Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Waverley Road Unit - Plumstead

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 25 November 2014 and was unannounced. This is the first inspection for the service, since its registration with Care Quality Commission in December 2013.

Peace Manor Residential Care Ltd - Waverley Road Unit, Plumstead provides care and support for people with mental health needs. It can accommodate up to four people. At the time of the inspection the home was providing care and support to three people. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. However staff recruitment procedures were not robust.

People using the service, their care managers and appropriate healthcare professionals had been involved in the care planning and review process. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. Risks to people using the service were assessed and care plans and risk assessments provided clear information and guidance to staff. However, some of the staff had not completed mandatory training in relation to their roles and responsibilities.

People said staff encouraged them to be as independent as possible. There were regular key worker meetings where they were able to talk about things that were important to them and about the things they wanted to do. Care records showed in what activities people had participated which included shopping, cooking, laundry, meeting family and friends. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service through surveys and residents meetings. They recognised the importance of regularly monitoring the quality of the service provided to people using the service. However, not all audits identified issues. Although the health and safety audit of 8 November had not identified any issues we found a trip hazard in respect of flooring in the edges which needed repair. Staff said they enjoyed working at the home and they received good support from the manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

Some aspects of the service were not safe. The lack of proper recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and care plans provided clear information and guidance to staff.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. We found that staff had not completed training appropriate to the needs of people they supported. This lack of training could place people using the service at risk of inappropriate care and staff at risk of possible harm.

People using the service had access to a GP and other health care professionals when they needed it. People's care files included assessments relating to their dietary needs and preferences.

The registered manager had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They demonstrated a clear understanding of this legislation.

Is the service caring?

Good

The service was caring. Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner.

People told us they attended regular key worker meetings where they were able to talk about what was happening at the home, the things that were important to them and about what they wanted to do.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and their care records included detailed information and guidance for staff about how their needs should be met.

The service had a complaints procedure. People said they knew about the complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident their complaints would be fully investigated and action taken if necessary.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led. The provider had not notified the Care Quality Commission (CQC) of incidents as required.

The provider's audits had not identified the missing information from recruitment files and training needs found at inspection. A health and safety audit had not identified an issue which required action.

The provider took into account the views of people using the service, health care professionals and staff through surveys. They recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Requires Improvement

Peace Manor Residential Care Ltd - Waverley Road Unit - Plumstead

Detailed findings

Background to this inspection

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

This inspection was carried out on 25 November 2014 and was unannounced. The inspection was led by one inspector who was accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at the information we held about the service including notifications they had sent us and 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 spent time observing the care and support being delivered. We spoke with two people using the service, one member of staff, and the registered manager. We looked at records, including the care records of three people using the service, six staff members' recruitment and training records and records relating to the management of the service.

We also spoke with a member of staff from the local authority that commission services from the provider, one social care professional and two health care professionals about their views on the service. They gave us positive feedback about the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the recruitment records for six members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, and interview questions and answers. The files also included at least two employment references, health declarations and proof of identification. However the application forms did not request or include the staff member's full employment history. This meant that the provider could not check any gaps in employment records. We saw that the provider had obtained new criminal record checks for five members of staff before they started working at the home. One staff file included a criminal record check carried out by the staff member's previous employer in July 2012. The manager told us they had only just applied for a criminal record check for this member of staff. We saw that two members of staff did not have valid documents to show their eligibility to work in the United Kingdom. The lack of robust recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection the manager presented us the evidence to show that the one of the two staff members had received a valid document to show their eligibility to work in United Kingdom. The manager further informed us that the other staff member was taken off the rota following our inspection, until their verification was completed.

We spoke with people who lived at the home and they said they felt safe and that staff treated them well. For example, one person told us "I trust the staff here; they ask if I am OK." Another person said "I felt safe in the home." The registered manager told us he was the safeguarding lead for the home. Staff had an understanding of what constituted abuse and knew the correct action to take if abuse was suspected. They were confident the manager would respond appropriately to any concerns raised. We saw safeguarding and whistle blowing policies were available, and staff we spoke with told us they knew how to access them and that they would use it if they needed to. The registered manager said they and some staff had received training on safeguarding adults from abuse, and for the remaining staff, safeguarding training had been booked to be completed by end of December 2014. We saw the staff training bookings to further confirm this. The manager told us there had been no safeguarding concerns at the service since its registration. This was further confirmed by a review of the information we held about this provider that showed no safeguarding issues had been reported to the Care Quality Commission.

There were enough staff to support people. People we spoke with said there was always a staff member available when they required for any support. At the time of the inspection the home was providing care and support to three people. Of these two of them had been living independently for most of the time, and they did not required any form of personal care from staff. We looked at the staff rotas and found there was one staff on each shift. The registered manager told us he worked at the service approximately 20 hours a week and sometimes at weekends as well. The registered manager further said the staffing levels were evaluated and arranged according to the needs of the people using the service. The registered manager and the provider said they acted as extra support for people using the service and staff by escorting people to attend appointments with health and social care professionals. Staff told us they had a pool of staff available at short notice, and who had experience of working at the service. They also said they had not experienced shortage of staff.

Assessments were undertaken to assess any risks to people using the service. We saw detailed risk assessments were recorded which identified the level of risk to a person and showed the actions required to minimise the risk. For example, these included risks to people using the service and others, self-neglect, medication, substance misuse and mental health relapse. We saw risk assessments were reviewed and updated regularly. People had management plans for risks which had been identified. Staff demonstrated they knew the details of these management plans and how to keep people safe. We spoke with a health care professional, they told us staff worked closely with them and they were happy with the way staff worked with their clients to balance their individual risks with freedom.

There were arrangements in place to deal with foreseeable emergencies, such as sudden illness, accidents or fire. The records we looked at contained emergency evacuation

Requires Improvement

Is the service safe?

plans. Staff we spoke with were aware of actions to be taken in the event of an emergency, for example by calling the emergency services or reporting any issues to their manager to ensure people received appropriate care.

The manager also kept a record of all incidents and accidents that had occurred at the service. For example, an incident reported to police recorded a description of the incident, the actions taken following the incident and a plan of action to reduce the occurrence of this incident happening again. This meant learning from incidents could be used to improve people's care.

There were appropriate arrangements in place to protect people against the risks associated with the unsafe management, use and administration of the medicines prescribed. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. Two people had been supported to administer their own medicines through a self-medication programme. We saw self-medication risk assessments in place in their care files. We reviewed the medicines records for two people and found they were receiving their medication as prescribed by health care professionals. The manager told us that the people had received their medicines regularly. Staff who administered medicines were trained and authorised to do so. We found there were appropriate storage facilities which met with good practice guidance for the storage of medicines. Records showed that staff had carried out regular weekly checks to make sure these people had taken their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

We found that the lack of appropriate training for staff could place people using the service at risk of inappropriate care and staff at risk of possible harm. Staff training records showed that all staff had completed an induction programme. However, some of the staff had not completed mandatory training in relation to their roles and responsibilities, such as safeguarding adults, infection control, managing behaviour which challenges the service, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Although the home provided care and support for people with mental health needs we found that, apart from the manager, only one member of staff had completed training on mental health awareness. Some people using the service had other mental health associated conditions, for example, drug and alcohol misuse. Staff records we saw showed that staff had not received training on mandatory subjects in relation to their roles and responsibilities.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One member of staff told us they had completed an induction when they started work and they were up to date with their mandatory training. They said they held an accredited qualification in health and social care and they felt they had the knowledge and skills required to meet the needs of people who used the service. We saw that this member of staff had completed training on mental health awareness, behaviour which challenges and health and safety.

Following the inspection the registered manager wrote to us confirming that all the members of staff outstanding mandatory training had been booked to be completed by end of December 2014. However we were unable to monitor this at the time of our inspection.

A member of staff told us they received regular formal supervision. They said this helped them in their care of people using the service. They said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Staff records confirmed that staff were receiving regular formal supervision with the manager. The service had been newly registered with Care Quality Commission in December 2013, and staff had not yet completed one year in service, to receive an annual appraisal. The registered manager told us members of staff would receive an annual appraisal once they had been in employment for over a year.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS authorisations in place; however the registered manager knew the correct procedures to follow to ensure people's rights were protected. The registered manager told us that the people currently using the service had capacity to make their own decisions about their care and treatment. We found people were able to make choices in line with the principles of the Mental Capacity Act (MCA) 2005. The registered manager told us if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives and the health care professionals as appropriate, to ensure capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their best interests in line with the MCA 2005.

Staff told us they prompted people towards independence by encouraging them to buy their own food and cook for themselves. One person using the service said "I do my own shopping and cooking. I come down and cook whenever I am hungry." Another person told us "I am totally independent when it comes to shopping, cooking, daily tasks and going out." Both said they discussed and agreed the foods they liked to eat at keyworker meetings. However, there was no weekly or daily planned menu available for that week, to ensure people's nutritional needs were met. Following the inspection the manager wrote to us confirming that all people's weekly menu's had been prepared. People's care plans included sections on their diet and nutritional needs. These indicated their support needs for example with shopping, cooking and meal planning.

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns people were referred to appropriate health professionals. The registered manager told us that all of the people using the service were registered with a

Requires Improvement

Is the service effective?

local GP, they had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, occupational therapists and psychologists when required. We saw the care files of people using the service included records of all appointments with healthcare professionals.

A health care professional told us staff had been very quick to notify them if they had any concerns with the people using the service . They had been able to work very well with the staff and that staff worked well as a team to the benefit of people.

Good

Is the service caring?

Our findings

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. One person using the service told us "I get on well with all staff and they know what is important for me. Staff are respectful, kind and no one has upset me. They knock on the door of my room and I come to the door to talk to them. I follow my spiritual beliefs in my room. I have a lot of books on different religions." Another person said "I do most things myself and do not need to rely on the staff that much. Staff always knock before entering my room."

A member of staff told us how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. Our observations further confirmed that staff obtained consent from people before entering their bedrooms. They said that all of the people using the service were independent and did not require any support with personal care, however on occasions they might prompt or remind people to purchase toiletries, shave or change their clothing. The registered manager told us information about people was treated confidentially. Our observations showed any personal information was discussed with people privately and discreetly. The care records we reviewed showed discussions had been held about information sharing and consent was obtained.

People's needs for socialising and maintaining relationships were included in their care plan. We saw individual needs were documented in care plans and staff were knowledgeable about these. Care plans guided staff on how to ensure people maintained and promoted relationships. All the people using the service had one to one key worker support sessions. A key worker is an allocated staff member who had overall responsibility for a person using the service, in relation to their care planning and delivery. This enabled staff to develop close working relationships with people.

Each person had a detailed care plan. These plans were supported by a series of risk assessments and daily care records. The records and care plans were well organised and laid out in such a way that it was easy to locate specific pieces of information. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed and updated as and when required. All people we spoke with confirmed they were consulted and felt involved in the care planning process. For example, one person told us "I help decide what goes into my care plan."

A health care professional told us they had been happy by the quality of the service provided to people using the service. The staff in particular had impressed them with their compassionate attitude towards those in their care. Staff had maintained very close links with their service, frequently accompanying people to the outpatient clinic, or attending care programme approach meetings at their request. They said they had no concerns at all about the home, and would actively seek, where possible, to place an individual coming out of hospital in their service. A social care professional told us they had no concerns about people's safety and that the person using the service they worked with had settled well in the home.

Good

Is the service responsive?

Our findings

The registered manager showed us a record of activities calendar for each individual. People said they visited their family and friends which they liked. They also said they liked to do their own shopping and cooking. Care records we looked at showed what activities people participated in such as cleaning the living area, cooking, shopping, laundry and visiting family and friends. Staff told us activities were flexible and people were supported to do what they wanted both in-house and out – in the community. For example, a person was supported to write their curriculum vitae' (CV) following the completion of their external training in construction, to enable them to apply for jobs.

The care records included care and health needs assessments, care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence how people using the service were supported by staff to work with their care coordinators and appropriate healthcare professionals. The records showed the health and social care professionals and staff had regularly reviewed the care plans, to make sure people received the support they needed to progress their recovery.

We saw people received personalised care which promoted their independence and aimed to achieve the goals they had set with the staff, care coordinators and healthcare professionals. Staff were knowledgeable about the people they supported. They said they were aware of people's preferences and interests, as well as their health and support needs. For example, one person did not like meat so they had been given a tabletop fridge to keep in their room. Everyone had their own individual food storage area. We saw staff adopted a flexible approach, which responded to people's individual needs and recovery goals. There was clear information which described the type of support the person needed and how they wanted that support to be provided by staff.

The provider had records in place to monitor people using the service in relation to their care and treatment actions agreed in their care plans. Where the actions agreed in people's care plans were not being adhered to we saw that the registered manager had discussed these with the care coordinator's and healthcare professionals. Any risks were clearly identified and risk management plans were in place. For example, one record clearly showed indicators that would alert staff if the person's mental health was relapsing. This included specific advice about how staff should support the person when this occurred, as well as information about who to contact if the situation did not improve.

We saw copies of the home's complaints procedure were located in communal areas. People said they knew about the complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. We saw one complaint had been received since the registration of the service in the last year. The registered manager told us the action they had taken in response to the complaint which demonstrated it had been dealt with appropriately. We saw there was a record maintained to show how the outcome had been fed back to the person who had raised the issue.

Requires Improvement

Is the service well-led?

Our findings

We found that there were three incidents that occurred since the registration of the service in 2013 which resulted in hospitalisation and were reported to police. The provider had not notified these incidents to the Care Quality Commission (CQC) as required under the regulations. The manager said this was an oversight and they would make sure all notifiable incidents were reported correctly in future.

The provider was breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

The service had a registered manager in post. The registered manager told us that he spent approximately 20 hours per week at this service and often made unannounced visits and he was available on call at any time. One staff member told us "The manager is at the end of the phone and can be on site if needed." Staff told us the home was well managed and this promoted an open culture. Staff told us there were regular staff meetings, which provided an opportunity to discuss concerns. We saw the staff meeting records to confirm this. For example, the November 2014 staff meeting record included discussions about medicine management and concerns related with people's on-going care. They said the registered manager encouraged them to make suggestions about how improvements could be made for people and they felt their views were taken into consideration. They told us they enjoyed working at the home and felt supported in their roles.

We spoke with two healthcare professionals and a social care professional about the service. They gave positive feedback about the service. They said there was no concern about the quality of care and management of the service. For example, a healthcare professional told us the service was managed well and the people who use the service had settled in well. The local authority that commissions services from the provider told us they carried out a quality monitoring visit in March 2014. Some recommendations were made following the visit which the registered manager had addressed.

The provider took into account of the views of people using the service through surveys. We saw surveys completed by two of the three people using the service in September 2014. These indicated that people were satisfied overall with the care and support they were receiving. For example all three said they were satisfied with questions related to respect from staff, the complaints procedure and exercising their choice. They showed us a report and an action plan, which was discussed at staff and residents meeting. The action plan included areas such as involvement of people in day to day running of the service and introducing a group cooking activity. The manager showed us they had circulated satisfaction surveys to health care professionals in November 2014. They were due to send satisfaction surveys to staff working at the home in December 2014. They told us they would wait for responses from the surveys before drawing up an overall action plan for the home.

The provider regularly assessed and monitored the quality of the service people received. The manager told us the deputy manager regularly carried out unannounced visits to the home to carry out audits and to provide management support. We saw records that demonstrated that these visits and regular audits were being carried out at the home. These included health and safety, medicines' administration, infection control, fire safety, incidents and accidents, risk assessments and care file audits. However, the provider had not undertaken the audits of staff recruitment files and their training, as a result we found missing information which required action. Also, the health and safety audit of 8 November had not identified any issues we found a trip hazard in respect of flooring in the edges which needed repair. This was brought to the attention of the registered manager. Following the inspection the registered manager wrote to us confirming that a new carpet had been purchased. However, we are unable to assess the impact of the flooring repair carried out, as this was not completed at the time of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The provider did not have effective recruitment procedures, meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.** **Regulation 21 (b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not have suitable arrangements in place for appropriate training for staff, could place people using the service at risk of inappropriate care and staff at risk of possible harm.** **Regulation 23 (1) (a) and (b).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered provider had not notified the Commission without delay of such incidents, which resulted in hospitalisation of people for treatment.**