GSK Holdings Ltd

Blossom View Respite Home

Inspection report

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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

Blossom View Respite Home is registered to provide accommodation and personal care for up to 10 people with physical and learning disabilities. The services original purpose was to provide temporary respite support. The service has developed to also support some people on a permanent basis.

The home is located in North Sheffield close to local shops and transport links and is part of a wider complex which incorporates a café, education, businesses, leisure facilities; day services a hydro pool and rebound (trampoline).

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the service's first inspection since their registration with the Care Quality Commission (CQC) in December 2016.

We carried out this inspection on 17 October 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit. On the day of inspection there were two people living at Blossom View. The deputy manager told us the service currently had 17 people registered for respite care and support; no people were receiving respite support on the day of our inspection.

The registered manager was on annual leave the day of our inspection. The deputy manager capably assisted with the inspection.

People were able to express their happiness and satisfaction with the care they received by facial expression (smiles), body languages and gestures.

People's relatives spoke positively about the standard of care and support their family member received.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures ensured people's safety was promoted.

There were sufficient staff to meet people's needs safely and effectively.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and

Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

We found the home was clean, bright and well maintained. The bedrooms of people who were living at the home on a permanent basis had been personalised and communal areas were comfortably furnished.

People were treated with dignity and respect and their privacy was protected. Relatives we spoke with made positive comments about the care provided by staff.

Staff were receiving regular training and supervision so they were skilled and competent to carry out their role.

We found people's support plans and risk assessments were reviewed regularly and in response to any change in needs.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported. People receiving support, or their relative were involved in making decisions about their care.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There was a comprehensive complaints policy and procedure. This was clearly displayed in the home and in the statement of purpose. Relatives said they could speak with staff if they had any worries or concerns and they would be listened to and action would be taken to address any concerns they had voiced.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff and relatives said the registered manager was approachable and communication was good within the service.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of their responsibilities in keeping people safe. Relatives told us they felt their family member was safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

There were sufficient numbers of staff available to keep people safe. The staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were provided with access to relevant health professionals to support their health needs.

The home was well maintained and comfortably furnished.

Is the service caring?

Good

The service was caring.

The relationships we saw between people who used the service and staff were warm and friendly.

All the relatives we spoke with made positive comments about the care provided by staff.

People's privacy, dignity and independence were maintained by staff who knew people's preferences well.

Is the service responsive?

Good

The service was responsive.

People's support plans and risk assessments were reviewed regularly and in response to any change in needs. Staff understood people's preferences and support needs.

A range of activities were provided for people which were meaningful and promoted independence.

There was a complaints policy and procedure in place. Relatives said they were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the service.

There were quality assurance and audit processes in place to make sure the home was running safely.

The service had a full range of policies and procedures available for staff so that they had access to important information.

Blossom View Respite Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2017 and was unannounced. This meant no-one at the service knew we were planning to visit. The inspection team consisted of two adult social care 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of any accidents and other incidents we had received. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales.

We contacted Sheffield local authority, health professionals and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During our inspection we used different methods to help us understand the experiences of people living at the service. These methods included informal observations throughout our inspection and attending activities with people. Our observations enabled us to see how staff interacted with people and see how

care was provided.

We communicated with two people and spoke over the telephone with six relatives of people who used the service.

We spoke with all five staff working at the service. This included the deputy manager, a senior support worker, a support worker, an apprentice support worker and the domestic/support worker.

We looked around different areas of the service; the communal areas, the activity area, bathrooms, toilets, vacant rooms and with their permission, two people's rooms.

We also looked at two people's support plans, two people's Medicine Administration Records (MAR), three staff files and records associated with the running and monitoring of the service.

Good

Is the service safe?

Our findings

People we communicated with expressed to us that they felt safe living at Blossom View. When we asked people what it was like to live at the home they smiled and their body language expressed their contentment.

Relatives we spoke with all agreed the home was a safe place for their family member to live. Their comments included, "I feel at ease. When [Name] is there I know [Name] is safe," "[Name] is safe there, [name] is never on their own. There are always staff there" and "I am settled when [name] is at Blossom View. I know staff are looking after them."

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe. Staff said, "Any concerns at all you can talk to the manager, I know she will take things seriously."

The deputy manager explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records and receipts for two people and found they detailed each transaction and the money deposited and withdrawn by the person. We did talk with the deputy manager about improving some financial safeguards for people. These included the numbering of receipts, so they were easier to identify against people financial records, double signing all financial records to show two staff or a relative had checked the amount of money deposited or withdrawn and to increase the frequency in auditing records. The deputy manager said they would look at introducing these measures immediately and update the record sheets to incorporate these changes.

We saw each person had individual risk assessments for such things as moving and handling, choking and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments. We saw staff had the skills to support people safely, for example when using the portable hoist.

Relatives and staff all thought there were enough staff to help support people when they needed it. One relative told us, "The home is well staffed, there's a good ratio of staff to residents."

Staff said, "Yes we have enough staff," "We always have manager or senior care staff on duty, plus there is 'on call support'," "We have between two to five support workers on shift dependant on resident numbers" and "I think we are well staffed , we never an issue getting extra staff if we need them."

On the day of the inspection there was a deputy manager, a senior support worker and three other support workers on duty supporting two people. One of these support workers was an apprentice who did not work unsupervised and another support worker also had the dual role of a domestic. The number of staff on duty was planned taking into consideration the individual support needs of each person and their daily activity programme. This meant staff were always available to support people with social activities, therapy and healthcare appointments.

We observed staff were very visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people on a one to one basis.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement. We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered and deputy managers also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the procedures to follow for receipt and recording of medicines.

We checked two people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.)

No one was prescribed controlled drugs (CDs) at the time of this inspection. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. However, we found a CD register and appropriate storage was in place should this be needed in the future. This meant systems were in place to store medicines safely and securely.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found a policy and procedure in place for infection control and to keep the building clean and free form

malodours. Relatives we spoke with said, "The home is beautiful and it is clean and so bright" and "The home is kept really clean, lovely."

Training records seen showed all staff were provided with training in infection control. We saw different infection control and cleanliness audits were undertaken by staff on a daily basis which showed any issues identified were acted upon. This showed procedures were followed to control infection. We found the home was clean with no unpleasant malodours observed in the areas we checked.

Good

Is the service effective?

Our findings

Relatives we spoke with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member.

Relatives said their [family member's] health was looked after and they were provided with the support they needed.

The deputy manager confirmed medical support was provided by GPs from a local practice who visited people as and when required. People who came into the home on a respite basis were temporarily registered with the GPs at the local practice.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included Speech and Language Therapists (SALT), GPs and dentists.

Stakeholders we contacted prior to the inspection told us they had no current concerns about Blossom View.

When we asked people who used the service if they enjoyed their food and meals they showed positive body language, for example smiling and other body movements to express satisfaction.

Relatives said were very happy with the catering arrangements at the home. They commented, "I know [name] eats really well. Staff also keep a food diary so I can see exactly what [Name] has eaten]. It is a good varied diet" and "[Name] likes to eat in their room sometimes, staff are very good at reading signs that they want to do this, so they accommodate where [name] wants to eat."

There is a café on the complex where people can choose to eat or the café can provide meals to people in Blossom View. The meals were prepared individually for people from an extensive a la carte menu. The home had also worked with the café to provide a four week menu for people. Special diets were prepared for people in the café. Catering staff were aware of people's special dietary needs.

People could also request meals from the menu, prior to the café closing and then these meals were sent up to Blossom View and stored in the kitchen. The kitchen of Blossom View was also very well stocked with fresh fruit, tins of food, frozen food, bread and fresh dairy products so meals could also be prepared for people in that kitchen.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

We were told all staff received training in the principles of the MCA and DoLS. Electronic training records confirmed this. From our conversations with care staff and the deputy manager it was clear they had good working knowledge of the MCA and DoLS. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

Relatives we spoke with said they were involved in all decisions and choices about their relatives care. Comments included, "When [Name] came here I was fully involved. I helped [Name] tell staff what they liked and didn't like. I have felt fully involved in all decisions about [Name] care and support," "We had a capacity meeting with staff and social services, we have always discussed what is best for [Name]," "We have recently had a meeting to discuss whether [Name] should have a flu jab" and "We have had a meeting to look at risks and making decisions on [Name] behalf. The staff always involve [Name] and us in all decisions."

We looked at two people's support plans which were held electronically. We saw discussion recorded to evidence people and their relatives had been consulted and had agreed to their plan. This showed important information had been shared with people and/or the family and they had been able to make an informed decision. The support plans all contained a detailed initial assessment that had been carried out prior to admission. The assessments and support plans contained evidence people and/or their relative had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, epilepsy support and Percutaneous endoscopic gastrostomy (PEG) feeding support.

This meant all staff had appropriate skills and knowledge to support people. Staff told us, "Training is good," "Training here is brilliant" and "I have learnt loads since I have been here."

The deputy manager informed us support staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Staff we spoke with told us they felt supported. We saw there was a robust system in place to ensure staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded

sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is a meeting usually held annually where a staff member has a meeting with their manager to review their performance and identify their work objectives for the next twelve months.

The three staff records checked showed care staff had been provided with regular supervision for development and support. All of the staff spoken with said they received regular, formal supervisions and could approach managers at any time for informal discussions if needed. This showed that staff were appropriately supported. Records also showed that some staff had already been provided with an annual appraisal despite the service not being open quite a year yet.

Staff said, "I get my supervision every few weeks, plus I can go to see the managers for support whenever I need to" and "100%, I get enough support."

Individual staff spoke positively about how their role and skills were being developed and they were supported by the registered manager to achieve this. Staff told us how they had agreed to be a 'champion' in a specialist area so knowledge and skills could be developed and shared between staff. There were staff champions in areas such as medicines, mental capacity, infection control and safeguarding people.

We found the home was designed and adapted to meet the needs of people who used the service. Accommodation was provided on one floor. We found the home was bright and well maintained. The bedrooms of people who were living at the home on a permanent basis had been personalised and communal areas were comfortably furnished. People's rooms were large and included a spacious ensuite shower room, mechanically adjustable beds and ceiling tracked hoists.

Good

Is the service caring?

Our findings

People were able to express their happiness and satisfaction with the care they received by facial expression (smile) and body languages and gestures.

Relatives we spoke with were all very positive about Blossom View and the staff who worked there. Comments included, "This is the best place I could have hoped for," "Fantastic staff, they always make us welcome," "I wish I had found Blossom View earlier," "I could not wish for anywhere better," "Staff are caring, not just to residents but also to us as a family," "[Name] has got their own life at Blossom View, [Name] is so happy when they are there," "We are very, very happy with the care," " I knew when I picked [Name] up to go home, [Name] had enjoyed their stay, they were happy and relaxed" and "I have looked after [Name] for xx years , I know if they are happy and I can certainly see they are. It has taken such a weight off me knowing this."

One relative named every member of staff and after each name said, "Lovely."

During our inspection we spent time observing interactions between staff and people living at the home. We saw in all cases people were cared for by staff that were kind, patient and respectful.

We saw frequent and friendly interactions between people and the staff supporting them. Support staff offered people choices all the time from what drinks the person would like to where they would like to be, what music they would like to listen to and were inclusive with conversations. One person became animated and excited when a member of staff discussed what they were doing during the day

We saw when staff were supporting a person on a hoist the staff engaged with the person and Included and involved them through communication throughout the procedures. When the staff saw that the person was a little unsettled, they used their initiatives to makes them feel better and comfortable. One of the staff said, "Shall we go to the sensory room where it is quiet?" The person appeared to enjoy their time there and became less unsettled.

It was clear from our observations and our discussions with staff members that they had a good understanding of people's individual care and support needs.

The support plans seen contained information about the person's preferences and identified how they would like their care and support to be delivered. Examples of these wishes included choice of outings and interests. The plans showed that people who used the service and their friends and family had been involved in developing their support plans so that their wishes and opinions could be respected. This showed important information was recorded in people's plans so staff were aware and could act on this.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring

people maintained their privacy and dignity at all times.

Staff told us, "We are all dignity champions here. We have signed up to and committed to it so we treat everybody with dignity and respect." (A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. Dignity Champions all pledge to challenge poor care, to act as good role models and, through specific guidelines issued by the campaign, to educate and inform all those working around them.)

All of the staff spoken with said they would be happy for their relative to live at Blossom View. Staff said, "It is such a friendly place, I would certainly recommend it," "I have worked in care a lot of years, this is the best place," "Staff look after people really well, it's a welcoming, happy place. I would be more than happy for any of my family to stay here" and "A lovely place, the staff are brilliant and we have lovely people who use the service."

Staff said, and the statement of purpose for Blossom View detailed, there was a commitment to supporting people and their relatives with any end of life care. Some staff spoken with said they had been provided with some end of life care training. Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment, best interest decision, had been made by the appropriate people.

Around the home and complex we saw there were contact details for local advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

Relatives told us they were always kept involved in people's care and support and had regular contact and discussions with staff. Relatives said, "I am kept informed. When [Name] comes home, they come with a diary as well, so I can see exactly what [Name] has been up to. The diary is a great idea," "Communication is superb" and "We are always in discussions with staff and we have regular reviews about [name] care."

Relatives were very positive about how staff responded to and knew people's needs. Relatives said, "Staff really look after [Name] and respond to them. For example staff found [Name] liked a certain pudding, within minutes staff had gone to the shop so [Name] could have it for tea," "If [Name] won't take their medicines, staff know them well enough to leave and come back a few minutes later and [Name] will usually take the medicines then" and "When [Name] was ill, staff called the GP straight away and then let us know. They know [Name] really well so they notice when [Name] aren't themselves."

During our discussions with staff we found they had a really good knowledge of people they were supporting .They could describe to us in detail people's likes and dislikes and what a person's facial expression and movement may mean, for example if they were in pain, happy or excited.

We checked two people's support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There was a section titled 'Pen picture' which provided lots of detail about the person. The plans showed that people and their relatives had been involved in developing their support plans so their wishes and opinions could be respected. We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed each month or sooner if changes to a person's care and support was made.

Relatives said they were regularly involved in discussions about people's care. One relative said, "[Name] support plan is always under review. In fact I had a meeting with staff only last week."

Relatives spoken with felt very positive about the frequency and variety of social activities made available to people. On the day of the inspection people were busy going out on activities, returning home and then going out again to other social events. We saw people participated in such things as, hydrotherapy, sensory room visits and trampoline. There were other popular events like trips to the coast, pub meals and going shopping into towns and cities within Yorkshire. Staff and relatives told us plans were being made so that hopefully people would soon be going on holiday to the coast, supported by staff and/or their family. Other activities in the home included crafts, music and party nights.

The service had an activities room on site which had a ceiling tracking hoist for people's use. A ball pool and trampoline were provided for people to enjoy. In addition, the service had a sensory room, which also had a tracking hoist installed. A water operated machine with flashing lights at variable levels, a sound system for music and other sensory equipment were available for people to benefit from. The service also had a swimming pool. The pool was kept locked when not in use, with only staff having access to the pool to

promote safety.

We saw staff support two people in the activities area. Staff were supportive and caring and people responded to the staff and appeared to enjoy the activity.

The lounge was full of activities equipment arranged on the shelves visible to everyone, these included toys, puzzles, jigsaws and soft toys. The walls were well decorated and displayed around were festive/seasonal event (Halloween) pictures.

Relatives said, "There is always so much going on, [Name] is never bored" and "[Name has so much to do now, it is far better than them sitting staring at four walls. [Name] is busy but enjoys the activities, particularly the rebound (trampoline.)"

There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home and also included in the service user guide which had been provided to each person who used the service. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. The deputy manager confirmed there had been no formal complaints made and said they tried to resolve any 'issues' before they became a complaint.

Relatives we spoke with said they found this to be the case and said, "Any worries we may have are sorted straight away by the managers."

Good

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC. The relatives and staff at the home spoke positively about the registered and deputy managers and registered provider and said they were very approachable. Comments included, "I feel really supported by [Name of registered Manager]," "All the managers here are brilliant," "The manager has given me so many opportunities with training and looking at promotion," "The managers all want us to progress, that is nice feeling" and "I have a lot of respect for the managers, they are brilliant."

We asked relatives if they thought there were any areas that needed improvement. They said, "You know I don't think there is, this is the best place [Name] has ever been to" and "No it is a great place."

There were systems in place to seek the views of people who used the service, their relatives, staff, commissioners and healthcare professionals. Questionnaires were in the process of being sent out to people to receive information on people's experiences of the service. The deputy manager said when feedback had been received an action plan would be completed, with timescales, to evidence any actions required to improve the service after taking into account people's responses.

Relatives said the registered and deputy managers were always available to talk to and had an 'open door' policy. Several relatives questioned whether a regular 'resident/relative meeting' would be of any benefit because people stayed at Blossom View at different times, sometimes only for a night and the logistics to organise this meeting may be difficult. We discussed the forming of such group with the deputy manager. The deputy manager said, particularly in view of people now being permanently resident at the home, a regular relative/resident meeting was something that the registered manager and provider were planning to implement.

Records showed that staff meetings were held regularly which gave staff the opportunity to share Information and raise any concerns they may have about the service. This helped to ensure good communication within the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

Records showed the registered manager and registered provider undertook regular audits to make sure full procedures were followed. Those seen included care plan, medication, health and safety and infection control audits. We saw environment and health and safety checks were regularly undertaken to audit the

environment to make sure it was safe.

We saw the registered manager and deputy manager undertook regular 'spot checks' on staff to observe how they supported people on areas such as moving them in hoists, administering medicines and assisting people with diet and during activities. We saw feedback was given to staff where areas of improvement were required or where good practice was observed.

We found the standard of records in the home were good. Daily care records were detailed and allowed the reader to have insight into how the person had spent their day, what they had eaten and how they had presented. This information is critical to health professionals to be able to see what has happened if a person becomes ill for example.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The deputy manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.