

Springmarsh Homes Limited

Peartree Care Centre

Inspection report

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Date of inspection visit: 19 January 2015
Date of publication: 31/03/2015

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

This unannounced inspection took place on 19 January 2015. The last inspection of Peartree Care Centre took place on 22 September 2013. The service met all the standards we inspected at that time.

The service provides care and accommodation to 75 older people in a purpose built four storey building. Each floor has a dining room and sitting areas. People's rooms are large with an adjoining bathroom. The ground floor has 13 rooms for people with nursing needs. The first and second floors each have 19 rooms for people who have residential care needs related to dementia. The third floor has 19 rooms for people with nursing needs.

The service has a registered manager who has been in post since 2008. 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 in the service received safe care and support. Medicines were kept securely and people received their medicines as prescribed. The service identified risks to people and had up to date plans in place to keep them as

Summary of findings

safe as possible. People were asked for their consent to the care and support they received. The service met the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

There were sufficient staff available to meet people's needs. People told us staff were kind and caring. We observed that people were treated with dignity and respect by the staff who cared for them. People were supported to communicate their views about how they wanted to be cared for. People told us they enjoyed the choice of food that was available to them at the service.

Staff received comprehensive training on the care of older people and received support to carry out their duties. Staff had a good understanding of how to meet the needs of people with dementia.

The service had received an award in recognition of staff skills in providing care to people in the final years of life. People told us the care and support they received kept

them as comfortable as possible. They said there were effective arrangements in place for them to plan how they should be cared for in future. Health professionals told us the service communicated well with them to ensure people received appropriate care and treatment.

The service had assessed people's individual needs and planned the delivery of their support. People received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People were asked for their views and their feedback was used to develop the service. The registered manager responded appropriately to complaints about the service. They made regular checks on the quality of the service to ensure that care records were up to date and people were safe. Developments were made to the service, such as the recruitment of 'dementia friends' to promote the understanding of the needs of people with dementia.

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. The provider had ensured staff knew how to recognise abuse and neglect. People consistently received their medicines safely as prescribed.

Risks to people were assessed and managed. There were enough staff to meet people's needs.

Good



Is the service effective?

The service was effective. Staff received support to develop their skills. They received comprehensive training on meeting the needs of older people, including those with dementia.

People had sufficient to eat and drink and enjoyed the meals at the service. The service complied with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People received appropriate support with their health needs.

Good



Is the service caring?

The service was caring. People told us staff were kind and friendly. They said they were treated with respect and their views were taken into account.

The service had been awarded 'Beacon Status' in relation to the Gold Standards Framework in care homes. This was in recognition of the high quality of care provided for people in the final years of life.

Good



Is the service responsive?

The service was responsive. People received care and support which met their individual needs. They said they were able to follow their interests and participate in enjoyable communal events.

Complaints were responded to appropriately and people were asked for their views of the service.

Good



Is the service well-led?

The service was well-led. People said the service was well run and the quality of the service was good. Staff told us the registered manager was open to their ideas and regularly checked the quality of the service. They had developed the service by introducing the recruitment of 'dementia friends' from the staff team.

Good



Peartree Care Centre

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 unannounced inspection took place 19 January 2015 and was carried out by two inspectors.

Prior to the inspection we reviewed information we had received about the service which included notifications from the provider about incidents at the service. We used this to plan the inspection.

During the inspection we spoke with 12 people using the service and seven relatives and friends. We also spoke with

an optician, a podiatrist, a social worker and a nurse who specialised in end of life care. When we have included direct quotes from professionals in this report we confirmed they were happy for us to do so.

We spoke to the registered manager, the business manager, two registered nurses and four other staff.

We looked at nine care records, four medicines administration record charts and six staff records. We also read information about the management of the service and reviewed feedback the service had received from people and relatives. We read a report completed on the service by a local authority commissioned dated December 2014.

We undertook general observations of how people were treated by staff and how they received their care and support throughout the service. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they received support and care that kept them safe. A person told us, “I feel safe here. I have nothing to worry about on that score.” Another person said, “I feel safe here and I would be able to tell staff if I were unhappy.”

The provider had taken steps to ensure people were protected from the risk of abuse and neglect. Staff we spoke with understood their role in recognising abuse and neglect and their responsibility to take action to protect people. For example, they were able to explain to us how they would become aware of the signs of the different types of abuse or neglect which could occur in a care home. They were also able to explain how they would refer any concerns to the manager in accordance with the organisation’s adult safeguarding procedures. Staff were also aware of their rights and the action they could take as a ‘whistle-blower’ in relation to poor practice or abuse.

People told us they received the support they needed with their medicines. A person told us, “I am in poor health and have to take a lot of medicines. The staff help me to take them.” During the inspection we observed how people received their medicines. The member of staff spoke with each person and informed them of the medicines they had been prescribed. They were asked whether they wished to take their medicines.

The service ensured people’s medicines were managed safely. Records showed an audit of medicines administration record (MAR) charts and stocks of medicines was carried out by the nurse on each shift. The MAR charts we looked were fully and accurately completed. People had consistently received all their medicines at the correct dosage and at the prescribed intervals.

Some people took a medicine, ‘Warfarin’, which could be dangerous to their health unless specific procedures were followed to ensure they received it correctly. People’s (MAR) charts reflected the complex prescribing arrangements for ‘Warfarin’ and had been fully completed.

The service protected people from the risks of the misuse of medicines by keeping medicines securely. We checked the storage arrangements for medicines. These were the same on each floor of the service. Medicines were kept in a locked room. Staff ensured medicines which required storage at a controlled temperature were kept correctly.

Controlled medicines were kept in a separate locked cabinet and staff had kept specific records in relation to their use. These arrangements met the legal requirements for the storage, disposal and use of controlled medicines.

The provider promoted people’s safety by checking that staff were suitable to provide their care and support. Staff records showed applicants for jobs at the service had completed a form with details of their qualifications and experience. They were then interviewed to clarify their work history and their knowledge of supporting older people. The provider had obtained two references and a criminal records check. The provider employed nurses to carry out specific duties in relation to areas such as the administration of people’s medicines. Records confirmed the provider had ensured nurses had the appropriate qualifications and their professional registration was kept up to date.

All the people we spoke with told us there were enough staff at all times to meet their needs. A person said, “They are very busy but do give you what we need. Sometimes when I ring my call bell, they come and say they are in the middle of helping someone else but will be back soon and they always are. I do not have to wait long.” Another person said, “Lately I have had a bit of a cough, and cannot sleep well. The night staff have been coming in and chatting with me and making me a cup of tea.” A relative told us, “From what I have seen there are always two or three staff around to help people.” Staff told us that the service was staffed as planned and that sickness and absence was covered. They said the provider used a ‘bank’ of their own staff to cover any staff shortages. The registered manager explained to us how staffing levels were planned throughout the service and took into account people’s needs.

People were safe because risks to their health and safety were identified and managed by the service. Care records included risk assessments which covered issues such as skin care and how to protect people from the risk of accidents and falls. For example, a person’s records said “they were frail and weak with confusion and impaired vision”, they were identified as being at high risk of falls and requiring support from staff to move. Their care plan stated that staff should be very vigilant to signs that the person wanted to move and promptly provide assistance and must

Is the service safe?

ensure their buzzer was within easy reach so they could summon assistance easily. We confirmed from care records and observations during the inspection that this person was supported as planned.

People were protected from the risk of developing avoidable pressure ulcers. The service clarified the risk to each person and took appropriate preventative action. Guidelines were in place for staff in relation to how to support each person to relieve pressure. For example some people were supported to turn in bed at regular intervals. Charts showed that staff had cared for people as planned and they received assistance to turnover when in bed.

People told us they felt safe when equipment was used by staff. Some people were supported by staff to move with the use of equipment such as hoists. Their care records

included information for staff about how such equipment should be used in order to protect people from the risk of accidents and falls. During the inspection we observed two members of staff supporting a person to transfer from a wheelchair into a chair and on another occasion, from a chair into a wheelchair, both times using a hoist. On each occasion, this was done safely.

People were kept as safe as possible when emergencies occurred. During the inspection, a person became suddenly unwell. Staff responded promptly using appropriate first aid and called the ambulance service to check the person did not need to go to hospital. The manager then arranged for the person to have further assessments of their health to reduce the risk of a similar occurrence in future.

Is the service effective?

Our findings

People told us the staff who supported them were skilled and capable. A person told us, “They [the staff] look after us very well here. I would definitely say they know how to care for us properly.” A person’s relative said, “I feel that my relative is cared for very well. I have no worries about that.” Another relative told us, “staff definitely know what they are doing”.

Staff told us they were well-supported in relation to carrying out their responsibilities. A member of staff said, “Whatever issue is bothering me, the manager will sort it out and let me know what has been done about it.” The provider showed us how they monitored supervision arrangements to ensure that each staff member had a one to one meeting with their manager every two months. Records confirmed supervision was held regularly and staff were able to discuss their training needs and how best to support people. The provider held annual appraisals of staff and these covered any areas for development and the training the staff member would undertake to enhance their skills and knowledge.

Staff told us their training needs were met. Records showed new staff had completed a structured induction programme for care staff. This covered relevant topics on how to identify and meet older people’s care and support needs. Staff told us their work practice was observed by their manager to check they were competent during an initial six month probation period. Records showed the provider had only employed staff permanently after their competence to provide people with appropriate care and support had been confirmed.

Staff received ‘refresher’ training regularly to ensure their skills and knowledge were up to date. The provider showed us how they tracked that staff had received such training on key topics such as infection control, first aid, dementia awareness and safeguarding adults. Staff said they were booked onto refresher courses when they were due. A member of staff told us, “There is lots of training, both e-learning and training in groups.” Staff were able to explain to us what they had learnt from their training courses and how it impacted on people who use the service. For example, a staff member told us, “I have learnt a lot about dementia, how it affects the person and what we can do to understand and help them.”

Staff told us the provider ensured they developed new skills in order to meet people’s needs. A member of staff told us, “We can request to go on special courses if we feel we need it to give better care to a person. For example, I have done courses on end of life, avoiding pressure sores and assisted feeding.”

The service ensured that people gave consent to care and treatment appropriately. Records confirmed staff had completed training on the principles of the Mental Capacity Act 2005. Staff told us how they put these principles into practice when providing day to day care. For example, they said they presumed people had capacity to consent to their care and asked for this whilst they supported them. A member of staff said, “We involve people in making decisions and always ask for their permission to do something.” People’s relatives told us that when a person had been assessed as lacking the capacity to make a decision they had been consulted by staff about making a decision in their “best interests.” A relative told us, “I am involved in all the decisions as unfortunately [my relative] can no longer do this. It works well and we and the staff make decisions together.”

People’s rights were upheld in line with legislation. At the time of the inspection nobody was subject to the Deprivation of Liberty Safeguards (DoLS). These legal safeguards ensure that people who lack mental capacity are not unlawfully deprived of their liberty. Staff we spoke with knew the circumstances in which a DoLS application should be made to the local authority and we saw evidence that staff had received training on this topic.

People told us they liked the meals that were available to them. A person said, “Every day we can have what we want for breakfast – bacon, scrambled eggs - anything you like.” Another person said, “The food can’t be faulted we get a choice of two dinners and a full breakfast, it’s all freshly done. We have a light supper with soup, sandwiches and cake. We can choose what we like.” During the inspection we observed that people had easy access to drinks and snacks throughout the day. People were able to help themselves to refreshments and offered assistance by staff if they required it. For example, we observed staff offering people cold drinks and asking, “Would you like blackcurrant or water?”

Some people had complex health needs which had an impact on their diet. Records showed the service had obtained information from dieticians and speech and

Is the service effective?

language therapists about how people's dietary needs should be met. For example, a person's records documented that, whilst they were in hospital, a speech and language therapist had assessed their swallowing difficulties. It was then specified that the person's food should be pureed to reduce the risk of them choking. The service had planned their care accordingly and we observed that the person received appropriately prepared food.

Care records showed that the service monitored people's weight. We saw that the service had taken effective action to support people to maintain a healthy body weight by encouraging them to eat and drink. A member of staff said, "Because the food is so good here and there is a lot of choice we can do a lot to help people to eat and drink well." Records showed that in some instances the service had contacted the GP in order that any medical reasons for a person's loss of appetite could be identified.

People told us their cultural needs and personal preferences were met in relation to their diet. For example, a person's records stated. "I do not eat meat." We

confirmed the person was offered a vegetarian diet which they enjoyed. Another person said, "Yes we can get the type of food I am used to here. Not every day but that is OK as I like all the food here."

People told us they had support to receive the healthcare they needed. For example a person told us, "I have to go the hospital regularly for blood tests and a member of staff goes with me to help me." People said there was no problem in seeing a GP if they were unwell. During the inspection we spoke with a podiatrist and an optician who were providing care to people in the service. They both told us the service effectively liaised with them and ensured people's day to day healthcare needs were met. The manager (who is a qualified nurse) reviewed a report she received twice each day in relation to the actions nursing staff had taken in relation to any serious health issues that people had developed. She said that she then considered whether to assess the person's needs herself to ensure they were being safely met. This meant that important decisions in relation to people's health were subject to thorough professional oversight and reduced the risk of people not receiving appropriate and timely health interventions.

Is the service caring?

Our findings

People told us the staff were kind and caring. A person said, "I would say the staff are wonderful. They are polite and kind and do things with a smile." A relative told us, "I have noticed the staff always have a little word with people and chat to them. [My relative] has got to know the staff as they are regular and is very happy here." During the inspection we observed that staff spoke to people pleasantly, greeting each person by name and asking them how they were.

A social worker who was reviewing how the service had met a person's needs told us, "The staff have really made an effort to understand [person's name]'s needs and meet them in a caring way." The person's relative said the service had developed effective ways to communicate with the person which had meant they felt respected by the service. Records identified people's communication needs and explained how staff should support people in a way that maximised people's involvement in planning their care and support. For example, a person's records explained that a person spoke English as a second language and as they now had dementia found it more difficult to converse in English although their understanding of it was still good. The service had made arrangements for the person to be supported, as far as possible, by a member of staff who spoke their native language. For example, the service had arranged the timing of meetings about the person's support so that this member of staff was available to support them with their communication needs. The person's relative said the member of staff had then communicated well with the rest of the staff team about the person's choices in relation to their care and support. They told us this meant all the staff team supported the person in line with their wishes.

During the inspection we observed how staff involved people in making day to day decisions. For example, a member of staff said to a person, "Would you like me to open this window for you?" People supported on one floor of the service were asked if they would like to go to another part of the service to attend a social event.

People said their privacy and dignity was respected. A person said, "Nothing has occurred to make me feel worried about that. Staff are polite and ask us what we want. They don't barge in and do things without asking." We observed that staff knocked before going into people's

rooms and asked for people's permission before providing support. A relative was quoted in the June 2014 Peartree Survey Results report as commenting, "I particularly notice [staff] are not condescending or patronising towards [people]. They always address them by their names, never as 'darling' or 'sweetheart'."

We observed two members of staff supporting a person to move from a wheelchair into a chair and on another occasion, from a chair into a wheelchair, both times using a hoist. On each occasion both carers respected the person's dignity (by pulling a screen around them) and all the while interacting with the person and alerting them to what they were doing. Staff we spoke with said their training emphasised treating people with respect. A member of staff told us, "It's about making sure we do things in the way we would want them done if it was us in here having care."

The service supported some people who were at the end of life. An end of life nurse who was visiting the service said staff at the service were highly skilled in this area. They said staff were very good at recognising when people were in pain and ensuring they got appropriate support from external health professionals. In November 2012 the service was awarded 'Beacon Status' through the Gold Standards Framework in Care Homes Training Programme. The award confirmed the service has demonstrated high quality care to people in the final years of life. This meant staff in the service had proven skills in identifying people's stage of decline and planning their care and support with other professionals such as specialist nurses and the GP.

Care records showed that people's care and support was varied in accordance with their needs as they approached the end of life and appropriate advance planning took place. This included making plans in relation to the management of people's pain. For example, a person's records stated, "Morphine injections to be started when they are unable to have oral morphine." We spoke with some people who were approaching the end of life. They told us they were as comfortable as possible and their pain was managed well. They confirmed they were fully involved in planning the management of their care with staff from the service and other professionals. They said their friends and relatives were made welcome by staff and were able to spend long periods of time with them which contributed to their comfort.

Is the service responsive?

Our findings

People received care and support that met their individual needs. People and their relatives told us staff had met with them to assess people's needs and plan their care. A person said, "They [the member of staff] came to see me when I was hospital. They got a lot of information from me and the hospital about what I wanted and what I needed." Care records showed assessment information on people's background and preferences. People confirmed the information gained by the service was used to plan and deliver care that met their individual needs. For example, a relative said, "The staff have taken on board what we have told them about [my relative]'s personality and how they want to be treated and spoken with. This has meant they are happy here and things are going so well."

Care records demonstrated that people's diverse needs were understood and met. For example a person's records stated, "[Person's name] can get frustrated from time to time as they cannot express their needs. When this happens give them time to calm down and they will be able to explain what they want." Care plans were regularly reviewed to ensure they were up to date and when required changes were made. For example, we saw that plans were updated when people's needs changed in relation to their mobility. People received appropriate support with any physical disabilities they had. When people used equipment, such as a walking frame, their records explained how staff should support them to use it safely.

People's strengths were recognised and care records demonstrated that people were encouraged to be as independent as possible in relation to the management of their health conditions. For example, a staff member had noted, in relation to a person's support during the night, "[Person's name] was relaxed and did not call for any assistance. Checked them at intervals and observed they were self-caring with their oxygen administration."

People told us there was a range of planned activities at the home which they could attend if they wanted to. For example, on the day of the inspection, two separate birthday parties were held on different floors of the home, one in the morning and one in the afternoon. We observed staff asking people if they wanted to attend the afternoon party and giving them appropriate support to do so by ensuring they used the lift safely. People showed their enjoyment of the party by dancing and singing. People told us they were able to follow their hobbies at the home such as reading and listening to music of their choice.

People told us they were aware of how to make a complaint and were happy to raise any issues of concern. A person told us "I cannot say there is anything I dislike. But I would not be afraid to speak up and tell the manager if I had to." Relatives we spoke with said they raised any minor matters of concern with staff and they were resolved. A relative said, "We have only have had little niggles and they were sorted."

We confirmed the service's formal complaints process was effective. Records showed complainants received an initial written acknowledgement of their complaint followed by a full written response to the concern they had raised. The service tracked complaints to ensure they were dealt with promptly and in accordance with the timescales in the provider's complaints procedure.

People and their relatives were asked for their feedback on the service at regular meetings. For example, we saw a record of a meeting held with people which showed they were asked for their views on mealtimes at the home. People told us their views had been taken into consideration and they were happy with the mealtimes at the service.

Is the service well-led?

Our findings

People and relatives told us they were happy with the service. A person told us, "This place is very good and the staff do a good job - it must be well run I think." A person's relative told us, "I come to the service at different times of day and would say people receive really good care in a nice environment." The service had good links with the local community. For example, during the inspection we met local religious leaders who said they regularly came into the service to talk with people. Notes of meetings demonstrated how the service was being improved. The service was working in partnership with the Alzheimers Society to recruit 'dementia friends' from the staff team and relatives. These 'dementia friends' were being trained to support people with dementia in the service and the wider community.

People and their relatives told us the service had a positive and open culture and they had been involved in the development of the service. For example, the service had a 'Relatives Committee' which made suggestions on how to improve the service and helped plan social events and activities. Feedback the service had obtained from 12 relatives in June 2014 showed that there was an improvement in the proportion of relatives finding the service 'excellent' or 'good' in relation to the previous year. Relatives told us staff made them feel very welcome at the service. We spoke with a relative who told us she had become a volunteer at the service because of the friendly way she had been treated by staff.

The service had a registered manager who has been in post since 2008. Staff told us she held regular meetings with them and was approachable. Notes of these meetings showed they were able to give their ideas on improving the service. Staff said the manager went to the different floors

of the service to ensure they were well informed about what was going on throughout the service. A staff member told us, "Teamwork is very good here. It is an enjoyable place to work."

The service took action to ensure people received appropriate care. The service kept a record of incidents and accidents such as falls. Each accident record included information on the action taken immediately after the incident and any future action that was required to prevent a recurrence.

The manager developed the service through the use of local resources. For example, she had arranged for the service to receive input from mental health professionals in relation to the care and support for people with dementia. We saw evidence that a series of reflective practice sessions had been set up in order for staff to develop their skills in meeting the needs of people with dementia who had behaviour that was challenging to the service. Staff told us these sessions were helpful and made them think more deeply and better plan how to consistently care for people in a way that reduced their distress.

The quality of the planning and delivery of the service was subject to regular checks. For example, each month the registered manager looked in detail at a sample of care records to ensure they were up to date and accurate. She also reviewed information on the safety of the building and equipment. A member of staff told us, "Things are really organised here, there are lots of checks." Reports demonstrated there was appropriate follow up if there were any issues which required improvement.

A local authority commissioner had completed a contract monitoring report of the service in December 2014. Their report stated, "Peartree Care Centre continues to provide a high overall quality of care to people... [the service] continues to be professionally run."