

Blossoms Care Home Limited

# Blossoms Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

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 full. People had a range of health and support needs. These included; diabetes, epilepsy and dementia.

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

Our observation showed people were not always safe at Blossoms Care Home. People were not always protected from risks from the environment. Carpets downstairs and upstairs in the communal areas remained tired in décor and grubby with some areas worn, torn and in need of repair.

Staff had not received regular supervision meetings and their annual appraisal of their work performance with the registered manager. Staff had not completed specialised training in diabetes. Staff had not received training in dementia and Mental Capacity Act 2005 (MCA).

Relatives and staff told us that people were not stimulated enough. Our observation showed there was limited activities for people in the service. People had not always participated in activities and pursued their interests.

The service continued not to be well led. Record keeping had not improved. Records had not been adequately maintained. Improvements had been made to systems in place to monitor the quality of the service. However, the audit was not robust enough and they had not always identified the concerns we found during this inspection.

The registered manager did not understand and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider 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 and annual competency checks completed.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and

promoted a good quality of life.

People appeared well care for by staff. The staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people, relatives and healthcare professionals about the care provided by staff.

We observed people's rights, their dignity and privacy were respected. Staff supported people with their lunch at a gentle pace whilst engaging with them. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (Report published on 14 March 2019) and there were three 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 some improvements had been made in some areas. However, we found continued breaches of Regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. New breaches of Regulations 9, 16 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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.

#### 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 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 on the first day, announced on the second and third day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local Healthwatch for information about the service. We received no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also sought feedback from the local authority and healthcare professionals who

work with the service. We received one feedback from a healthcare professional. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, not everyone in the service was able to express their views about the care they received. However, we spoke to two people who were able to speak with us. We spoke with six relatives, two care workers, one senior care worker, two cooks, registered manager and the nominated individual. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records based on the history of the service. This included three people's care records and medicines records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data, staff rota and other documentations sent to us in a timely manner.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans by staff and monitored by the registered manager to try to prevent similar incidents being repeated.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- However, other records showed that the registered manager had not learnt any lesson when things go wrong. When some concerns had been identified, these had not always been discussed at handovers and staff meetings to improve the service. For example, one person had been having sleepless nights but the registered manager had not acted on this properly. This was an area for improvement.

Assessing risk, safety monitoring and management

At the last inspection, we identified some areas as requiring further improvement. There was no care plan or risk assessment in place to advise staff how to meet the person's specific needs. Staff had also not received epilepsy training, which would have enabled them to adequately meet the needs of people safely.

At this inspection, we found the provider had made enough improvements. Care plans and risk assessments had improved.

- Risk assessments had been updated, specific to each person and in place to guide staff on what to do to minimise each identified risk and help keep people safe.
- Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, one person who had epilepsy, had an epilepsy care plan with guidelines for staff on types of seizures and trigger signs to be aware of. An epilepsy risk assessment was in place and staff had been trained on Epilepsy. This ensured staff had the knowledge and were aware of how to keep the person safe.
- Environmental risk assessments were in place, providing guidance for staff on how to manage risks and prevent harm. Equipment was safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out. There were maintenance staff who were responsible for ensuring people's safety in relation to carrying out checks on health and safety equipment.
- 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 situation arose.

Using medicines safely

At the last inspection, we identified this area as required further improvement because staff had not completed their annual medicines competency assessment, which would have ensured their practice was safe.

At this inspection, we found the provider had made improvements. All staff administering medicines had completed their annual competency checks to make sure they continued to practice safe medicines administration.

- Staff had been trained and they followed arrangements in place to ensure people received their prescribed medicines.
- Medicines were stored safely. We observed there were no gaps or omissions in the medicines administration record (MAR) charts, which demonstrated 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.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Systems and processes to safeguard people from the risk of abuse

- We observed that people felt safe and comfortable within the service. One person said, "I do feel safe here as I have known the carers for years." However, we received mixed comments from relatives. One relative said, "I do not feel my mother is safe here." While others said, "He seems safe today. Today, they [Staff] were making special efforts. On the whole he is safe." and "Yes, I feel mother is safe there."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff also had access to the local authority safeguarding policy, protocol and procedure. These are in place for all care providers within the Kent and Medway area. They provide guidance to staff and to managers about their responsibilities for reporting abuse. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "It is about keeping the resident safe from abuse."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. Staff were aware of the whistleblowing policy and told us how they could use it if their concerns were not acted on. A member of staff said, "If I feel something has happened that could put a resident at risk, I can raise it with my manager. If it was not dealt with, I will go to a higher person like the provider and I can go to CQC."
- The registered manager demonstrated an understanding of their responsibilities in relation to safeguarding people and reporting protocol. Safeguarding alerts had been previously raised by the registered manager.

Preventing and controlling infection

- We observed that the environment was clean and odour free during our inspection.
- There were effective systems in place to reduce the risk and spread of infection. The service had a cleaner on every shift.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- There was an infection control policy in place and staff were trained in infection control and food hygiene. This ensured people remained at the lowest risk of spread of infection as possible. The Food Standard Agency rated the service four star in 2019 in food hygiene.

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 who could be vulnerable.
- There continued to be a sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed that care was consistently delivered in line with how staff were allocated at staff handover and responded to people's requests throughout the day.

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, the 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, we found the provider had not made enough improvements. The provider continued to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had not received regular supervision meetings and annual appraisal of their work performance with the registered manager. Annual appraisal would have provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this through regular supervision. For example, a member of staff last had supervision 13 January 2019, previous to that was dated 15 June 2017 with no annual appraisal. Another member of staff last had supervision dated 05 December 2019, previous was dated 09 May 2019 with no annual appraisal.
- The provider's policy stated staff should receive supervision at least every three weeks for all experienced frontline social care workers; more frequently for new or inexperienced workers. This meant that the provider had not followed their policy, procedure and had not provided appropriate support and supervision as is necessary to enable staff to carry out the duties they were employed to perform.
- Staff told us there was enough training. However, the training matrix sent to us showed that staff had not completed specialised training on diabetes. One person in the service lived with diabetes. This meant that staff might not be able to adequately respond to the person's need if their condition worsened or deterioration in diabetes. Staff had not received training in dementia and Mental Capacity Act 2005 (MCA). Everyone who lived at Blossoms Care Home had a form of dementia. This meant that staff had limited knowledge about dementia and might lack the ability to mitigate any associated risk, which related to people's ability to consent.

Failure to provide staff with the appropriate training, professional development and supervision as stated in provider's policy and procedure, which is necessary to enable staff to carry out the duties they are employed to perform was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received other training and updates they required to successfully carry out their roles. Training records confirmed staff received training in epilepsy, safeguarding, infection control, equality and diversity, moving and handling.

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

At the last inspection, we identified this area as requiring further improvement. The service looked tired in décor. Carpets in the corridors were particularly grubby, worn and some areas of the service were looking tired.

At this inspection, we found the provider had not made enough improvements. Although improvements had been made to some areas of the service since our last inspection. We found further improvements were still necessary. Some areas of the service continued to look tired in décor and carpets continued to be worn out.

- A relative said, "The décor of the service is very tired and needs updating, especially the upstairs and basement areas. The garden area, we haven't seen used, but it looks like there is room for improvement."
- Decoration of the service did not meet people's needs. Some areas of the service had been repainted. Some carpets in people's bedrooms had been replaced. However, downstairs and upstairs communal areas remained tired in décor. Carpets in the communal areas remained 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 provider informed us that carpet fitters had been instructed to replace all the carpets and sent us a plan of achieving this by February 2020. However, as at this inspection, this had not been carried out.
- The kitchen continued to require updating. Although, the gas engineer had certified the gas cooker safe, the gas cooker looked old and tired. The flooring, cabinets and general look of the kitchen required updating. The provider sent us a plan of achieving this by July 2020. This area continued to be identified as needing improvement.
- People had free access to all areas of the service. However, we found a second lounge downstairs unused and cluttered. Upon completion, this area would suit people who need a quiet seating area for privacy or needed a one to one support. Both the registered manager and nominated individual told us there was a plan to renovate this area for use.

Failure to ensure premises was properly maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was being designed to meet people's needs, including people with dementia. 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. People's rooms were personalised to suit their tastes and needs.

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

At the last inspection, the registered manager failed to meet people's nutritional needs based on their choices and having regard to the service user's well-being. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made enough improvements. People were provided with choices of food on the menu. We observed people were supported to eat and drink enough to meet their needs in a person centred manner. The provider is no longer in breach of the regulation.

- People were complimentary about the food. They told us they had choice and were provided with alternatives if they dislike the food served. One person said, "Food is excellent sometimes four times a day if you want." A relative said, "The food is lovely."
- A menu was in place on the notice board so that people knew what meals to expect. We observed improved general chatter/conversation throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day. People were supported to be able to eat and drink sufficient amounts to meet their needs.
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals. The service recruited a second cook after our last inspection. They carried out discussion with people about their food likes and dislikes. User friendly pictured dishes were used to discuss with people about their choice of food. This was fed into the menu. This person-centred practice had improved food choices for people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider continued to undertake an initial holistic assessment with people before they moved into the service in accordance with best practice guidance. The provider had worked with external health and social care professionals to reassess and review people's needs to ensure that there was a better focus and emphasis on people's care needs and preferences. This had ensured people's needs were effectively assessed and met.
- 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 have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- Relatives felt fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed relatives were involved in the initial assessments carried out.
- One relative said, "I was involved in the assessment when he moved in."
- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. Records kept in the service confirmed this.
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists.

Supporting people to live healthier lives, access healthcare services and support

- 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 district nurse.
- Oral health assessments had been completed to ensure that staff were aware of the support people required to maintain their oral hygiene.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, we observed staff booking appointments with healthcare professionals during our inspection.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. Staff supported people to be weighed every month to analyse whether any extra attention was needed to their diet or lifestyle. For example, one person lost one kg in December 2019. The registered manager discussed this with senior staff and the cook. It was agreed to introduce high calorie and nutritional diets alongside fortified food and drink. This helped the person gain

the lost weight.

- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local district nurses.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations 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 registered manager had made an application to the relevant authorising body. At the time of our inspection, everyone in the service were subject to DoLS authorisation, which were either in progress or granted.
- Consent to care and treatment while living at Blossoms Care Home 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 MCA process was followed when necessary. Best interest meetings were held before DoLS were put in place.
- Staff were able to talk to us about how they applied MCA in their day to day practices such as seeking people's consent. 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 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 Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- A relative said, "They look after my husband very well." Another said, "This place is second to none. It is like coming home. Kind, considerate, cannot speak more highly of it." A healthcare professional said, "The staff and manager always show a caring concern to the residents and towards their needs."
- Staff were polite and respectful when they approached people. One carer said, "Hello Mrs X. Take a seat here darling or would you like another seat."
- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed members of staff spoke kindly and laughed with people throughout the day, which showed they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors during our inspection. One person said, "My daughter visits me regularly." A relative said, "Staff make the relatives feel very welcome to visit at any time, offering tea or coffee"

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

- A relative said, "All staff are very nice. Staff do listen to me."
- We observed people were supported to express their views and they and their relatives were involved in making decisions about their care and support during our inspection. People were asked what drinks they would like or what they would like to wear. People were observed wearing clothes of their choice that reflected their individuality and preference.
- People were able to express their needs and received the care and support that they wanted. People held meetings monthly, which enabled people to express themselves. People were asked about their needs and preferences when they first moved into the service. These were continually respected and considered when planning care by staff.
- Staff understood the importance of respecting people's individual rights and choices. People could choose to take part in resident's meeting where they could raise issues and make suggestions.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. Staff did not enter people's rooms without first knocking to seek permission to enter.
- Staff were seen to encourage independence throughout the day continually asking people to make

decisions to meet their preferences. Examples of this, were staff asked people if they wanted hot or cold drinks throughout the day.

- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. We observed staff listened attentively to what people had to say.
- Independence was respected and promoted by staff. We observed people mobilising independently around the service with or without mobility aids. For example, one person moved their seat cushion from one place to another by themselves because they felt comfortable there.

## 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 remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection, we made a recommendation that the registered provider continue to seek advice and guidance from a reputable source, about the provision of meaningful activities responsive to the needs of people living in the service.

At this inspection, we found the provider had not made enough improvements. The provider and registered manager were now in breach of the regulation.

- A relative said, "They do not seem to do anything. There is nothing to do. They just sit there and sleep, doing nothing." Another said, "They do not do much about activities. What is on the notice board has not happened. They do not stimulate enough. Only seen Bingo once."
- There were limited activities for people in the service. We were told that care staff carried out some activities such as bingo, card playing and jigsaw puzzles on their shifts. This meant that people's care needs might be affected as a result. A member of staff confirmed this and said, "It is hard to cover activities when we have a lot of things to do. Difficult to have a member of staff come off their care task to do activities. I believe we need just someone for activities. We have people whose needs are high such as incontinence. I do feel we need an activity organiser."
- There was a plan of activities and these were advertised on the service's notice board. However, these activities did not take place due to limited number of staff on shift. For example, on the second day of our inspection, the activity planner stated, 'Afternoon Singalong'. Instead, we observed throughout the day, two people playing cards with a carer's support, two other people were doing jigsaw puzzle with another staff support. Other people were either dozing off or sleeping in their chair. People were not motivated throughout the day. People were at risk of social exclusion or isolation in the service. A relative said, "We have been visiting when we have seen activities being done, but this is an area for improvement."
- Daily records were kept by staff. Records included personal care given, well-being and activities they had been part of. However, according to the daily notes, one person was repeatedly unsettled at night. No action such as monitoring or referral to a healthcare professional was taken in the interim. This person eventually had another unsettled night on 14 January 2020 and fell. The person was then referred to the GP for 'Possible depression' and not for being unsettled at night or for the fall. This showed that the registered manager failed to act in a proactive manner, so that the health needs of the person could be met on time. We saw no record that the GP was notified that the person had been unsettled at night or the fall.

Failure 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.



- People's physical needs had been assessed and people were provided with equipment to enable them to be treated equally with others. The important people in their lives, where they had lived before and worked, as well as their interests and hobbies were included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs.

#### Improving care quality in response to complaints or concerns

- Relatives told us they were either not provided with information on how to complain or they did not know how to. One relative said, "I do not know how to complain." Others said, "I do not know how to complain if I need to." and "I do not know how to complain, and I have not because of fear that staff may take it out on my husband if I complain." We discussed these concerns with the provider who informed us that these will be looked into with immediate effect.
- Complaints were not always recorded or actioned. The service had received one complaint since we last inspected. However, this was not recorded nor responded to according to the provider's policy and procedure. We were only aware of this complaint when a relative informed us and said, "If you make a complaint, no one gets back to you. The last complaint was in December 2019 and nothing was done about it. It was a written complaint." We spoke to the registered manager about this and why it was not recorded and responded to accordingly. The registered manager said, "I spoke with the complainant and they said they did not want to take it further, so I did not officially respond to it." Records confirmed that these were not acted upon immediately by the registered manager. The result was that the complainant was not satisfied with not receiving an official response and informed us.
- The registered manager failed to send an acknowledgement letter to the complainant and respond to the complaint. The provider's policy stated that complaint should be responded to within eight days by the registered manager. This meant that the provider had failed to take necessary action in response to a concern raised.

Failure to act on any complaint received, investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation was a breach of Regulations 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- 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 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 complaints process was displayed on the entrance lobby notice board by the second day of our inspection, so all people were aware of how to complain if they needed to.

#### End of life care and support

- At the time we inspected the service was supporting one person at the end of their life. There was advanced care planning in place. The registered manager told us that they worked in partnership with the local hospice team in compiling the care plan with the person and relatives.
- A healthcare professional said, "Blossoms Residential Home are very good with calling for support from our service for residents that deteriorate and may be end of life."
- Staff had conversations with people and their relatives about end of life plans. Where people had chosen to, staff had recorded their wishes in a user-friendly format. The end of life care plan was detailed and

reflected the person's personality and wishes.

- However, staff had not received end of life and palliative care training. This would have enabled staff further in meeting people's end of life 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.

- The registered manager had developed a pictorial form of complaint guide for people living in the service. This guide asked people in a user-friendly format if they were happy or unhappy in the service and who to contact.
- The end of life care plan titled, 'My future and end of life care plan' had been developed in an easy to read manner, which enabled people to understand it.

# 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 requires improvement. At this inspection this key question remained the same. 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.

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

At our last inspection the provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service and failed to ensure records were accurate, complete and consistent. This was a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvements. The provider continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Record keeping had not improved. Records had not been adequately maintained. Although, oral health needs assessment had been completed, we found that they were not fully completed. For example, the form asked, 'When did the resident last see a dentist?' Staff ticked 'Don't Know.' and 'Is the resident registered with a dentist?' Staff ticked 'Don't Know'. Also, the action plan section was left blank. This meant that the assessment lacked full details needed which would ensure oral health needs were met.
- In another example, the daily note stated one person had been unsettled at night. However, the staff handover sheet stated, 'No concern'. This meant that contradictory information was passed to the next staff on shift. Hence no action was taken to find the cause and meet the person's health needs as stated in Responsive domain above.
- Improvements had been made to systems in place to monitor the quality of the service. The registered manager completed a range of audits. However, the audit was not robust enough and they had not always identified the concerns we found during this inspection. For example, MAR chart audit completed and dated 02 December 2019, all sections where there should have been comments were left blank. There were no infection control, supervision, appraisal and health and safety audit in place.
- We previously identified 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. As stated in Effective domain above, this shortfall had not been adequately managed and rectified.
- The action plan from the previous inspection sent to us stated, 'Further training will be arranged for all senior staff to cover care planning and risk assessments.' We found no evidence on the training matrix sent to us this had been achieved. The action plan further stated, 'As regards the décor of the home, we will schedule a programme of redecoration of our home to improve the premises over the next twelve months.' We found this had not been fully met as at this inspection.

The failure to continuously operate effective systems and processes to assess, monitor and improve the quality and safety of the service. Failure to ensure records were accurate, complete and consistent and failure to act on feedback from previous inspection was a continued breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

- There continued to be a management team at Blossoms Care Home. This included the registered manager and nominated individual. Support was provided to the registered manager by the nominated individual in order to support the service and the staff. The provider understood the responsibilities of their registration. 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

- The registered manager did not understand their responsibilities to be open and honest when things went wrong. For example, we asked if they had received any complaint since our last inspection. The registered manager informed us that they had not received any complaint.
- However, when we spoke with a relative, they told us they had made a written complaint to the registered manager in December 2019, which had not been responded to. We asked the registered manager and they confirmed this. They explained that the complainant did not want to take it further, hence no record of this. The nominated individual was not aware of this complaint. This showed that the registered manager failed to follow policy, listen and act to prevent the same or similar issues happening again. The registered manager had not complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Failure to comply with the requirements of the duty of candour was a breach of Regulation 20 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

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

- Everyone was aware of who the registered manager was. One person said, "The manager helps me as much as she can if I have any concerns."
- Staff members found the registered manager supportive and approachable. One staff said, "I do get supported. If I have any problem, I can talk to [X] or the seniors. The manager is lovely, very supportive. I can come to her at any time". Another told us, "The management is effective. If I have any problem, I can always go to [X] the manager."

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

- We heard mixed views about relative's involvement in the service. Comments included, "I have only had one review I was involved in, in three years she has been here.", "I do not feel involved in his care. I have not seen the care plan or anything else apart from the initial assessment.", "Yes, I do feel involved in my father's care." and "I am very much involved in his care."
- Communication within the service continued to be facilitated through monthly meetings. These included,

staff, resident's, and cook's meetings. Records showed that staff took time to listen to people. For example, people were asked how they were and if they had any concerns. People who could respond stated they were happy in the service. However, the service could benefit further if they had relative's meeting based on comments from relatives about not fully involved. This is an area for improvement.

- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives. However, only one feedback was received in January 2020 from a healthcare professional. They responded stating, 'Very satisfied with the service.' Others sent out have not been returned at the time we inspected.

Continuous learning and improving care; Working in partnership with others

- The provider had failed to fully improve the service after our previous inspection. There was limited scope for improvement or innovation due to change of ownership throughout most of 2019. The nominated individual told us that due to the change of ownership, improvements had been slow. However, the change had been completed now and they assured to focus on all areas that requires improvement.

- The management team updated their skills. For example, the nominated individual informed us that they sent the registered manager on supervision and appraisal training after the last inspection. However, we found that the training had not been effective, and the registered manager had not used this to improve service provision for people and staff. This is an area for improvement.

- Staff were kept updated by the registered provider and manager about changes in policy and procedure that impacted on their delivery of care and support. For example, the registered manager implemented a user-friendly person-centred menu tool used for discussion with people. All staff told us they were informed about this, which was in use when we inspected.

- 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 end of life nurses to ensure people received joined up care.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider failed to ensure people's individual needs and preferences were met.</p> <p>This was a breach of Regulation 9(1)(a)(b)(c)(3)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered provider failed to ensure premises was properly maintained.</p> <p>This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered provider failed to act on a complaint received.</p> <p>This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered provider 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 continued breach of Regulation 17(1)(2)(a)(b)(c)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

The registered manager failed to comply with the requirements of the duty of candour.

This was a breach of Regulation 20(1)(2)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider failed to provide staff with the appropriate training, professional development and supervision as stated in provider's policy and procedure, which is necessary to enable staff to carry out the duties they are employed to perform.

This was a continued breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.