

The Together Trust

Pearce Lodge Care Home

Inspection report

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13 December 2023

17 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pearce Lodge is a residential care home providing personal care for up to 5 people who have a physical and/or a learning disability. At the time of our inspection there were 3 people using the service. The property is situated in a quiet residential area of Hazel Grove, Stockport and is close to local amenities. People have their own bedrooms and share communal areas including an adapted bathroom, and safe outside space.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's freedom was not unnecessarily restricted, a positive behaviour support approach was taken and physical restraint was not used. Suitable equipment to support with mobility was in place and subject to regular checks. Staff completed a variety of training to ensure they had the specific skills to meet people's complex needs, however we have made a recommendation about learning and development.

Right Care:

People were supported by staff who knew them well and were kind and caring toward them. People's safety and care needs were identified, and care was planned to ensure their needs were met. Staff understood how to protect people from abuse and were confident the registered manager would take action to protect people, should this be required. Suitable recruitment checks in place to ensure staff were of suitable character to support people and there were sufficient numbers of staff to support people to live their daily lives.

Right Culture:

There was a positive and person-centred culture at the service. People and relatives had opportunities to share feedback on the service. Staff were involved in sharing feedback through meetings and felt valued in their roles. The positive culture meant people received care that was tailored to their needs and supported positive risk taking. The service engaged in a wide variety of forums to drive improvement with the service and within the health and social care system.

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

Rating at last inspection and update

The last rating for this service was good (published 16 October 2017).

Why we inspected

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

Recommendations

We have made a recommendation about the learning and development provision.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Pearce Lodge Care Home

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 was completed by 1 inspector.

Service and service type

Pearce Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pearce Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service. 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 2 people who used the service and 2 relatives. We also spoke with 7 members of staff including the registered manager, team leader, and care staff.

We reviewed a range of records. This included 2 people's care records, medicine records and a variety of records relating to the management of the service, including policies and procedures. We also reviewed 2 staff files in relation to recruitment and training.

We completed an out of hours visit to the service on the 17 December 2023.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. Staff knew the people they were supporting well, and people were comfortable receiving support from staff.
- Relatives told us the service was safe and one relative said, "Staff definitely know how to keep [family member] safe."
- Staff completed safeguarding training and the service had suitable safeguarding policies and procedures in place.

Assessing risk, safety monitoring and management

- The service arranged for external services to come and do regular checks of equipment and utilities including lifting equipment.
- The service completed fire drills and had a fire risk assessment. At the time of the inspection not everyone working at the service had been part of a fire drill. The registered manager told us they would be completing another fire drill to include members of staff not yet covered before the end of the year. The service had systems in place for weekly checks of firefighting equipment. However, there were a number of occasions where checks had not been recorded and the reason for this was unclear. The registered manager was very responsive to this and took action as needed.
- People's individual needs and risks were assessed and plans were in place to mitigate any risk as much as possible.

Staffing and recruitment

- Staff were recruited following safe recruitment processes which included checks with previous employers and with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- There were enough staff to support people. Staffing was planned to ensure there were enough staff to support people to access the activities and other commitments they had in place. The staff team was consistent to ensure they knew people well and the service had a 'bank' of staff available to pick up any staffing shortfalls. The service only used agency staff occasionally and would ensure, where possible, these were consistent members of agency staff.
- People had trusting relationships with the staff supporting them. Relatives spoke positively about the staff team and one relative told us, "There is always someone who knows [family member] and can provide consistency."

Using medicines safely

- Medicines were securely stored, and people were receiving their medicines as prescribed. We found best practice was not always being followed as staff were not always dating liquid medicines when these were opened, and handwritten amendments were not always signed and dated.
- People had guidance to support staff to know when to offer or give medicines they only need occasionally. For people who had their medicines administered via a tube directly to their stomach, guidance was in place, but we found these would benefit from further.
- Staff received specialist training to ensure they were able to support people with specific needs with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The registered manager engaged in a variety of forums run by the provider, and within the community to support the development of the service. This included a variety of working groups which looked at learning lessons and improving services in targeted areas, for example the transfer between hospital and home for people with learning disabilities and/or autism.
- The registered manager gave examples of how lessons were learnt and told us, "The staff team and the systems and processes we have put in place mean I am confident that people are safe."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed and subject to regular review from staff. One relative commented, "We have regular reviews, and we are involved in these. They [the service] respect our views and ideas."
- Records showed people were receiving care in line with their needs and people looked well cared for. One relative commented, "They meet [family members] needs well. They are really well looked after."
- The service was following principles of positive behaviour support and had suitable support plans readily available for staff to follow in line with the current standards and guidance.

Staff support: induction, training, skills and experience

- Staff completed a range of generic and person specific training. Relatives commented that staff were knowledgeable and capable.
- The registered manager had oversight of staff training. Some training on the matrix was out of date and action had been taken to address this. However, it was not always evident that training was in line with best practice guidance for social care services. For example, we were not certain that training around the Mental Capacity Act (MCA) and Deprivation of liberties safeguards (DoLS) was specific and sufficient to support best practice when working with people with learning disabilities and/or autism, and refresher training and checks of competency, were completed as robustly as possible. This was discussed with the registered manager who assured us that all aspects of best practice guidance were covered in staff training.

We recommend the provider review the learning and development provision at Pearce lodge to ensure it is fit for purpose, suitably robust and in line with good practice guidance.

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

- People were supported to have a balanced diet. People were given choice about what they wanted to eat and drink and supported to be independent as much as possible in this area. Staff would encourage people to support with meal planning and shopping for groceries where this was possible.
- Where people received nutrition directly to the stomach, staff had completed relevant training and worked closely with the dietician to monitor and ensure people were receiving a correct level of nutrition.

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

- People had bedrooms which were comfortable and personalised to reflect their interests as much as possible.
- During this inspection the service had some environmental work being completed, which included changes to the kitchen and dining areas. This was mostly completed by the time of this inspection was

completed. Staff spoke about the positive impact this was having by making the kitchen more accessible and the layout of the home more comfortable and homely.

- People were encouraged to have privacy in ways which were safe for the individual. Risk was assessed and managed as much as possible. One relative commented, "They adapted [family member's] room to ensure they had a bit more privacy. I think [family member] really appreciated that."

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

- People were supported to access a range of health and social care services as needed. This included for medical and social needs. Any advice and guidance were communicated to staff and incorporated into the planned care being delivered.
- People and relatives felt confident staff were quickly able to identify if a person was becoming unwell, and assured staff would take suitable action. One relative told us, "Staff know [family member] well, and can see signs if they become unwell. They always keep us informed if anything happens." Another relative told us, "They monitor [family member] very closely."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to make decision was assessed and where people were deemed to lack capacity best interest meetings were held. Relevant people, including professionals, families and staff were involved in these.
- DoLS were applied for where people were subject to restrictions. Where conditions were in place, measures were taken to ensure these were met. Records showed staff were taking the action required, such as regular health reviews, or access to social and leisure activities, for people where there were conditions of the DoLS.
- People were encouraged to make decisions for themselves as much as they were able to. We observed staff were respectful of people's decision and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated by staff. We observed staff support people with kindness and care.
- Relatives spoke highly of the staff team. One relative told us, "It's a brilliant service. They look after [family member] better than they have ever been cared for before."
- Staff knew people well and understood their needs and preferences. Staff spoke with affection about the people they supported. One relative commented, "The staff are lovely and know [family member] well."
- Staff sought opportunities and activities that would be of interest to the people they were supporting. One family member commented, "The go above and beyond to find things [family member] might like. They can be really creative and really get [family member] and what they like. It is not always easy."

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

- People were encouraged to express their views and be involved in decision making. People were encouraged to make decisions about their daily lives including where they went and what they did. One relative commented, "They take family member out if they want. They really respect their choices."
- Care records reflected how choice and independence was promoted. One member of staff told us, "As a staff team, we are super flexible to things and really focus on the person and what they want."

Respecting and promoting people's privacy, dignity and independence.

- People were supported to be as independent as possible. Care plans considered how to promote independence and staff supported people to continually develop skills for daily living.
- Staff gave consideration to people's privacy and took steps to mitigate risk as much as possible whilst providing privacy.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received personalised care which had been tailored to their specific needs and preferences as much as possible. Care plans were detailed and reviewed regularly to ensure they were current. These contained information about people's likes, dislikes and interests and how best to support the person.
- Care records indicated people were supported in line with the agreed care plan. Relatives spoke positively about how staff supported their family members.
- The registered manager was very proud of how staff supported people, sometimes with some very complex needs to lead an active life. They said, "We are very creative with how we manage medical needs and balance and mitigate any risk. Staff really advocate for people and the care is really person-centred."

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.

- People's communication needs were fully assessed, and information adapted to support people to understand and communicate effectively. Easy read policies were in place, communication boards and other technologies were used for people where this was appropriate.
- People had care plans which included information which had been appropriately adapted to be accessible for them, including pictorial information. People were able to contribute to planning their week using communication tools in line with their communication preferences.
- Staff knew how to support people to understand information and communicate decisions. Staff knew the people they were supporting very well and communicated effectively with them.

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 were supported to engage in a range of activities and interests relevant to them. People were supported to remain active and access the community. People were supported to accessing leisure activities, social groups and work experience.
- Relatives spoke positively about how people were supported to engage in a range of activities. One relative commented, "Staff make a real effort to ensure they [family member] are stimulated and [staff] know them very well."

- People were supported to have regular contact with family and friends. Staff arranged events with families to celebrate people's success and achievements.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and information was provided to people when they moved into the service. There had been no recent complaints and relatives told us staff were responsive to any questions or concerns they may have.
- People and relatives told us they felt able to share their views and raise concerns. One relative told us, "I feel I would be able to share any concerns. I have no complaints whatsoever."

End of life care and support

- The registered manager advised they would provide support to people at the end of life if this was appropriate and they were able to meet the person's needs. Training was available for staff and the service had good working relationships with external services who may support the delivery of end of life care. At the time of this inspection no one needed this type of support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was set up with a focus on person-centred care and overall, this was reflected in records and how staff spoke to and about people. Relatives felt the service was very person-centred and tailored to the needs of their family member.
- The service and staff team worked closely with other organisations to ensure people's needs were met and people gained good outcomes. Staff consistently spoke about the focus to support independence.
- People with a variety of complex needs were supported to access the community as much as possible. This included concert and musicals, sport activities and other social groups.

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 provider understood their responsibility under the duty of candour.
- The registered manager understood their duty to report any issues affecting the service to CQC and local authority, such as safeguarding concerns or serious incidents.

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

- The service had various systems in place to check the quality of the service, including medicines checks and reviews of care plans. The records maintained did not always reflect the oversight the management team completed. The registered manager was responsive to this feedback and implemented systems to capture the checks and reviews completed. Following feedback, the registered manager took steps to ensure health and safety checks were completed regularly and that all staff would be able to do this.
- The service benefitted from consistent management and a stable staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had recently completed a survey with people who use the services. This was primarily positive.
- The service took opportunities to obtain feedback from people, families and staff through continued ongoing conversations and formal review, and other meetings. People, relatives and staff told us they felt involved in the development of the service and able to raise and share ideas.
- The registered manager was committed to the continuous improvement of the service. They used

feedback given during the inspection to address areas where the service could be improved and sought learning opportunities in the wider community.