating to equality and diversity and human rights to give staff an up to date picture of how best to support people

Staff support: induction, training, skills and experience.

- Staff were supported and trained to be effective in their roles. People told us staff knew how to support them. "I think they have the knowledge and skills to look after us. They are always knocking and checking how we are and what they can do."
- Staff told us they felt supported in their roles. One staff member said, "I have supervision and appraisals. I feel very well supported. The registered manager regularly updates staff and chat with us. I can raise and discuss concerns with her." Another staff member mentioned, "The registered manager is always available to support us. Anything we are not sure about we go to her and she explains and help us out. I have completed all my training."
- Records showed, and staff told us they received regular supervision and support to do their jobs. Supervision topics included people's needs and support required, and other matters relating to their jobs. New staff members completed a period of induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them.

Supporting people to eat and drink enough to maintain a balanced diet.

- People's nutritional and hydration needs were met. People's care plans documented their nutritional and hydration needs, and the support they required to eat and drink enough to maintain a balanced diet.
- People told us the food was nice. One person said, "I like the food. They give you a menu at the beginning of the week to choose what you want. I eat anything and I enjoy them." Another person stated, "I enjoy the food. They cook very well."
- People were given choices of what to eat and drink. The food was well presented and served warm. Staff

followed people's care plans and provided them the support they needed during mealtimes. People had access to drinks and fruits throughout the day.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People and their relatives where appropriate gave their consent to the care they received; and people's liberty was promoted in line with legal guidance.
- Staff and the registered manager had completed training in MCA and DoLS and understood their responsibilities to obtain consent from people in line with MCA. People told us staff consulted them before making any decisions about their care.
- People's capacity to make specific decisions was assessed and noted in their care plans. Where people had been assessed as lacking capacity to make a decision, relatives and relevant health or social care professionals were involved to make best interests' decisions.
- The registered manager understood their responsibilities and promoted people's rights in line with MCA and DoLS.

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

- Staff supported people to access healthcare services they needed to meet their healthcare needs. Records showed that a range of professionals were involved in people's care and support. People had appointments with their GPs, care coordinators and consultants when needed.
- Staff worked jointly with other services and professionals to ensure people received effective and timely care. Each person had a 'grab sheet' which had contained important information about the person such as people's, medical history, medication list, GP and next of kin. Staff shared this with other services as needed to ensure people received an effective and efficient service when they went hospital or moved between services.
- Staff reviewed people's discharge letters from the hospital when people return from hospital so they were aware of any changes to their needs .

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

- The environment had adequately adapted to meet people's needs. People had access to communal areas where they could relax, socialise and spend time with other residents. People's rooms were personalised to their individual requirements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement as the provider failed to ensure people were treated with dignity and respect.

At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated and supported with dignity and respect. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had not made the required improvement and remained in breach of regulation 10

- Staff were not always kind, compassionate and respectful towards people. We observed on a number of occasions where staff had not acted in a caring manner. We saw a member of staff asking a person to go attend to their incontinence needs. They were not discreet about this. Everyone in the room could clearly hear the staff tell the person to go 'change their pad as it was soaked'. Each time they came to encourage the person to attend to their incontinence need everyone overheard what they were asking the person to do. There was no consideration to the person's dignity and privacy.
- We observed one person telling a staff member about their experience in the hospital. They were asking the staff for a cigarette to smoke and they were allowed to smoke while they were in the hospital recently. The staff member responded that it was in their imagination and giggled. Everyone could hear them. This happened each time the person made this request. When we asked if staff had actually checked with the hospital ward if the person smoked whilst in the hospital and they said no. This did not show they listened to people. We were also concerned that the staff manner made mockery of the person in the presence of others.

This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most of the time throughout our inspection staff were observant and pleasant towards people. They chatted and shared jokes together. The atmosphere was relaxed. Staff asked people how they were and supported them with what they needed. Staff maintained positive interactions with people. We saw staff address people by their preferred names.

- People told us staff were nice to them. One person said, "Staff are polite, and I have a laugh with them." Another person commented, "They [staff] are kind and caring. They look after us very well. I love them."
- People were allowed to do the things they could for themselves to promote their independence. We saw people prepare sandwiches and hot drinks for themselves. People's care plans detailed what people could do for themselves, and areas they need support in. We saw staff encourage people to be involved in daily living activities.
- Care plans contained details about people's religions, culture and other equality and diversity characteristic. Care plans stated how people were supported to promote these.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in day to day decisions about their care. One person told us, "I do anything I want to do. I prefer to stay in my room. They respect it as it's my choice." We noticed staff gave people a choice of what to eat during lunchtime. People decided how they wanted to spend their day.
- Care plans detailed how and who supported people in making decisions about their care. Relatives confirmed they were involved in planning people's care, where this was appropriate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has 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; End of life care and support

At our last inspection, there was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made the required improvement and there was no longer a breach of regulation 9.

- People received care to meet their individual needs and requirements. Care records detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs including support people needed to maintain their physical health, mental health and well-being, nutrition and personal hygiene.
- Staff understood people's needs and guidance on how to support them. Staff explained people's individual plans including their recovery goals which showed they knew people well and how to support them.
- Staff delivered care according to people's care plans. We saw staff support one person in line with their nutritional care plan. People's personal care needs were attended to accordingly. Staff followed care plans to manage and improve people's behaviour. Staff followed programme in place for one person to help manage their smoking. People's needs in relation to finding love and friendship were covered in their care plans
- Care plans included information about people's end of life care and preferences. At the time of our inspection no one was at that stage of their life and not everyone was comfortable discussing the subject.
- Staff had received some training in end of life care. The registered manager told us they would liaise with other health and social care services to provide end of life care that met people's wishes if needed.
- Care plans were reviewed regularly and updated to reflect people's current care needs and situations.

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.

- People's care plans addressed their communication needs and what support they needed to express their views. This included people's needs with regards to their hearing, sight and speech. For example, people who needed hearing aids had them on.
- The registered manager told us that if people required information in different language and in formats

such as Braille and large prints, they could make them available in these formats.

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

- People were encouraged and supported to engage in activities to occupy them. Each person had an activity plan in place and staff supported them to follow it. Group activities such as Zumba, games, puzzles and music sessions also took place and people were encouraged to join in.
- On the day of our inspection we observed a Zumba class activity taking place. People took part with enthusiasm. People were upbeat, they laughed and encouraged each other to try each activity and they discussed the benefits. The atmosphere was relaxed and from the laughter shared and expressions on people's faces, we knew they enjoyed it. One person told us, "I always enjoy the Zumba class on Thursdays. I don't miss it because it helps me. The staff know how to get us all to enjoy it."
- People maintained relationships which mattered to them. People told us they were supported to maintain contact with their loved ones. The registered manager told us people's relatives could visit them in the home.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew the process for expressing their concerns or complaint about the service. One person said, "I will speak to the registered manager and she will sort it out. I don't take nonsense from anyone." A relative commented, "I speak or write to the manager. I have raised a few concerns in the past and they sorted it out."
- Records of concerns and complaints made about the service were maintained. The registered manager understood their organisation's procedures and responded to complaints appropriately. There had not been any complaint since our last inspection.

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 this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, the provider failed to ensure the quality of the service was rigorously monitored. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had not made the required improvement and was still in breach of regulation 17.

- The quality of the service was not thoroughly assessed to identify shortfalls. We found a number of concerns during our inspection that had not been picked up during the internal quality assurance process. Protocols for the administration and management of 'as and when' required medicines were not always in place for people.
- Risk assessments were not always comprehensive to cover all areas of risk people were exposed to. We noticed staff did not always treat people with respect and promoted their dignity. We were concerned this had not been previously picked up by the provider and registered manager and addressed.

This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found various audits and checks were carried out at by the registered manager to identify shortfalls. These included infection control, care records, medicine management, staff training, supervision, recruitment and health and safety.
- Care records had been reviewed and improved since our last inspection to cover people's needs. The service had an improvement plan in place which the registered manager worked with the team to implement to improve the service's performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the provider did not encourage a culture that ensured people's needs were met. At this inspection, the provider had made the required improvement in this area.

- People received a service which met their needs and achieved positive outcomes for them. People and their relatives commented that the service had improved. One person said, "Things have changed for the better. Things have been resolved. I do not want to leave here I want to stay here forever. Blossom Place is amazing." Another person mentioned, "The staff are nice, I like them. The registered manager is good. She checks everyone is well and the staff doing their jobs. I like it here." One relative commented, "This care home is very homely, like home from home. The home is well run." Another relative stated, "The home is much better after an earlier inspection in the year."
- Record showed staff had received the training and were supported to deliver quality care to people. Staff showed they understood their jobs and showed commitment and motivation in doing so. One staff member mentioned, "I love working here. The registered manager is very supportive. I find working here very rewarding - being part of people's recovery journey and supporting them achieve their goals. I get all the support I need and training to support people and to develop in my job."
- The service had put effective systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. We saw people were not deprived or restricted in the home. People moved about freely and did what they wanted to do. Staff supported people in the areas they needed support.
- People were involved in the day to day running of the home. They were consulted on matters regarding the home such as menu planning and activities. We saw they were regularly updated about the government guidelines on COVID-19.
- Resident meetings took place where people come together to share and discuss their views about the service. One person told us, "I speak up in the meetings about what I don't like. For example, about another resident who always makes noise and affects us. Staff have warned them."

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

- There was visible leadership and management presence at the service. People and their relatives knew who to go to if they had any queries about the service. One person stated, "The manager comes around every day to say hello and check how we are. She is very caring." One relative told us, "I contact the manager and they give me update about my loved one."
- Staff also told us the manager was available to provide them direction and support. One staff member said, "The registered manager is wonderful. She is always here to give us support."
- We observed the registered manager as they gave guidance and direction to staff. Staff felt comfortable asking them for support. The staff team seemed motivated and worked as a team. Regular team meetings were held to discuss matters concerning people and the running of the service.
- The registered manager had notified CQC of notifiable incidents in line with their registration conditions. The registered manager showed they understood the duty of candour. They had taken actions to address incidents and accidents, safeguarding concerns and complaints.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had worked closely with local service commissioners, and health and social care professionals to improve the service delivered to people. They had agreed an improvement plan with the service following our last inspection. They were monitoring the progress and had supported the service to continue to make the needed improvements. Feedback they gave to us was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff did not always treat people with respect and dignity
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were not always risk management plans in place to address risk to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality of service was not effectively assessed to identify shortfalls in the service