

Embrace (UK) Limited

Peel Gardens

Inspection report

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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

Peel Gardens is a residential service which provides accommodation and support for up to 45 people who require nursing or personal care. At the time of our inspection there were 34 people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

We found that staff had been recruited safely and were aware of how to safeguard vulnerable adults living at the home from abusive practice. There were safe processes in place for the management and administration of medicines.

Concerns were expressed about staffing levels. We addressed this with the acting manager and the regional manager and shortly after our inspection staffing levels were increased at the home. This helped to ensure that people's needs were met in a timely way and they received safe care.

Staff received appropriate training and had the knowledge and skills to meet people's needs. People received appropriate support with eating and drinking and their healthcare needs were met at the home.

People living at the home were encouraged to be independent and staff respected their privacy and dignity. We observed staff at the home communicating with people in a kind and caring way. People looked relaxed and comfortable in the home environment.

We saw evidence that people received individualised care that reflected their needs and preferences. We received positive feedback from most relatives and staff about activities at the home.

The service did not have a registered manager in post. The previous registered manager had left two weeks before our inspection. An acting manager had been in post for just over two weeks and had been recruited to provide leadership and short term support to staff at the home while a permanent manager was being recruited.

Feedback had been sought from relatives who expressed a high level of satisfaction with many areas of the service. Where improvements had been suggested, we found evidence that action had been taken. Relatives and staff were happy with the management of the service.

We found that audits and checks of the service were completed regularly and were effective in ensuring that appropriate levels of quality and safety were maintained at the home.

Further information is in the detailed findings below.

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 ●

Peel Gardens

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 was 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 was a comprehensive inspection.

This inspection took place on 7 and 8 February 2017 and was unannounced. The inspection was carried out by one adult social care inspector and one 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. The expert involved in this inspection had expertise in the care of older people and people living with dementia.

Prior to the inspection we reviewed the information we held about Peel Gardens, including previous inspection reports and notifications received from the service. A notification is information about important events which the service is required to send us by law. We contacted ten community health and social care professionals who were involved with the service for their comments, including social workers, a district nurse and two community psychiatric nurses. We received responses from two professionals. We also contacted Lancashire County Council contracts team for information. None of the agencies we contacted expressed concerns about the care and support provided at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who lived at the home. It was difficult to gain the views of the other people who lived at the service due to their complex needs. We also spoke with five relatives who were visiting the home and a visiting health professional. We spoke with three care staff, two nurses, the trainer/assessor for the home, the acting manager and the regional manager.

We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of three people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments

records, audits of quality and safety and fire safety records.

Is the service safe?

Our findings

The relatives we spoke with told us their family members received safe care. One relative said, "The care is excellent. I have no concerns. Everything's as good as it can be". Another relative told us, "[My relative's] safe here. There are usually staff around when I visit".

The staff we spoke with understood how to protect people from abuse and were clear about the action to take if they witnessed or suspected abusive practice. A safeguarding policy was available which included details of how to raise a safeguarding alert within the organisation and how to raise an alert with the local authority. Records showed that staff had completed up to date training in safeguarding vulnerable adults from abuse. We saw evidence in staff recruitment records that staff had been recruited safely and that checks had been made of their suitability to support vulnerable adults.

Detailed risk assessments were in place for each person living at the home, including those relating to falls, nutrition and hydration, pressure sores, pain and behaviour. We found that the risk assessments were detailed and provided information for staff about the nature and level of each risk and how best to support the person to reduce each risk.

We looked at staffing levels at the home. Some people living at the home, their relatives and the staff we spoke with felt that there were not always enough staff on duty to meet people's needs. In particular, it was felt that there were not enough staff on duty in the morning to ensure that people who needed support with personal care or their meals, received support in a timely way. We discussed this with the acting manager and the regional manager. Shortly after our inspection the manager contacted us to advise that an additional member of staff would be on duty daily from 8am to 2pm to ensure that people's needs were met at the home. The acting manager provided us with staffing rotas which confirmed the new staffing levels and a dependency tool which had been used to assess staffing levels at the home. The dependency tool received confirmed that the additional member of staff was appropriate to meet people's needs.

We found that there were safe and effective processes in place for the management of medicines. Records showed that the nursing staff who administered medicines had completed the relevant training and their competence to administer medication safely was assessed regularly. We observed one of the nurses administering medicines during our inspection and found that this was done safely and sensitively.

During both days of our inspection we looked around the home and found that it was clean and tidy. We noted that liquid soap and hand towels were available in communal bathrooms and toilets, which ensured that people living at the home and staff could maintain appropriate levels of hand hygiene and avoid the risks associated with poor infection control. The staff and relatives we spoke with told us that hygiene levels at the home were always good. One person living at the home told us, "It's clean here. Bedding is changed most days".

We noted that the people living at the home looked clean and seemed comfortable in what they were wearing. Staff told us that people received support with their personal care daily. Relatives told us that their

family members received regular support with their personal care.

Is the service effective?

Our findings

People told us that staff at the home were able to meet their needs. One person said, "They say if I want anything just press the bell and if they can get me anything they will". Relatives also felt their family members' needs were being met. One relative told us, "The home is fine. We've had no problems with [our relative's] care".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Most of the staff we spoke with felt they had completed all the training they needed to support people living effectively. However, one member of staff felt that further training was needed to support people who displayed behaviour that could challenge the service. We discussed this with the acting manager who advised that staff would be asked to revisit their online 'Positive Support' training. Shortly after our inspection the acting manager contacted us again to advise that the trainer/assessor for the service was in the process of arranging face to face learning for the management of challenging behaviour which would be made available to all staff at the home.

People who lack the mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that appropriate procedures had been followed where it was felt that people living at the home needed to be deprived of their liberty to keep them safe. We found that capacity assessments had been completed and relatives had been involved in best interests decisions relating to their family members' care and support. The relatives we spoke with told us their family members' needs were discussed with them regularly.

People's care plans and risk assessments included information about their nutrition and hydration needs, including any allergies and people's likes and dislikes. The relatives we spoke with felt that people were supported appropriately to eat, drink and maintain a balanced diet. One relative told us, "[My relative] has a good breakfast. Staff will leave her for a bit, they like them to be independent, they do encourage them. If she doesn't manage, they'll go and help her". One person living at the home told us, "They let me take my time with eating. I can do it all myself".

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals were made to a variety of healthcare agencies including GPs, dietitians, speech and language therapists, dentists and opticians. One relative told us, "Yes, [my relative's] healthcare needs are met. Staff usually sit her on a pressure cushion and put cream on and make sure she moves about. They monitor her".

One healthcare professional who visited the service told us, "The staff are good when I visit. They're knowledgeable about people. I don't have any concerns".

Is the service caring?

Our findings

People living at Peel Gardens told us that the staff who supported them were caring. One person said, "The staff are caring. I'm quite happy". Another person told us, "I like the staff. I like some more than others". Relatives told us that staff supported their family members in a caring way. One relative commented, "We're quite satisfied with the care. The staff are quite pleasant and caring". Another relative told us, "The staff are kind and caring towards [my relative]".

During our visits we observed staff interacting with people in a kind, patient and sensitive way. Staff used affectionate language and were relaxed and friendly with the people they supported. It was clear that the staff we spoke with knew the people living at the home and were familiar with their needs, risks, preferences and how best to support them. People living at the home moved around as they pleased and looked relaxed and comfortable in the home environment. We observed them seeking support from staff when they needed it.

Staff told us that people living at the home were encouraged to make everyday decisions such as what they wore, what they ate at mealtimes and where they spent their time. We saw evidence of this during our inspection, for example staff asking people what they would like for their lunch and asking people if they wanted to sit in the lounge or spend time in their room. We reviewed the service user guide which was given to people when they came to live at the home. The guide included information about meal times, hospital appointments, medication and how to complain. We noted that the guide was available in larger print. This meant that the information was accessible to people with a visual impairment.

Records showed that where people did not have the capacity to discuss their care, their relatives had been consulted. The relatives we spoke with confirmed this to be the case. One relative said, "The staff are good. They discuss any issues with me". Another relative told us, "The staff always contact me if there have been any changes with [my relative]".

Staff told us that people living at the home were encouraged to be independent. We saw evidence of this during our inspection, including people being encouraged to mobilise independently and to eat their meals independently when they were able to and it was safe to. Staff told us they respected people's privacy and dignity, for example by ensuring doors and curtains were closed when they were supporting people with their personal care. We observed staff knocking on people's doors before entering their room and gaining their consent before providing care, for example when administering medicines.

Is the service responsive?

Our findings

The relatives we spoke with felt that their family members received care that was individualised and reflected their needs and preferences. One relative said, "The staff know [my relative] and his preferences. They're very good with him. They chat with him. He likes that, he likes company". Another relative told us, "The staff are skilled and know [my relative well]". One person living at the home told us, "Staff come quite quickly when you need them. They help me to the toilet and help me have a wash everyday".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They included information about what people were able to do, what they required support with and how that support should be provided. The staff we spoke with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and reflected their preferences.

We noted that each person had a communication assessment and support plan in their care file. The assessments included information such as people's preferred language, whether they wore glasses and what for, and whether they had any cognitive impairment. Each support plan provided guidance for staff on meeting people's communication needs, for example giving people time to process information and answer questions and cleaning people's glasses daily. This helped to ensure that people were supported to communicate effectively.

The service had a dedicated activities co-ordinator who was available for five hours each day Monday to Friday. She told us that she provided pamper sessions or chatted with people in the morning on a one to one basis and facilitated group activities in the afternoon. We received positive feedback from most people, their relatives and staff about activities at the home. However, one relative was concerned that their relative did not go out often. We discussed this with the acting manager and the regional manager who advised that this issue was being addressed. They informed us they were looking into how best to use the home's minibus and support people to get out into the community regularly.

A complaints policy was in place and included timescales for a response. A poster explaining how to complain was displayed in the reception area and included the contact details for the Local Government Ombudsman. Records showed that complaints had been managed appropriately. None of the relatives we spoke with had raised a complaint. One relative told us they had mentioned to the previous manager that there were not enough chairs available when relatives visited but no action had been taken. We raised this issue with the acting manager and the regional manager during our inspection and six additional chairs were ordered. The acting manager showed us a collection of thank you cards received from relatives.

The healthcare professionals who gave us feedback about the service told us that staff co-ordinated with them to make sure people's needs were met. One healthcare professional told us, "On the whole, the carers are caring, supportive and knowledgeable about their residents and follow any advice we may give regarding on-going care of patients. If we have had any issues, this has been readily addressed by the manager or senior on duty. They report any concerns in a timely manner to ensure patients are seen by us as

soon as possible and their concerns addressed".

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. 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. The previous registered manager had left two weeks before our inspection. There was an acting manager at the home who had been at the home for just over two weeks and had been recruited by the provider to provide short term support and leadership at the home while a permanent manager was being recruited. The new manager had spent some time with the previous manager and received a handover from them before they left.

People living at the home told us they were happy with how the service was managed. One person said, "The manager's right enough, good and fair". Another person told us "I can talk to the manager. They've said to just knock on the office door". The relatives we spoke with were happy with how the service was being managed. One relative told us, "It has improved".

We observed the acting manager interacting with people who lived at the home and saw that she was friendly, caring and patient. Even though she had only worked at the home for two weeks, she had become familiar with many people's needs, risks and personalities.

The staff we spoke with were clear about their roles and responsibilities. They knew the people living at the home and how to support them effectively. They understood the importance of supporting people in a way that reflected their needs and their preferences. They felt that the home was being managed well. They told us, "The manager's very supportive. She's very nice with the people who live here" and "The new manager's been fantastic. Her door's always open. I could speak to her if I had any issues". Records showed that staff meetings took place regularly and staff told us they felt able to raise any concerns.

Records showed that the service sought feedback from relatives about the care and support being provided at the home. We reviewed the results of the questionnaires issued to relatives in April 2016. A high level of satisfaction had been expressed about the service in many areas including standards of care, involvement in their family member's care plan and privacy when visiting. We found evidence demonstrating that action had been taken where improvements had been suggested by relatives. For example a new bathroom door had been fitted and some areas of the home had been refurbished.

A variety of audits had been completed regularly by the previous manager and more recently the acting manager, including those relating to infection control, the safety of the home environment and the management of medicines. Action plans were in place where improvements had been identified as necessary. In addition, regular service reviews were completed by the regional manager, one of which took place during our inspection. We found evidence that the audits that had been completed had been effective in ensuring that appropriate levels of quality and safety were maintained.

Care records showed that the service worked in partnership with other agencies including mental health services, GPs and social services to ensure that people received high quality, safe care that met their needs.