

Heritage Care Limited

Peppercorn House

Inspection report

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Date of inspection visit: 3 February 2016
Date of publication: 01/04/2016

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 

Overall summary

Peppercorn House is extra care sheltered accommodation providing personal care to people living in their own flats. When we inspected on 3 February 2016 there were 20 people using the service.

This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

People we spoke with including one person's relative were complimentary about the care provided. They told us they received safe and effective care by care workers who were kind and compassionate.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse.

Summary of findings

Care workers knew how to recognise and report any suspicions of abuse. They understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. People were treated with kindness by the care workers. Care workers respected people's privacy and dignity and interacted with them in a caring and compassionate manner.

People received care and support which was planned and delivered to meet their specific needs. People and/or their representatives, where appropriate, were involved in making decisions about their care and support arrangements.

Where required people were safely supported with their dietary needs. Where care workers had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

There was an open and transparent culture in the service. The registered manager demonstrated effective leadership skills and care workers said they felt valued and supported. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls, which were addressed promptly; this helped the service to continually improve.

Summary of findings

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.

Care workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent care workers to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Care workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were asked for their consent before any care, treatment and/or support was provided.

Good



Is the service caring?

The service was caring.

People had developed positive, caring relationships with their care workers. Their independence, privacy and dignity was promoted and respected.

Care workers interacted with people in a compassionate, respectful and considerate manner.

People and their relatives were involved in making decisions about their care and these were respected.

Good



Is the service responsive?

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

There was an open and transparent culture at the service. Care workers were encouraged and supported by the registered manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls which were addressed promptly; this helped the service to continually improve.

Good



Peppercorn House

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 was planned to check 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 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be present at the service when we arrived. The inspection was undertaken by two inspectors.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also sent out questionnaires to people to gain their views about the service provided. We received the questionnaires from two people who used the service, one member of staff and three professionals.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We observed the interaction between people who used the service and the staff. We spoke with eight people who used the service and one person's relative. We also received feedback about the service from four health and social care professionals.

We spoke with the registered manager and three care workers. We looked at records in relation to five people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us and we observed that they felt safe and comfortable with the care they were being provided with. One person said, “I feel very safe here you can walk around the corridors day or night and feel safe.” Another person told us, “It is a very safe and secure place, well-lit at night and always somebody around.”

Systems were in place to reduce the risk of harm and potential abuse. Care workers had received up to date safeguarding training. They were aware of the provider’s safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Care workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to care workers when learning needs had been identified or following the provider’s disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. Care workers were aware of people’s needs and how to meet them. People’s care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines, and risks that may arise in the environment of people’s flats. People who were vulnerable as a result of specific medical conditions, such as dementia and Parkinson’s, had clear plans in place guiding care workers as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Care workers told us and records seen confirmed that the risk assessments were accurate and reflected people’s needs.

A health and social care professional told us about their involvement with the service “Peppercorn House had a [person] who was leaving the building alone and put [themselves] and others at risk. The manager and senior carers contacted the necessary professionals for advice and

tried to put strategies in to minimise the risks. The individual’s next of kin was informed and involved in any risk assessments as were the [Continuing Healthcare] CHC team.” Records confirmed this.

Regular reviews of care were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people’s risk assessments were current, reflected their individual needs and they received safe care. A relative told us, “Family members are kept informed and attend meetings to discuss the care arrangements. Any concerns or changes in [person’s] health they get in touch and let us know and discuss the best options to keep [person] safe and well.”

Staff and their mix of skills were used effectively to develop positive and meaningful relationships with people which helped to meet their needs and keep them safe. There were sufficient numbers of care workers to meet the needs of people. People told us that care workers usually visited at the planned times and that they stayed for the agreed amount of time. People said that there had been no instances of any visits being missed. One person told us, “Carers come on time and stay as long as they should.”

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered. Our conversations with people, staff and records seen confirmed there were enough care workers to meet people’s needs.

People were protected by the provider’s recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. Care workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, “I always get my pills at regular times; they never forget.” A relative told us, “They [care workers] manage all the medication [person] takes. It is very organised and they never run out. Never had any problems. I have seen the [care workers] ask [person] if they are in any pain and will get them something if they are.”

Medicines were stored in people’s flats and this arrangement was risk assessed for each person, for

Is the service safe?

example, where a person may not be safe to hold their own medicines, staff would store these for them. One person told us, “I need to have my tablets very regularly due to my [condition] they [care workers] never forget and have a good routine. On the odd occasion if they are minutes late, I press my pendant alarm and they always come quickly.”

Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people’s needs had changed and if they needed further support.

We were aware in the past year there had been errors in the administration of medicines. The registered manager told us that they had discussed this with care workers and team leaders, and were implementing changes to reduce further errors. However on checking the medicines administration records [MAR] we observed some gaps where medicines had not been signed for, and two tablets were missing which care workers were unable to account for. On bringing this to the registered manager’s attention, they told us that

they had started using a ‘medication error report form’ to monitor incidents. This form is an audit which documents who made the error, and what needs to be done to reduce a reoccurrence. The audit enables the registered manager to have oversight of any themes which may emerge, and to identify the actions to address the shortfalls, for example, staff who may need further training.

Records showed that observations for care workers were in place with an accompanying action plan addressing the areas for improvement. This meant that the registered manager had already taken appropriate steps to address the situation. In addition to the audit, the registered manager advised us of the plans to reduce the number of staff who administer medicines from 25 staff to five. The registered manager’s swift response provided assurances that the service’s medicines procedures and processes were safe and they were implementing more robust systems for the future.

Is the service effective?

Our findings

Our findings

People told us that they felt that care workers had the skills and knowledge that they needed to meet their needs. One person said, “They all know what they are doing and get on with it. Couldn’t ask for more.” A relative commented, “From what I have seen and what [person] tells me they are well trained and kind.”

Discussions and records seen showed that care workers were provided with the mandatory training that they needed to meet people’s requirements and preferences effectively. This included medicines, moving and handling and safeguarding. A care worker told us, “Training is encouraged here; I’m all up to date.”

Systems were in place to ensure that care workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Care workers told us they had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. The registered manager described how they encouraged staff to professionally develop their skills and supported them with their career progression. This included being put forward to obtain recognised industry qualifications or their care certificate. The care certificate is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems were being embedded to reflect best practice and support employees with their continued learning and development.

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. 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.

People were asked for their consent before care workers assisted them with their care needs, for example to mobilise or assistance with personal care. One person said, “They [care workers] ask me what time I like to get up.” Another person told us, “They [care workers] ask what I want and need.” Care workers and the registered manager were knowledgeable about the MCA and what this meant in the ways they cared for people. Records confirmed that care workers had received this training. Guidance on best interest decisions in line with MCA was available to care workers in the office.

Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, the registered manager told us how one person had repeatedly refused personal care and this had been respected. This triggered a care review with the person and their family to explore how the service could better assist the person to ensure their safety and wellbeing.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had the choice three days a week to eat with other tenants in the day centre which is located within Peppercorn house. The communal dining area was bright and had a relaxed atmosphere. We observed people eating together as a group, and we saw them chatting together and laughing. People told us they were enjoying the food, one person told us “The food is ok here, makes a change from eating in my flat.” Another person said, “Good food, and it’s nice to socialise too.”

People had access to health care services and received ongoing health care support where required. Care workers understood what actions they were required to take when they were concerned about people’s health and wellbeing. Records showed that where concerns had been identified,

Is the service effective?

such as weight loss, or general deterioration in a person's health, the relevant health professionals had been contacted and actions were taken with the consent of the person. This included prompt referrals and requests for advice, which were acted on to maintain people's health and wellbeing. Treatment and or feedback received were reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Feedback from health and social care professionals involved with the service was positive. One health

professional told us, "One client [person] in particular was very difficult to deal with due to [their] complex mobility and emotional problems. [Registered manager and staff] went out of their way to create a care plan which was suitable for [their] needs, whilst assuring [their] independence and personal dignity were upheld at all times. Two other clients [people] have also moved here and I understand they are doing well. I have high regard for [registered manager and their] team and would never hesitate to recommend Peppercorn House."

Is the service caring?

Our findings

People had developed positive and caring relationships with their care workers. One person told us, “They know you as a person and how you feel, not as a number.” Another person said, “Very caring staff here.” We observed care workers interacting with people in a caring and respectful manner.

People were complimentary about the approach of their care workers and told us they were treated with respect and kindness. One person said, “They treat you as people.” Another person said, “They are kind and attentive.” A relative commented, “The carers work really hard and understand people very well. They are caring and friendly.” One relative had commented in the 2015 satisfaction survey about the service, that the care received was, “very supportive, particularly in emergencies. Caring about [person’s] welfare.”

Care workers were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Care workers talked about people in an affectionate and compassionate manner. They expressed an interest in people’s lives and knew them well; demonstrating an understanding of people’s preferred routines, likes and dislikes and what mattered to them.

People told us they were supported to express their views and were involved in the care and support they were

provided with. Records showed that people and, where appropriate, their relatives had been involved in their care planning. Planned reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us care workers knew their likes and dislikes. One person said, “My carers know how I like things done. I don’t have to keep telling them.” Care records identified people’s choices, including how they wanted to be addressed and cared for. Care workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met.

People’s independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included care workers closing curtains and shutting doors before supporting them with personal care. People’s records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Feedback from one relative in the 2015 satisfaction survey stated, “Could not have found a better place to serve [person’s] needs as [person] still has a bit of independence.”

Feedback from a professional stated; “Staff have always been polite and obliging towards myself and appear to raise any issues of concerns they have with the appropriate professional or agency.”

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. People described instances to us when they had used their call bell to alert care workers they needed assistance. This had been due to needing personal care outside of their visit times or experiencing a fall. They said the care workers had been quick to respond and support them.

People and one person's relative said that a care plan was kept in their flat, which identified the care that they had agreed to and expected. One person we visited in their flat showed us their care plan and told us the information about their individual support arrangements was accurate and reflected their preferences. They said, "Yes I think it is all in order and correct."

Care reviews included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. For example, one person's relative described how the service had changed the visit times to support a person to attend their health care appointments and had accompanied them. They said, "We [family] live all over so can't always take [person] to their appointments. It is very reassuring to know that [registered manager] and carers are on top of this. If they see a change in [person] they will take action straight away and let us know immediately." Feedback from a relative in the 2015 satisfaction survey stated, "[Person], in my opinion's, care is continually increased when [person] requires it." This also showed that the service provided was flexible and took action to meet people's needs and preferences.

Before people moved into Peppercorn House their needs were assessed to see if they could be met by the service. Care records contained completed pre-admission forms and service level agreements. Over time so much detail had been added to people's care plans to ensure they reflected people as individuals and some of these care records were very good and clearly showed how each person wished to be cared for.

Care plans included information that was specific to the individual. This included details about the person's health,

medication and preferences. There was guidance for care workers about how to best support people's individual needs such as mobility and their likes and dislikes. People told us staff wrote daily in their care records once they had visited and that their care plans were also in their own flats. Our observations and conversations with care workers confirmed this.

However we did discuss with the registered manager that the amount of repeated information in the care plans could be confusing for care workers and meant that in some cases, parts of documents were completed in some areas and then not in others. The registered manager showed us the provider's new care plan template which they were implementing and would address the inconsistencies we found. They explained that the new format had different sections for their staff to complete. We saw a completed care plan on the new format. It covered all aspects of the care and support provided, as well as details about the person and how to meet their needs. Information was easier to access and was clear and concise. The registered manager assured us that the shortfalls we had found in the care plans would be addressed during the changeover to the new format. In addition they advised us that regular reviews and audits would be carried out to embed best practice and consistency.

People received personalised care that took account of their choices and preferences and responded to their changing needs. People's care and support was planned with their involvement and they were encouraged to maintain their independence. Care workers were patient and respectful of people's need to take their time to achieve things for themselves.

There was a happy vibrant atmosphere in the communal lounge. We saw positive staff interaction with people laughing and talking as some people had gathered to meet up before attending lunch. One person said, "you couldn't find a better place." People told us the care workers understood their needs, knew how to meet them and they were encouraged to participate in the range of social meetings and activities provided. One person said, "Every day I come down here [communal lounge?], I sit and chat with others, I feel part and parcel of the community." Another person said, "We have community outings in the mini bus, they are lots of fun."

Is the service responsive?

People knew how to make a complaint and felt that they were listened to. One person commented, “I have never experienced a problem and I have been here years. If I did I wouldn’t hesitate to go to the manager. They and all the carers are fantastic and sort things out straight away.”

The provider’s complaints policy and procedure was made freely available in the service and a copy kept in people’s flats. It explained clearly how people could make a complaint or raise a concern about the service they

received. Records showed that complaints received were acted on and used to prevent similar issues happening, for example changing care workers, times of visits,, additional training and disciplinary action where required. The registered manager advised us they were developing their systems for capturing feedback including comments so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people about the care workers and management team were positive. People told us that they felt that the service was well-led and that they knew who to contact if they needed to. Therefore they felt assured and would not hesitate to seek advice or further support when needed. One person said, “[registered manager] is easy to talk to and approachable.” Another person said, “The [registered manager] is a wonderful person; [they] have time for you and sorts out any problems for you.” A third person commented, “[Registered manager is a visible presence around the place.”

Feedback received from professionals was complimentary about the leadership of the service. One professional commented, “I have no concerns about the way Peppercorn house is managed by [registered manager]. I feel [they] run an excellent service and the tenants [people] are extremely well care for and [registered manager’s] utmost priority.”

People were asked for their views about the service and these were valued, listened to and used to drive improvements in the service. These included regular care review meetings and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed the quality assurance questionnaires completed by people in 2015 and saw that feedback was positive. One person had commented, “I like the relationship I have formed with staff.” A relative had stated, “The support is very good and as [person’s] needs have increased, feel that staff have adjusted to be aware and to offer suitable care.”

The care workers we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the management team were approachable and listened to them. One care worker said, “It’s a lovely team; very happy place to work.

Manager is so approachable can go to them with any issues I have.” Another care worker told us, “I would live here.” They added, “Manager is always approachable and deals with any concerns straight away.”

Care workers were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider’s vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Meeting minutes showed that care worker’s feedback was encouraged, acted on and used to improve the service. For example, care workers contributed their views about issues affecting people’s daily lives. This included how care workers supported people with their medicines and mobility encouraging them to be independent. Care workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The management of the service worked to deliver high quality care to people. A range of audits to assess the safety of the service were regularly carried out. These included medicines audits, health and safety checks and competency assessments on care workers. Regular care plan audits were undertaken and included feedback from family members, care workers and the person who used the service. This showed that people’s ongoing care arrangements were developed with input from all relevant stakeholders.

The registered manager was developing an improvement plan for Peppercorn House and had highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people’s documentation to ensure consistency, reviewing the medicine recording processes, developing the complaints process to record the informal concerns and the actions taken to show that people’s feedback was valued and acted on.