

# Pear Tree Care Limited

# Blossom House

## Inspection report

1-3 Beech Grove  
Hayling Island  
Hampshire  
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Tel: 02392462905

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31 May 2017

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### Ratings

Overall rating for this service	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of this service on 18 and 28 April 2016. We found two breaches of regulations relating to maintaining a safe environment for people and keeping accurate and up to date records. We gave the service an overall rating of good. The rating for the key area well-led was requires improvement. We told the provider to send us a report by 12 October 2016 of actions they proposed to take to make the necessary improvements. Their report stated they would complete their actions by the end of October 2016 with "ongoing assessments" of records by the registered manager.

We undertook this focused inspection as part of our regulatory functions under Section 60 of the Health and Social Care Act 2008 to check whether the provider's actions had been sustained and to confirm whether they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Blossom House on our web site at [www.cqc.org.uk](http://www.cqc.org.uk).

This focused inspection took place on 31 May 2017. It was unannounced.

The previous comprehensive inspection in April 2016 found the provider was not meeting the requirements of regulations concerning the safe maintenance of premises and equipment and maintaining up to date and accurate records concerning people's care and support. This inspection found that improvements had been made in both areas. The provider was now meeting the requirements of the regulations and showed the characteristics of a well led service.

Blossom House is registered to provide personal care and accommodation for a maximum of 31 older people. At the time of our inspection there were 29 people living at the home. Accommodation was on two floors in a mixture of single and shared rooms. Shared areas of the home included a lounge, dining room, conservatory, quiet lounge and an enclosed garden. Access to some of these areas was restricted as refurbishment and improvement works were in progress.

The service had a registered manager in place. A registered manager is a person who has registered with us 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. The registered manager had started work since our last inspection when there was no registered manager in place.

The registered manager had taken steps to improve the consistency, accuracy and currency of records relating to people's care and support. A computer based system for care planning was deployed and in use. This meant people could be confident their care and support met their needs and reflected their preferences.

The provider had completed actions required by Hampshire Fire and Rescue Service, and received

confirmation from them that Blossom House was "broadly compliant" with the relevant fire safety regulations. This meant people could be reassured that risks associated with an emergency evacuation were reduced and managed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

Good ●

The service was well led.

People were protected against the risk of poor or inappropriate care because processes were in place to make sure records were up to date and accurate.

People were protected against avoidable risks in a fire emergency because the provider had taken steps to comply with fire safety regulations.

This meant that the provider was now meeting legal requirements. We have improved the rating for this key question to good because there is a track record of good practice over time in relation to the improvements made.

# Blossom House

## **Detailed findings**

### Background to this inspection

We undertook this focused inspection of Blossom House on 31 May 2017. It was unannounced. The purpose of this inspection was to check that necessary improvements had been made since our last comprehensive inspection on 18 and 28 April 2016. At the previous inspection we identified breaches of two regulations and required the provider to send us a report of actions they planned to take to become compliant with those regulations.

One inspector carried out this inspection, which only looked at the areas where we had previously identified concerns. These were regulations relating to the safe maintenance of equipment and premises and the maintenance of accurate, up to date records relating to people's care and support.

Before the inspection we reviewed information we had about the service, including previous inspection reports, information from members of the public, and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, the administration manager and a member of staff. We looked at the care plans and associated records of four people. We also looked at records relating to fire safety audits, including the provider's action plans. On this occasion we did not speak with people who used the service or their representatives, because our concerns related to the management and accuracy of records.

# Is the service well-led?

## Our findings

At our comprehensive inspection of Blossom House on 18 and 28 April 2016 we identified breaches of Regulations 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not maintained premises and equipment in a timely fashion in order to comply with an independent fire safety audit. People's care plans did not always reflect their changing needs and circumstances, contained contradictory information, and did not always reflect the person as an individual. We required the provider to send us a report of actions they intended to take to become compliant with these regulations. At this inspection we found improvements had been made and sustained. The provider was no longer in breach of the regulations.

Following our last inspection the provider had compiled an action plan to comply with the requirements in a fire safety audit carried out by Hampshire Fire and Rescue Service (HFRS) in January 2016. All planned actions had been completed and there was a letter on file from HFRS dated 25 January 2017 which stated they had returned to Blossom House and found the service to be "broadly compliant with the Regulatory Reform (Fire Safety) Order 2015". The provider had taken necessary steps to make sure premises and equipment were maintained in line with fire safety regulations.

Records showed the registered manager checked people's care files every month. Routine risks, such as falls, nutrition and skin health, were assessed regularly and any changes were reflected in people's care plans. There were up to date records relating to people's mental capacity and where people's families or other representatives had been involved in making best interests decisions for the person. Each care file contained an "emergency admissions pack" containing information about the person's emergency contacts, medicines and other information about their care and preferences. The registered manager told us these records were printed whenever they were changed on the computer. Processes were in place to keep records about people's care and support up to date.

Records contained accurate and consistent information about people's care. Where risk assessments were in place, these informed the person's care plans. Where people had been assessed as lacking capacity to make decisions, there were records of follow up best interests decisions. Where risks had been identified around a person accessing the community independently, a risk assessment had led to arrangements put in place to allow them to benefit from fresh air and exercise safely. People were protected from the risk of inappropriate care or support because their care records were accurate and contained the necessary information for staff to support them according to their needs.

Since our last inspection the provider had introduced an additional file kept in people's rooms. This contained information about the person's life history, preferences, food and drink choices, and interests. There were photos and pictures connected with their interests, for instance for one person who used to play rugby there was a photo of a rugby match. Where people had taken part in organised activities, for instance a visit to the home by tame birds of prey, there were photographs which could be used by staff or visitors to promote conversation and reminiscence. People's records supported staff and others to care for them according to their preferences.

