Springmarsh Homes Limited

Peartree Care Centre

Inspection report

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Date of inspection visit:
21 February 2017
27 February 2017

Date of publication:
26 April 2017

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

This unannounced inspection took place on 21 and 27 February 2017. Peartree Care Centre provides care and accommodation to 70 older people in a purpose built four storey building. The ground and third floors are designated for people with nursing care needs. The first and second floors accommodate people with personal care needs and some of who have dementia. Each floor has a dining room and sitting areas for people to use. There were 68 people living at the service when we visited.

At the last inspection on 19 January 2015, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager who had worked at the service for several years. 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's medicines were administered safely, as prescribed. Medicines were also managed and stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans put in place to ensure people's health and well-being were maintained.

People consented to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and understood their responsibilities in relation to MCA and DoLS.

People were safeguarded from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to meet people's needs safely.

People told us staff were kind and caring. We observed that staff treated people with respect and promoted their dignity. People were supported to communicate their views about how they wanted to be cared for.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day. People were kept occupied and encouraged to participate in activities.

Staff were trained on various areas to impact them with the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people. People at the final

stages of their lives were supported in line with their wishes and they were cared for in a dignified way. The service honoured and celebrated the lives of people who had passed on from the service and gave staff and the people's relative's opportunity to reflect on their lives. The home hold a 'Beacon Status' accreditation through the Gold Standard Framework for end of life care. This award confirmed the service had proven they delivered high quality care to people in their last stages of life.

People had their individual needs assessed and their care planned in a way that met their needs. 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 and their relatives had opportunities to share their views and give feedback about the service and these were acted upon. The registered manager responded appropriately to complaints about the service. The service was subjected to regular quality checks to ensure the service was of good quality and met people's needs.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Peartree Care Centre

Detailed findings

Background to this inspection

We carried out this comprehensive 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 21 and 27 February 2017. The inspection team on the first day consisted of one inspector, a specialist advisor and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse. One inspector visited on the second day of the inspection.

Before the inspection we studied information we held about the service which included notifications of events and incidents at the service. We planned the inspection with this information.

During the inspection we spoke with nine people who use the service, six relatives, eight care workers, three team leaders, three registered nurses, one activities coordinator, the physiotherapist employed by the provider. We also spoke with the registered manager, the business manager, clinical manager and area manager.

We looked at 19 people's care records and medicines administration record (MAR) charts for the 68 people using the service at the time of our visit. We also reviewed six staff recruitment records, 11 staff files and other records relating to the management of the service including complaints and health and safety and quality assurance systems.

After the inspection, we received feedback from five professionals involved in the care and treatment of people at the service.

Good

Is the service safe?

Our findings

People continued to be safe at the service. People told us they felt safe living at the service. A person told us, "This must be one of the better places. You can end up in a place worse than this. They are pretty good here." Another person said, "The care is perfectly alright. It's more homely than a hospital."

People were protected from the risks of abuse and neglect because the provider continued to ensure that there were adequate systems in place. Staff understood the different types of abuse, signs to recognise them and how to report any concern to their manager in line with their safeguarding adults at risk procedure. Staff were confident that their manager would take appropriate action if they reported any concern. One staff member told us, "If I have any concern I will report to the manager. I have to because if I don't protect them who would." Another staff member said, "If I suspect abuse, I will go to the manager without a shadow of doubt." Staff knew about their responsibility and right to whistle-blow if they felt the provider had not dealt with safeguarding concerns appropriately. We saw the registered manager had responded to allegations of abuse in accordance with their safeguarding adults at risk procedure. These allegations were reported to the local authority safeguarding team and to us, and the registered manager worked in cooperation with the local authority to carry out investigations.

The provider maintained a level of staff that was sufficient to meet people's needs safely. People told us that staff numbers were adequate. One person said, "There are enough staff. Help comes quickly." Another person told us "There's always someone around if you need them; you never have to go searching for anyone." People had the attention of staff when they needed it. We saw that people's calls for help were responded to quickly by staff. Staff told us they were enough on duty to support people and they covered staff absence or shortfalls with bank staff. The registered manager told us staffing levels were planned according to people's needs. This ensured people received the support they required from staff.

People continued to receive their medicines safely. A person told us, "Medicines are on time." Another person said, "I get my medication on time." We observed staff nurses administer medicines to people during our visit and saw they checked the prescription against the MAR chart to confirm it was for the right person, right time, right dose and right route before administering. MAR charts were correctly and clearly completed. Medicines audits were carried out by the nurses regularly to ensure medicines were accounted for. We saw that medicines were stored securely and safely. These were locked in the medicines trolley and the trolleys kept in a locked room on each floor and only designated staff such nurses had access to the keys to these rooms. Medicines which required storage in a temperature controlled environment were kept in a fridge and the fridge temperature was regularly monitored. Controlled medicines were kept in a separate locked cabinet and staff kept specific records in relation to their use. The records showed controlled drugs were regularly audited and accounted for.

The provider maintained robustness in recruiting staff to ensure people were safe. Recruitment records showed at least two references and criminal record disclosures were obtained for applicants before they were allowed to start working at the service. Their experience, knowledge and qualifications were also checked as part of the recruitment process. This meant that only staff who were deemed suitable were

allowed to support people.

People's well-being, health and safety continued to be maintained because the service consistently assessed and managed risks to people. Care records provided information and action plans for staff to follow to care for people in areas where risks had been identified. Risk assessments covered issues such as skin care, pressure sores, choking, falls, malnutrition and hydration. People had pressure mattresses in place to manage the risks of pressure sores. Where required, people were supported to change positions in bed to reduce the risk of pressure sores developing. Charts showed staff followed the plans and assisted people to turn in bed. People at risk of choking had the involvement of speech and language therapists (SALT) to manage these. We saw people had pureed diets and on thickened fluids in line with the recommendations of SALT to reduce the risk of choking. We confirmed from care records and observations during the inspection that people were supported in line with their care plans.

Good

Is the service effective?

Our findings

People received care and supported from staff who were knowledgeable and experienced in their roles. One person told us, "They [staff] know everything. They do their job well." A relative told us, "We're quite happy. I quite like it. They look after her, [name of a staff member] looks after her exceptionally well…" Professionals we contacted also told us that staff were knowledgeable in their roles and had the skills to support people with their needs.

Staff told us, and training records confirmed that staff received ongoing training. A member of staff said, "I had induction and it was helpful." Records showed that all staff completed a period of induction when they first started work. Records also showed all staff had completed training in core areas of care delivery including moving and handling, safeguarding, health and safety, dementia care, dignity and privacy, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We also saw that staff completed 'refresher' courses regularly to ensure their knowledge and skills were up-to-date.

Staff continues to receive support and supervision so they could be effective in their roles. One staff member told us, "I get lots of support. If I have any question or something I am unclear about I ask. They [management] answer me and support me." Another staff said, "I get supervision. [Supervision] is an opportunity for us to share ideas and find how we can do it better together." Records confirmed supervision was held regularly. Issues discussed included the well-being of people using the service, team work and health and safety. Training needs were also discussed. Staff appraisals were held annually and these were used to address performance issues and to analyse training needs to enable staff improve their knowledge and skills and develop in their careers.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA and saw that the service continued to ensure that people appropriately consented to their care and treatment. Staff were knowledgeable on the principles of the MCA and understood their roles. Staff gave examples of how they promoted these principles in their day to day care delivery. One staff member said, "…you need to respect people's decisions even when you think their decision might jeopardise their safety. You need to stand back and try at a different time or a different approach."

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. DoLS protect the rights of people who may require their liberty restricted lawfully in order to protect them from harm. People told us that they were not restricted or forced to do anything. One person said, "You can do what you like all day. You're not forced to do things you don't want to do." The registered manager continued to submit DoLS authorisation applications to the local authority as required to ensure they did not deprive people of their liberty unlawfully. Staff understood their responsibilities in ensuring they

followed the requirements of the DoLS.

People's nutrition and hydration needs continue to be maintained by the service. People told us they liked the food provided to them. One person said, "The food is alright, tasty." Another told us, "Normally, the food is very good. You get a choice at lunchtime, and if you don't like something, they'll have a rummage in the kitchen and get you something you like." And a third person said, "The food is pretty good here." Care records documented people's nutrition and hydration needs and the support they required to meet these. Where people needed a special diet due to their health or religious requirements, the service provided these. For example, people had pureed diet and thickened fluid as required to reduce the risk of choking. We saw during our observation at lunchtime that people were given choices of what to eat, the food served was well presented, the atmosphere was relaxed and those who required assistance to eat got the support they needed. For example, staff supported people to cut their food into small piece. Staff also fed those unable to feed themselves. We also saw people were served drinks and snacks at regular intervals throughout the day.

The service remained effective in supporting people to access healthcare services they needed. A relative told us, "I think she gets regular checks by the doctors." Record showed that a range of healthcare professionals such as G.P's, psychiatrists, physiotherapists, diabetic nurses, dentists and chiropodists were involved in the care and treatment of people at the service. Professionals we contacted told us that the service worked well with them to look after people and implemented recommendations made and action plans agreed.

Good

Is the service caring?

Our findings

The service consistently provided service to people in a caring manner. People told us staff were kind and considerate towards them. The comments about staff from people and relatives included, "What they can do, they do it, if they're not busy." "They do take care. They're very good to you here. The staff on the whole are very nice." "The nurses are nice." "The staff are generally very good." "They're friendly and nice." And, "The staff seem OK and very helpful." During the inspection we observed that staff spoke to people pleasantly. There was cordial relationship between people and staff. They shared jokes and enjoyed laughter together. People were called by their preferred names which were included in their care records. The atmosphere at the service was relaxed, cheerful and peaceful.

People's privacy and dignity was consistently respected by staff because the service had instilled a culture that valued these. A relative told us, "… She's always well dressed…" We observed that staff knocked before going into people's rooms and asked for people's permission before providing support. We also observed different members of staff on separate occasions support with personal care. They spoke to the people about it discreetly so no one could hear. They gave people the privacy and respect they needed during the personal care. Staff we spoke with all had good understanding of the importance of maintaining people's dignity and privacy. They gave examples of how they applied this in their work. One staff member said, "You treat people as you wish to be treated." Another staff told us, "You must be mindful of how you talk to people. You do not need to take away people's dignity by the way you talk to them."

People continuing received care from staff who understood their needs and preferences. Care records detailed people's needs and preferences in relation to when they preferred to get up in the morning and time they preferred to go to bed. Their cultural religious and communication needs were also included in their care records. Staff were able to tell us what people liked and disliked. Care records and our observations confirmed that staff understood people's preferences and followed them. For example, we saw a staff member spoke to a person in their native language about what they wanted to eat. The staff member told us they were involved in the care planning to represent the person's views when the person's relatives were unable to be present. Professionals we contacted told us that staff understood people's needs and supported people in a way that met their needs and wishes.

People received the care and support they wanted as they approached the end of their life. There were end of life care plans in place for people. These plans included their decisions about Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether they wanted to be sent to hospital if unwell, how they wanted any pain to be managed and who to be contacted and actions for staff to take when they passed on. Staff understood these plans. We saw that specialist nurses, such as end of life nurses, and GPs were involved in the care of people at this stage of their lives so they were kept comfortable and pain free as much as possible. The home continued to maintain their 'Beacon Status' accreditation through the Gold Standard Framework for end of life care. This award confirmed the service had proven they delivered high quality care to people in their last stages of life.

People's lives were honoured and celebrated. The service held memorial services to celebrate and

acknowledged the lives of people who had died. The registered manager told us that it offered the person's family members, friends, and people using the service and staff the opportunity, and supportive environment, in which to share thoughts and feelings about the person. Staff told us it enabled them, and people using the service, to grieve appropriately in a caring and supportive environment.

Good

Is the service responsive?

Our findings

The service continued to provide care and support to people that met their individual needs. People and their relatives told us, and care records confirmed, that the service carried out initial assessments of people's needs before they were accepted to stay at the service. The assessment covered areas such as physical health, mental health, personal care and social needs. Information about people's background and preferences was also included. Care plans were devised based on identified needs and provided information on how staff were to meet these identified needs. We saw that staff followed people's plans.

The service continued to respond and adapt care provided to people to meet their changing needs and circumstance. Care plans were reviewed regularly to reflect people's current needs. For example one person had recently been discharged after a hospital admission. Their care plan was adjusted to reflect their decline in mobility and the level of support they now required with mobilising. Staff had also informed the organisation's physiotherapist about the person's mobility needs. The physiotherapist then devised a programme of activities to help improve the person's mobility.

The service supported people to maintain their independence. There was a physiotherapist employed by the organisation who was based at the service part-time. They worked with people to improve their mobility and balance with the aim of developing their independence and reducing falls. We observed an exercise class with people. The class was tailored to meet people's individual needs and people were given the support they required to participate. We heard one person telling a member of staff about their progress and how much they enjoyed the sessions. We saw another person using the treadmill and they told us how it had helped improve their strength and mobility. They said "… you see, I couldn't get on this before because I was unsteady on my feet but I can get on a few minutes now and I feel stronger. I can use my frames again."

There was a range of planned activities people enjoyed to engage and occupy them. The service had an activities coordinator who was in charge of planning activities. They told us they planned activities around what people enjoyed. The annual activities plan included at least one themed activity people related to. For example, Valentine's day, St Patrick's day, St George's day and black history month. People told us about the Valentine's day celebration that was recently celebrated. They said they enjoyed it. We observed a ballet session taking place. These ballet sessions were an interactive activity designed to help people's posture and balance with the aim of reducing falls. We saw people participating enthusiastically. They told us they enjoyed it. One person said, "It's always very nice." People who were cared for in their rooms had personalised activities to meet their needs too. We saw a staff member reading the bible to one person. We saw pictures taken during barbecue parties, birthday celebrations and various occasions at the home. This showed people were supported to relax and enjoy social activities.

People and their relatives told us they knew how to make a complaint. The service had a robust complaints procedure. Complaints records showed that the provider followed their procedure. Complaints received were acknowledged, investigated within the timeframe specified in the procedure and a written response provided to the complainant. The procedure had details for people to follow to escalate their compliant to the next level if they were unhappy with the outcome.

Good

Is the service well-led?

Our findings

The service continued to be managed and operated in an open and transparent manner. People and their relatives told us the service was well run and the provider listened and acted on feedback promptly to improve the service. One person told us, "If you have any problems, you can whisper in the manager's ear and she'll do something about it, she'll make sure the staff do what they're supposed to do." A relative said, "It's all fairly well run. The management are OK." And another relative said, "The home is well run. [name of staff] is very good, she listens. [name of team leader], is very observant and a good manager" Professionals we contacted also gave us positive feedbacks about the service. One said, "I have always found management to be proactive and very professional in their approach in looking after their residents."

Staff told us that there was strong leadership and management presence in the service. They said they felt able to speak to the registered manager or any member of the management team if they had any concern and it will be addressed. One member of staff told us, "The manager is helpful." and another told us, "The management listen and are supportive. If you have any problem they tell you how to go about sorting it. They give you the support you need." Regular meetings took place with staff and members of the management team to plan the service and obtain their views about the service. We observed a 'flash' meeting on the day of our visit. Flash meetings were held every morning with team leaders from the different departments in the service such as catering, maintenance, care and the home managers. These were used provide updates on issues about people, the team and other matters and to plan the day's work. We saw issues brought up for discussion were resolved by those present as a team. For example, they discussed plans for the memorial service taking place at the service that weekend. Those present all agreed on the actions to be taken.

The service held regular meetings with people and their relatives where they contributed and made suggestions on how to improve care for people and general operational matters. Minutes of the most recent meeting we reviewed showed updates were provided from previous meetings and relatives were involved in planning the service. For example, they contributed to the planning of the menu and activities offered to people.

The service had various systems to assess and monitor the quality of the service. Some were carried out by the registered manager and some by the regional manager. These included audits of care delivery such as falls management, pressure sores, continence care, medicines management, and nutrition and pain management. Others areas of audits covered more operational issues such as health and safety systems, care records, incidents and accidents, infection control processes, training and development, recruitment practices, complaints, finance system and staff records. We reviewed the most recent audits and there were no concerns to follow up.

The registered manager complied with the conditions of the service's registration and sent notifications to CQC, such as of allegations of abuse, as required.