

Grove Care Limited

Blossom Fields

Inspection report

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Date of inspection visit:
24 May 2023
07 June 2023

Date of publication:
23 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blossom Fields is a care home with nursing for up to 43 predominately older people. People have either general nursing care needs or are living with dementia. The service has three units over three floors with a 16-bedded dementia care unit being on the middle floor. At the time of this inspection there were 40 people in residence.

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

At the last inspection we found the service provided an outstanding model of care and support. Since the last inspection there had been a change of management with a new provider taking over the legal entity of Grove Care. The new provider was embedding their systems in respect of quality monitoring and staff training. We did not find the service was outstanding at this inspection. However, there was a commitment to provide care that was person centred where people were at the forefront.

Most people and their relatives spoke positively about the service they were receiving. They told us there was enough staff and staff were kind, caring and responsive to their needs. Two people raised concerns about the care they had recently received. The management team were proactive in addressing the concerns during the inspection with an apology given. In response staffing at night was increased to ensure there was two staff on each floor of the home.

People were kept safe because risks were assessed and mitigated. Medicines were managed safely. Safe recruitment was undertaken to ensure people were protected. Staff knew what to do if they were concerned about a person's welfare including any allegations of abuse.

People were supported with meaningful activities based on their interests. There was a programme of activities that included people being supported in the local community, group and one to one activity along with external entertainers. The local church supported the home with monthly services. Relatives and visitors were welcomed to the home.

People received enough to eat and drink. People at risk of malnutrition were given the support to ensure they had a good level of nutritional intake. People had access to other health professionals and referrals to other agencies were made when needed. Feedback from professionals was positive about how the management and staff engaged with them and the people they supported.

Staff had received training suitable to their roles. This was being updated with staff completing the new provider's online training. Effective infection control measures were in place.

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.

Blossom Fields provided a comfortable and a homely atmosphere for people. The home was clean and free from odour. Plans were in place to refurbish some areas of the home such as furniture in bedrooms.

People and relatives were involved with regular meetings being held with them. This was an opportunity to seek their views about the service along with their individual care reviews. The new provider had yet to send people, relatives, and staff a survey that they could use to make any necessary improvements.

There were systems in place to monitor the quality of the service and drive improvements. Staff described a team, that worked together to deliver care that was person centred. There was an open, transparent, and positive culture and people, their relatives, staff, and professionals told us the management team were approachable.

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 outstanding (published 3 January 2019). The rating at this inspection had changed to good.

Why we inspected

We undertook this comprehensive inspection due to the length of time since 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.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Blossom Fields

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 Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors 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 Fields is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blossom Fields is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who lived at the service about their experience of the care provided and spent time with others observing interactions with staff. We spoke with 4 relatives to seek their views on how the service care for their loved one.

We spoke with 10 members of staff, the registered manager, and the deputy manager. After the inspection we received emails from 4 staff sharing their experience of working for the service. We received feedback from 5 health and social care professionals about their experience of the service.

We reviewed a range of records. This included 5 people's care records, daily records, and medication records. We looked at the records relating to Deprivation of Liberty for people that had this in place. We looked at the recruitment records for 3 newly appointed members of staff. A variety of records relating to the management of the service, including training data, recruitment documentation, duty rotas and quality assurance records were looked at.

After the inspection we contacted the nominated individual to clarify how they continually monitor the service from a provider perspective. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they generally felt safe when being supported by staff. Comments included, "I'm 110% sure that he is well cared for", "The care is very good", and "It's a really nice place". We observed staff interact with people in a kind and caring manner.
- A person shared with us an incident where they did not feel safe. This was shared with the registered manager who responded immediately with an investigation and assurances were provided to the person and us that this would be addressed. This was reported to the local authority's safeguard team.
- Systems and processes were in place to protect people from the risk of harm and abuse. Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager was aware of their responsibility to liaise with the local authority's safeguarding team if allegations of abuse were raised. Measures were put in place to ensure any further risks were mitigated.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were safely managed and staff were provided with guidance to promote independence and mitigate the risk of harm.
- People had risks assessments around moving and handling managing, skin integrity, falls and managing weight loss.
- Checks were completed on equipment such as hoists, fire equipment, water and legionella, electrical and gas appliances. Staff participated in health and safety and moving and handling training.
- Regular fire alarm checks had been recorded. Staff knew what action to take in the event of a fire. Staff spoke positively about their recent fire training. The training included a practical which included putting out a fire in the carpark.
- People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

Staffing and recruitment

- Safe recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living in Blossom Fields. This included carrying out a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People, relatives, and staff told us there were enough staff working in the home during the day.

- The registered manager told us they had not needed any agency staff, as the staff covered any shortfalls or absences. This ensured continuity of care for people.
- During the inspection, a person raised a concern about an incident at night where they were supported by one staff instead of two. In response the registered manager reviewed the night staffing numbers and increased the staffing from 5 to 6. This meant there was two members of staff on each floor of the home.
- The registered manager told us they were implementing a new dependency tool to ensure suitable numbers of staff were in place to provide safe and effective care. They said under the previous provider there was not a system in place and staffing was based on numbers of people rather than dependency. Assurances were given that staffing was kept under review and the register manager listened to people and staff to determine safe staffing levels.

Using medicines safely

- People received their medicines safely. Medicines were stored, ordered, administered, and disposed of safely.
- People's medication records confirmed they received their medicines as required. Information was provided about how people preferred to take their medicines.
- Only staff that had been assessed as competent were able to administer medicines to people. Nurses were responsible for administering medications.
- Medication audits were completed along with regular stock checks to ensure that people received their medicines when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors were welcomed at the service and supported in line with the most recent government advice on managing COVID-19.

Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. People's risk assessments and care plans were updated where needed. This was communicated to staff via handovers and a WhatsApp group.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant 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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. These had been used to plan people's care.
- Nationally recognised assessment tools were used to determine people's support needs. This included the Malnutrition Universal Screening Tool to assess people's nutritional needs and the Waterlow score to assess people's pressure sore risk. These were used consistently to ensure people's needs were met.
- People's oral health was assessed, and care plans were in place to direct staff on how to support people. The registered manager told us they were struggling to register people with a dentist and often people had to go private.
- The service supported people being discharged from hospital as part of a care pathway to reduce occupancy in hospitals for those people that were clinically ready to be discharged.
- There were 7 beds that had been allocated for this purpose. Community health teams were involved in the support and assessment of people, enabling them to either return home or move permanently to a care home.

Staff support: induction, training, skills and experience

- Staff confirmed they had received a comprehensive induction and ongoing training. This included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us that the new provider had implemented a new training package, which was online. There was an expectation all staff would complete this. Staff told us there were 17 different courses they had to complete online.
- A new competency assessment had been put in place to ensure staff had the skills and knowledge along with spot checks to ensure staff were providing safe, effective care that was responsive to people's needs.
- Staff received regular supervisions on a one-to-one basis and an annual appraisal completed. A tracker was in place to enable the registered manager to monitor when these were taking place.

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

- People spoke positively about the food that was provided and the choices available. Comments included, "The food is fantastic", "The food is very nice. They will give me an alternative, if I don't like what is on the menu", and "The roasts are especially good".
- We observed people being offered drinks and snacks between mealtimes. Where people were cared for in

their bedrooms staff supported people with their meals and drinks.

- We observed staff taking people's main meal and pudding to people's bedrooms on the dementia floor of the home. This was not good practice as the pudding may get cold or there was a risk the person may be confused on what to eat first. This was discussed with the registered manager and addressed immediately and communicated with staff.
- People at risk of malnutrition and dehydration were monitored and encouraged to eat and drink. Food and fluid records were in place for those identified at risk of malnutrition, or dehydration. Referrals to the appropriate health care professionals were made when needed.
- The catering staff had a good understanding of people's dietary needs and preferences. They were kept informed about people's changing needs. A person told us, "The chef comes up every morning, and asks what I would like".

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

- Staff worked with other agencies to ensure people received the support they needed. People were registered with a GP and referrals to other health and social care professionals were made as people's needs changed. The GP completed weekly visits to the home.
- People told us the staff called the GP when needed. A person told us, "The GP visits every Wednesday". The GP was visiting on the day of the inspection, the visit was co-ordinated with nurses accompanying the GP. Family were provided with updates as people's needs changed.
- People were supported by the community health teams. This included the dementia wellbeing team, physiotherapists, occupational therapists, and speech and language therapists.
- Feedback from professionals was positive. A health care professional told us, "They carefully monitor long-term conditions such as diabetes or mental health and liaise directly with secondary care such as diabetic specialist nurses and care home liaison psychiatric teams. Records confirmed people were supported by health and social care professionals.

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

- People's needs were being met with the design and decoration of the premises. Blossom Fields was purpose built. The home was arranged over three floors with the dementia floor being situated on the middle floor. There were large comfortable lounges and dining areas on each floor. Sensory rooms and smaller lounges were available for people to use. There was a hair salon. On the top floor, people and their relatives had access to a small kitchen enabling them to make their own drinks and snacks.
- People had their own bedrooms with an ensuite bathroom. People had personalised their bedrooms with their own furniture, pictures, and ornaments.
- There was limited signage and no memory boxes which help people to find their bedrooms in the dementia area of the home. The registered manager said they were planning to complete this involving people and their relatives.
- People had access to outside spaces. This included a courtyard garden and an area called Memory Lane. This featured a traditional 1950's pub, a village post office, a music shop with working record player, a red telephone box and a green grocer's shop. This helped people to reminisce and evoke longer term memories.

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 MCA 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the importance of seeking consent and involving people in day-to-day decisions. They had received training in the Mental Capacity Act.
- Appropriate applications had been submitted to the local authority for DoLS. There was a system to monitor their progress and when an authorisation was due for renewal.
- Mental capacity assessment and best interest decisions had been completed when necessary.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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; respecting equality and diversity

- Mostly people told us they were treated with dignity and respect. Two people shared with us about recent incidents where they were not happy with their care and support. This was shared with the registered manager who was completing an investigation and liaising with both people and their families.
- People told us, "The staff are very polite and very helpful", "They tend to all my needs, and get me whatever I want" and "Best thing, so much freedom, I can go where I want". A visiting professional told us, "I observe warm relationship between residents and all staff members from carers to the managers".
- Relatives spoke positively about the care and support. Comments included, "The staff are always great, they go the extra mile" and "He has regular carers who know and love him".
- Staff described to us how they treated each person as an individual and how they took the time to get to know people and what they liked. People's preferences were recorded in their care plan.
- A person told us, they preferred a female staff and found at times they were supported by male staff. This was shared with the registered manager who provided assurances that this would be addressed. It was evident the management team wanted to get it right for people.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their initial assessment. Staff could tell us about people's individual characteristics and how they supported people in a person-centred way.

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

- People's views about how they wanted to be supported was gathered during the assessment stage and ongoing via care planning reviews. Where people were unable to express how they wanted to be supported, views of their family were sought.
- People confirmed their views were sought via monthly resident and relative meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were encouraged to do what they could for themselves. Care documentation included the support people needed. A person told us, "It's perfect, they allow me to be as independent as I want to be".
- Relatives we spoke with were positive about the care staff and felt their loved ones were treated with dignity. One relative told us, "They are very friendly, everybody always speaks and are helpful".
- We observed staff maintaining people's dignity, providing care discreetly, and encouraging independence. Staff knocked on people's doors before entering their bedroom.

- Staff took the time to get to know people and promoted their interests. Examples included a person's previous interest of playing the piano. The staff supported the person to bring their piano to the home and described the enjoyment the person got from playing this. Other people enjoyed visits from their pets, and this again was promoted.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- People's care was planned and monitored. Person centred care plans were in place to provide guidance for staff on how people should and wanted to be supported. These had been kept under review.
- Staff took the time to get to know people and involved their relative where required. Staff had sought information about people's life histories, likes, interests and their cultural needs. This enabled them to provide care that was person-centred. This helped people settle into life at Blossom Fields especially those people living with dementia who at times may express anxiety.
- Professional feedback was positive in respect of the responsiveness of the staff in supporting people helping them to settle within the home. An example was given where a person was distressed during personal care. Staff followed the advice of the professional, and it was notable a week later the distress had been minimised due to the positive interventions of staff.
- Daily handovers were used to plan and coordinate care for people and share information about any changes to people's presentation. A member of staff told us, they planned the rotas, so staff worked as much as possible in specific areas of the home to enable them to get to know people, ensuring continuity of care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met, and this was considered as part of their care plans. For example, ensuring people's glasses and hearing aids were worn.
- We saw information was available in other formats such as large print, as required.

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 supported to participate in regular group and individual activities. For those that preferred to remain in their room, the activity co-ordinator spent time with people on a one to one. There was a program of activities that were delivered by an activity co-ordinator and a small team of volunteers. The activity plan was displayed prominently within the home.
- The registered manager said improvements had taken place since the last inspection and a full-time activity co-ordinator now worked in Blossom Fields. Previously they shared their time between a sister

home, which was next door to Blossom Fields.

- Regular activities included external singers, drama groups, pet therapy, a men's group, and a garden group. Church services were organised monthly.
- The registered manager told us how they were forging links with the local community. This included the local library and supporting people to go to a local café in the village, which was particularly dementia friendly.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. Any complaints or concerns raised were appropriately recorded and actioned. The registered manager took any issues raised seriously and acted accordingly.
- People and their relatives confirmed they knew how to raise any concerns. Comments included, "If I had any complains I would speak to the Manager, if necessary I would take it further", and "When I have raised thinks they are quick to react, they are very reactive and responsive".

End of life care and support

- People's care plans included information about any wishes they had about their care and support approaching the end of their life. This included whether people had decided to refuse resuscitation. The home had received many compliments from relatives for the ongoing support and end of life care to people.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were very much at the forefront of the care they received. Staff described to us how they supported people in a person-centred way and the importance of getting to know people and how they wanted to be supported. A member of staff said, "It is important to get to know the person and their family so individuals receive the right support". This was echoed by other staff we spoke with.
- The registered manager and the deputy manager had an open-door approach to management and completed daily walk arounds of the service. The registered manager was knowledgeable about the risks to the service including staffing and the needs of people. They were passionate about people getting the right care and support.
- A visiting professional told us, "We feel the management lead their service well. Blossom Fields is a proactive home". Another health professional told us, "All the staff and carers are caring and kind. This does not happen by accident and comes from a well-led organisation".

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 was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood their responsibility to report significant events to the Care Quality Commission and local authority safeguarding team to protect people.
- The provider displayed their rating prominently in the home, and the outcome of the last report with people and visitors.

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

- Since the last inspection, there had been a change of registered manager they had been working in the home for the last 18 months. In addition, there had been a change of provider who purchased the company Grove Care. The registered manager told us they were in the process of implementing the new provider's systems.
- Systems were in place to monitor the quality of the service, and these were effective in driving improvements where required. However, there was no overall improvement plan for the service bringing any areas for improvement together from the audits completed. The registered manager told us there was a plan to refurbish the building as areas were looking tired such as bedroom furniture. There were no

timescales for the refurbishment.

- The registered manager told us the regional manager visited regularly and provided evidence of a walk around that took place on the 31 May 2023. There was no other documentation provided to show the provider was checking the quality of the service for example a mock inspection that was part of the provider's quality assurance processes.
- Information in respect of daily occupancy was shared with the provider and weekly and monthly updates on any risks, such as any ongoing complaints, safeguard alerts, staffing and other risks relating to the running of a care home.

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

- A monthly newsletter was produced and shared with people living in the home and their relatives. Regular resident and family meetings were held to share information and seek feedback. A relative told us, "I know about the Residents Meetings, and I am on the What's App, and get the newsletter".
- The registered manager told us how they were building networks with the local school, and it was planned that the children would visit the home at least once a term. In addition, there would be opportunities for people from Blossom Fields to visit the school. Brownie and Scout groups had visited people living in Blossom Fields.
- Relatives were supported to regularly visit the service and participate in social functions and activities such as the recent celebration of the King's Coronation. The service had received a number of compliments on how well it was organised including the buffet and the entertainment.

Continuous learning and improving care

- The registered manager told us how they were in the process of moving to an online care planning system. Staff confirmed they had received training. Additional staff that were confident in using the system were rostered to support staff during the initial stages of implementation.
- The new provider had implemented new training material that staff could access online in addition to the mandatory training. The registered manager said moving forward they would be developing staff so they could take on champion roles to help support staff in areas such as dignity and respect, safeguarding, dementia and health and safety.
- The registered manager told us a nurse was taking on the role of moving and handling trainer. They were completing the course in July 2023. Presently the registered manager from a sister home was providing support in this area.
- The registered manager told us, the views of people, relative and staff had not been sought via a questionnaire. This was a missed opportunity for the new provider to gauge how everyone was feeling and drive improvements. A provider representative said this would be completed in August 2023. The provider's senior management team had met with people and their relatives during the monthly resident/relative meetings.
- Some staff shared with us their concerns about the delays in the payment of their wages which was having an impact on staff moral. Assurances were given this was not impacting on the people they supported. The registered manager told us they had arranged for the senior management team and human resources to meet with staff so they could have a forum to share their concerns.

Working in partnership with others

- The service had worked with health and social care professionals such as the GP, health and social care professionals.
- Feedback was positive from visiting professionals. Comments included, "We are confident this provider is responsive, communicative, especially around urgent or general placements required. We have no quality

concerns with this provider". Another professional told us, "I believe that Blossom Fields is the best care home I have come across".

- The registered manager supported and worked with a local university providing placements for student nurses. There were two student nurses on placement when we visited. It was evident they were supported by the registered manager, the nurses, and the staff team.
- The home had also taken part in a research project with a local university on supporting people at end of life. Feedback was positive in how the service supported the research and involved people, relatives, and staff in the project. This showed the service worked in partnership with the aim to learn new things and improve care.