

# Pear Tree Care Limited

# Blossom House

## Inspection report

1-3 Beech Grove  
Hayling Island  
Hampshire  
PO11 9DP

Tel: 02392462905

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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

### About the service

Blossom House is a residential care home registered to provide personal care for up to 31 older people who may be living with dementia, a physical disability or have mental health needs. At the time of our inspection there were 24 people living at Blossom House.

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

People received care and support that was safe. People were protected from avoidable harm and abuse. There were sufficient staff to support people safely. The provider had effective processes with respect to managing medicines safely and controlling the spread of infection.

People received care and support that was effective and based on detailed assessments and care plans which reflected their physical, mental and social needs. 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.

People had caring relationships with their support workers. Staff were aware of and supported people's emotional needs. Staff respected and promoted people's privacy, dignity and independence. People had support to be as independent as possible.

People's care and support met their needs and reflected their preferences. The provider was aware of and followed best practice guidance with respect to meeting people's communication needs. There was a programme of activities which reflected people's interests and prevented social isolation.

The service was well led. There was focus on meeting people's individual needs and preferences in a way that led to good outcomes for people. This was supported by effective management and quality systems. The provider had sustained improvements seen at our last inspection, and had a plan in place for further improvements.

For more details, please see the full report which is on the Care Quality Commission (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 (published 8 December 2018).

### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blossom House

## 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 team was one inspector and an assistant inspector.

#### Service and service type

Blossom House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in post, but they were not registered with CQC at the time of this inspection. This meant only the provider was legally responsible for how the service was run and for the quality and safety of the care provided. The manager had applied to register with us, and their application was in progress.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the previous inspection report, and records of events about which providers are required to inform us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with four people who used the service and four visiting relatives about their experience of the care provided. We spoke with the manager and four members of staff. We observed the care people received in the shared areas of the home. We spoke with a visiting healthcare professional about their impressions of the service.

We reviewed a range of records. This included six people's care records, and medicines records. A sample of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed the evidence we gathered during the inspection, and information sent to us by the manager during and after the inspection. We spoke with the provider by phone the day after the inspection.

# 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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding and protection of adults, and were aware of safeguarding issues and how to respond to them. People told us they felt safe. One person said, "Yes, I feel safe, without equivocation."
- The provider had suitable processes if concerns were raised about people's safety. These included working with other agencies such as the local authority, and notifying us as required by regulations when certain events occurred. Records showed the provider followed the correct procedure if the local authority asked them to investigate concerns.

Assessing risk, safety monitoring and management

- The provider assessed individual risks to people's safety and managed risks to keep people safe. Where appropriate, staff used standard tools to assess and rate risks, for instance people's risks of falls. Staff reviewed individual risks if people's needs or conditions changed, and had guidance in place to reduce and manage risks.
- The provider took appropriate steps to make sure the premises and equipment used were maintained in a safe way. There were regular checks on safety equipment. Six staff had received fire marshal training, which they were very positive about. There had been a recent fire risk assessment by a suitably qualified external consultant, following which recommendations made had been followed up.

Staffing and recruitment

- There were enough staff, with the right skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people during the day. Visitors who had stayed overnight and at the weekend to be with their family member told us staff had always been calm and unflustered.
- The provider had a robust recruitment process. This included the necessary checks that staff were suitable to work in the care sector. Records of these checks were kept in staff files as required by regulation.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. Medicines records were accurate, complete and up to date. Records included information about how people preferred to take medicines, and suitable information about when people had medicines prescribed to be taken "as required". People told us they had their medicine at the right times.
- People received their medicines from staff who had appropriate training, including practical face to face training. Staff had their competency checked once a year. The deputy manager audited medicines records

monthly, and there were regular external audits by the provider's pharmacist. The provider followed up and acted on any recommendations made.

#### Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic, and people were protected from infections. There were regular monthly audits of infection control practices. Infection control processes and reporting were in line with government guidance.
- Arrangements were in place to maintain high standards of food hygiene. Staff took suitable precautions, such as using disposable gloves and aprons, and colour-coded chopping boards in the kitchen. The provider had received a "good" rating from their most recent environmental health food hygiene inspection.

#### Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. There was an accident book in place. Staff analysed all records of falls to identify if there were any trends or patterns, such as more than one fall at a certain time of day. One person had moved to a room on the ground floor to reduce their risk of falls.



# 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 had improved 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

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were detailed, person-centred and identified people's individual needs and preferences. The provider had a computer-based care planning system which staff used from hand-held devices, which meant they could see the latest updates to people's care plans. People and their relatives were happy with their care outcomes. One person's relative told us, "We couldn't ask for anywhere better."
- People's assessments and care plans took into account all people's needs across a wide range of care areas. The provider's policies and procedures reflected relevant standards, guidance and legal requirements. Staff used a tool developed by the local clinical commissioning group to identify if a person might be at risk of deterioration. Use of this tool had allowed one person to receive early treatment for developing pneumonia.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific topics, such as dementia care and diabetes. Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- The manager had an effective system to check staff were up to date with their induction and refresher training. People were happy that staff were able to support them effectively. One person said, "I am made up with the staff here. The staff are marvellous."

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

- Staff gave people choices about what they ate. There were three main course options on the daily menu. When a person changed their mind about the lunch choice, kitchen staff prepared them an omelette as an alternative. Staff were aware of people's dietary needs and preferences, for instance if they had been advised to have pureed meals.
- People had a balanced, healthy diet based on home-cooked food. Staff were aware if people needed to keep their fluids up, and fresh fruit was available for people if they wanted a healthy snack. This area had improved since our last inspection. A community nurse had complimented the service about how they helped one person control their diabetes through diet choices. People told us the food was good. One person said, "Delicious!"

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to make sure people had consistent care if they went into hospital. A paramedic had complimented the service on the information they made available. This included an inventory of the person's medicines, clothes and other belongings. When people were ready to be discharged from hospital they had a new assessment on the ward to identify any changed needs.

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

- People's care and support took into account their day to day health and wellbeing needs. Staff supported people to take part in appropriate exercise, and improve their wellbeing, for instance by contact with therapy animals. The provider arranged religious services for people who chose to practise a religion.
- People had access to healthcare services. Staff made appropriate referrals to speech and language therapy, hearing specialists, community mental health professionals and GP services. People told us they had appointments with healthcare professionals when they needed them.

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

- The decoration and design of the home met the needs of people living there. The home was decorated and maintained to a high standard, with comfortable furnishings, and suitable shared areas. If people shared a bedroom screens were available to maintain their privacy. The provider had recently installed a new lift to improve accessibility to all floors in the home. There was an enclosed garden and courtyard area which people could use to spend time together with visitors or to take part in activities.
- People had choice and control over their environment. The provider had consulted people about pictures used to decorate shared areas of the home. People had personal items in their bedrooms, and some had meaningful pictures and photos on the bedroom door.

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 had the appropriate legal authority and were being met.

- Staff showed an improved understanding of legal requirements and good practice guidance if people lacked capacity. Mental capacity assessments were in line with the MCA and its code of practice. The provider complied with the Deprivation of Liberty Safeguards if people were at risk of being deprived of their liberty.

# 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; respecting equality and diversity

- Staff treated people with kindness and respect. There were positive interactions between staff and people they supported. Staff made sure people understood what was going on by speaking slowly and clearly, and by making sure people could make eye contact or by speaking close to their ear according to people's individual communication needs. People told us they had good relationships with staff. One person said, "This is a pleasant place to be."
- Staff supported people with compassion. Staff were aware if people needed help or appeared distressed, and responded promptly. Staff encouraged people appropriately. For example, we heard one staff member say, "That's right, [Name]. Keep going."

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

- The provider encouraged people to take part in decisions about their care. Staff checked people's preferences for food and drink on a daily basis. During a discussion about where to put the Christmas tree, the manager made sure everybody could make their views known, taking particular care if people had poor hearing or another impairment.
- People's care plans included information about their preferences. This information was very detailed, and included a person's choice of nail varnish colour, and a person's individual preferences about the size of spoon they liked to use at mealtimes. Staff were aware of the choices people had made.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. Care plans were clear about what people could do for themselves, and encouraged staff to support people to be independent. People we spoke with were happy they were able to be as independent as possible.
- The service promoted people's dignity and privacy. Staff asked for consent, and made sure people's appearance and clothing respected their individual dignity. Routine staff actions, such as knocking on doors before going into people's rooms, showed respect for their privacy.
- The service made people's relatives and friends welcome. A visitor who had stayed in the home overnight to be with their relative told us, "Staff have looked after us as much as they do the residents."

# 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 good. At this inspection this key question has remained the same. 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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual with detailed information about people's needs, likes, and dislikes across different areas of care. Staff were aware of people's individual needs and preferences. Examples included guidance to make sure a person's right heel was kept raised to reduce the risk of a pressure injury, and guidance which side to speak to a person whose hearing was better in one ear.
- The provider made appropriate use of technology to support timely care and support. Most care planning and other information had been transferred to the computer-based care planning system. Staff used hand-held devices which meant they could access people's care plans and other information wherever they were in the home.
- The service had processes and practices in place to make sure any protected characteristics under the Equality Act 2010 were respected, including equality and diversity training. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

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 (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 manager was aware of the legal requirements of the AIS. People's communication support plans included any needs arising from a disability or sensory impairment, and steps staff should take to meet them. These included making sure a person's glasses were kept clean, and how they would let staff know if their hearing aid needed new batteries. For other people, staff made use of pictures and "objects of reference", for instance by showing a person a cup when asking if they wanted a hot drink.

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

- The service supported people to take part in activities that were relevant to their interests and social needs. These included writing letters, flower arranging, arts and crafts, cake making and decorating, and playing board games. Staff had organised a sports day in the summer.
- The provider supported people to avoid social isolation. The service marked national events, such as Halloween and Christmas with parties to which people's and staff's families were also invited. Staff had engaged with a social media initiative whereby people sent postcards to the home from their holidays,

providing a further link with the world outside the home.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. There had been two complaints in the year before our inspection. These had been followed up and investigated. The provider had kept relevant people informed of the outcome.

End of life care and support

- The provider had processes and procedures in place to make sure people at the end of their life had a comfortable, dignified and pain-free death. Staff had appropriate training in end of life care. Staff prepared end of life care plans with the person and their families, and worked with specialist nurses to deliver care according to people's wishes and preferences.
- End of life care and support was delivered with compassion and empathy. Staff took into account the needs of the dying person's family. A relative had written to the service, "Mum's level of care was exceptional. She was treated with the greatest respect and kindness. Mum was able to keep her dignity and self-respect. She was at heart a very proud lady."

# 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 had improved 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

- The service was well led in a way which promoted good care, and maintained people's independence, privacy and dignity. People, their relatives, and staff reported good outcomes for people, comparing the home favourably with other services. One relative said the service "knocked spots off" others they had visited. Staff found the new manager supportive, and available open when they needed to speak.

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 manager was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families.

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

- There was an effective governance and quality system in place. Since our last inspection the provider had maintained a system of regular quality audits. These had been effective in identifying improvements, such as to the recording of medicines prescribed to be taken "as required". The new manager had worked with the provider to consolidate these into a new monthly reporting system.
- The manager was well informed about regulatory requirements. The ratings from the previous inspection were clearly displayed in line with regulations. The manager was aware of the requirement to notify us promptly if certain events occurred in the running of the service.

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

- The provider encouraged people who used the service to engage with and be involved with the service, including a yearly survey. Staff supported people to complete the survey if they could not do it on their own. Feedback from the last survey was good or outstanding.
- The provider also had yearly surveys to get feedback from families, staff and professionals involved with the service. The provider had arranged meetings for staff and families to introduce the new manager. There had also been an informal tea party for people's families to engage with the service.

Continuous learning and improving care

- The provider had systems in place to improve the service. The provider had a quality improvement and

sustainability plan in place to track improvement actions. Input from people using the service had been used to inform the plan. The plan identified who was responsible for actions and dates for completion.

#### Working in partnership with others

- The provider worked in partnership with other agencies to meet people's healthcare needs. These included community nurses, the community mental health team, physiotherapists and a nearby hospice.
- The provider had a positive relationship with the local authority. They had worked together to provide urgent placements for people, and placements for people who needed reablement support to recover from illness or injury.