

Persona Care and Support Limited

Peachment Place

Inspection report

Peachment Place
Kemp Heaton Avenue
Bury
BL9 9GQ

Tel: 01612536000

Date of inspection visit:
19 October 2022

Date of publication:
05 January 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Peachment Place is registered to provide personal care to people living in 'extra care' housing. The service supports a range of people of different age groups and varied support needs. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. Not everyone who used the service received personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, there were 12 people receiving personal care.

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

People's support plans were person centred and contained detailed information about people and what was important to them. Medicines were managed safely. People were protected from the risk of infection.

Systems were in place to ensure people were safeguarded from abuse. Risks to people were assessed, monitored and managed. The provider worked well with other health care professionals supporting people to live a healthy life. Staff were well trained and had regular meetings.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Training was tailored to meet people's individual needs and the provider recognised that the on-going development of staff skills, competence and knowledge was central to ensuring high-quality care and support. Staff received regular, useful and engaging supervision from senior staff members. The staff appraisal system ensured all staff were working to the same vision and values as the provider.

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.

There were systems in place to monitor the quality of the service. There was a range of audits in place to check the quality of service provision. The registered manager and provider had clear oversight of the service and it was clear they were committed to and passionate about providing person centred care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 June 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Peachment Place

Detailed findings

Background to this inspection

The Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and Service Type

This service provides care to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of Inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection and people would be at home to speak with us.

Inspection activity started on 19 October 2022 and finished on 21 October 2022. We visited Peachment Place on 19 October 2022.

What we did before the inspection

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

During the inspection

We spoke with 8 people who use the service. We spoke with 4 staff including the director of care, registered manager and 2 care workers. We reviewed a range of records including 2 people's care records and medicines records. We reviewed 2 staff recruitment files and managerial records such as quality audits and supervisions. After our visit the registered manager sent us some documents, we had asked for such as audits, training matrix and surveys carried out by the provider.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had effective systems in place to protect people from the risk of harm.
- Staff understood their role in safeguarding people from the risks of abuse. Staff told us they would not hesitate to record and report any concerns with one staff member telling us, "We have a very experienced staff team and if any of us suspected abuse was taking place we would raise this immediately."
- The registered manager knew how to report concerns to the local authority. Action was taken in response to concerns to minimise risks and promote people's safety.
- There were systems to ensure learning took place from any adverse events. Investigations of any accidents or incidents identified the root causes and any lessons to be learned.

Assessing risk, safety monitoring and management

- The service had systems in place to monitor and manage people's safety and protect them from harm.
- Risks assessments carried out for people included areas such as falls prevention, activities, medication, environment and eating and drinking. Assessments outlined guidance for staff to follow to keep people safe from harm.
- People living at Peachment Place had an emergency alarm they could use if they needed to urgently contact someone, for example if they became ill and needed urgent assistance.
- Staff completed a daily 'wellbeing check' to ensure people were safe or if they had any issues that needed to be addressed.
- The service had a business continuity plan in place to maintain service and mitigate the risk of a minor incident turning into major incident.

Staffing and recruitment

- The service recruited staff appropriately and the service had sufficient staff in place. The service had a low turnover of staff.
- We saw rosters for care delivery, and these met the hours people needed to keep them safe and well. The registered manager and deputy managers worked flexibly to ensure any gaps on rotas were covered and staffing levels were sufficient to meet people's needs and keep them safe. Staff confirmed these arrangement's and said the staff team could continue to meet needs.
- People told us staff were on time for their visit/call. Comments from people included, "They're [care workers] always on time. It may be five or ten minutes out but never anything ridiculous and it's understandable because they have to deal with other people and you don't know what's going on with them," and "They're [care workers] always on time and they do stay for the time they're supposed to, sometimes a bit over."

- Suitable recruitment documents were checked and found to be appropriate, with all checks completed prior to new staff working with vulnerable adults.

Using medicines safely

- The provider managed people's medicines safely. Not everyone using the service was supported with their medicines.
- Staff signed a medicine administration record (MAR) sheet to confirm they had given people their medicines. Completed MARs showed people had been given their medicines as prescribed.
- Staff had medicines training and competency assessments were carried out to ensure they had the skills to administer medicine safely.
- People's care records contained lists of medicines, their usage and any side effects. This information helped to guide staff on what to do in the event of a person needing urgent medical attention, should they show signs of an adverse reaction to their medicine.
- Regular medicines audits were undertaken to ensure records were complete and accurate and medicine was safely managed.

Preventing and controlling infection

- The service used effective, infection, prevention and control measures to keep people safe.
- Staff completed training in infection prevention and control.
- Staff were observed wearing personal protective equipment [PPE] when in people's homes.
- Staff had access to personal protective equipment such as gloves and aprons. Staff told us they had enough PPE and could ask for it whenever they needed it.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Assessments of people's needs were undertaken before they began to receive a care package. These assessments were used to develop care plans.
- Where required, other agencies were involved in the assessment process. This ensured any external healthcare required to support the success of the care package was identified and put in place.

Staff support: induction, training, skills and experience

- People we spoke with felt staff had the skills and experience to support them. One person told us, "The support is excellent."
- Records showed staff had a comprehensive induction which included shadowing experienced staff to build confidence. Training considered mandatory by the provider was being provided in subjects such as, moving and handling, medication, infection control, fire safety and food hygiene.
- Staff we spoke with said they felt well trained and supported to do their job role. Records showed staff received regular supervision and had an appraisal of their skills and abilities. One staff member told us, "The support I have received from the managers has been wonderful."
- Frequent spot checks on staff practice were undertaken to ensure staff had the right skills and knowledge to provide effective care

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

- People stated that care staff supported them with food and drinks. People said they had no issues or concerns with the support.
- People's nutrition and hydration needs were assessed and guidance from health care professionals was available for staff to follow.
- Peachment Place had a bistro where people could have meals. If required staff would often support people to access the bistro and assist with ordering their meals.

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

- Care records showed that referrals to health care professionals were made in a timely manner.
- The service worked alongside other healthcare professionals which included GPs, district nurses and occupational therapists. The service provided a nice example of working alongside the occupational therapist team, to ensure the care team were trained in a timely manner. This meant the person could return home with the appropriate support in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests.
- The registered manager ensured all legal requirements in relation to the MCA were adhered to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well and respected their diverse needs. People told us "The carers are lovely. If there are any problems, I just see the carers," and "I've known many carers and these are a very good bunch. Their hearts are in the right place."
- Care assessments records viewed showed information about people's cultural needs.
- The registered manager told us staff had training in equality and diversity and records reviewed confirmed this.

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

- People were able to express their views and make decisions about their care. One person said, "I am involved in care planning. The manager comes to discuss any changes in my needs."
- Staff had a flexible approach to supporting people. They told us people could make their own decisions and they respected this, and the person could change their mind if they wanted to.
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted by staff.
- One staff member told us, "People we support like to do as much they can for themselves. As carers we encourage independence."
- Care plans included details of people's needs and outcomes, including details on how to involve people in their care as much as possible.
- There was an attitude of respect and inclusion within the culture of the service. For example, when new people moved to the service, they were encouraged to feel welcomed and were greeted by staff on their arrival.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us care was provided in a way which was personalised. One person said, "They're all very nice people. They're kind. They'll clean the floor if I ask and put the clothes on the maiden. They know I'm a fuss-pot."
- Each care plan we looked at held information about people's preferences and were highly detailed.
- People were offered a range of activities and social events in the communal areas. This ensured people had opportunities to do interesting things and to prevent them from becoming socially isolated or lonely. Activities included movies, bingo, armchair exercises and special meals in the bistro.

Meeting people's communication needs

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

- Staff knew how to communicate with people. Care plans had details in them about communicating with people.
- The registered manager told us accessible information could be made available in alternative formats if people needed it.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person said, "I've never complained. There's no way they could be better."
- The provider has a complaints procedure in place. One complaint had been received and this complaint had been managed in line with the provider's policy and procedures.

End of life care and support

- At the time of the inspection no one at the service was receiving end of life or palliative care. The registered manager confirmed there was an end of life policy in place.
- The registered manager told us they had a good relationship with the health care professionals and would be able to access the palliative care team if required.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had robust oversight of the service and it was obvious they were committed to and passionate about providing people with good care.
- The registered manager carried out a series of quality assurance audits to check on the quality and safety of the service they provided. This included checks on medicine administration and staff practice.
- The provider carried out regular quality monitoring visits to ensure regulations were being met and to identify areas for improvement with any required actions.
- The service had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager and provider promoted a positive open culture. People told us they were fully involved in their care. Records showed the provider worked well with healthcare professionals, other agencies and the local authority.
- Staff told us they found the culture supportive and rewarding. The registered manager said they operated an "open door" policy and gave examples of what they had done to support staff, including gifts of appreciation for hard work.
- The service was also recently recognised for their contribution to health and social care and were shortlisted for the Great British Care Awards. The Great British Care Awards are a series of regional events throughout the UK and are a celebration of excellence across the care sector.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a good understanding of the duty of candour, they told us they were aware of the need to be open and transparent, to report any issues to relatives, CQC and the local authority when something goes wrong.

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

- People and staff told us they were often asked for feedback about the service. This was done through surveys or regular quality reviews.

- Spot checks were carried out regularly. Staff received regular feedback from managers of their overall performance which enabled them to do a better job and make improvements where needed.
- Staff told us regular meetings were held and the team discussed where improvements could be made in the service.
- Everyone we spoke with knew who the registered manager was and spoke positively about them. Two people told us, "When I was in hospital overnight, I was so glad I was able to phone the manager because I was really worried about my cat. She made sure she was in my flat, locked the windows and even fed her. It was such a relief," and "The management are excellent, kind, helpful and knowledgeable."
- Care staff confirmed there were opportunities to share their views and opinions about the service provided at regular staff meetings and individual meetings with the registered manager.