

Elizabeth Peters Care Homes Limited

Elizabeth Peters House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 5 August 2015. The service provides care and accommodation for up to six people with mental health problems.

The service had a registered manager who has been in post for four 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.

The last inspection of the service was on 14 October 2013 where we found the service was meeting all the regulations inspected.

At this inspection, we made a recommendation about providing effective supervision for staff.

Staff told us they had the training and support to do their jobs effectively. However, supervision meetings were not held regularly and consistently in line with the organisation's policy.

Summary of findings

People told us they felt safe and liked living at the service. They said staff treated them with respect. Care records confirmed that people had been given the support and care that met their needs.

Safeguarding adults from abuse procedures were in place and staff understood how to safeguard the people they supported. There were sufficient numbers of staff on duty to meet people's needs.

People's individual needs had been assessed and their support planned and delivered in accordance to their wishes. People were involved in reviewing their support to ensure it was effective. Risks to people were assessed and management plans put in place to ensure that people were protected from risks associated with their support and care needs.

People received their medicines safely and were supported to maintain good health. The service worked effectively with other health and social care professionals including the community mental health team (CMHT). People were supported to attend their health appointments.

People's choices and decisions were respected. People consented to their care and support before it was delivered. The service understood their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff ensured that if people were unable to make decisions about their care the correct process was followed to act in their best interests. People were not unlawfully deprived of their liberty.

People were provided with their choice of food, and were supported to eat when required.

People were encouraged to follow their interests and develop skills for work and daily living. There were a range of activities which took place. People were encouraged to be as independent as possible.

The service held meetings with people to gather their views about the service provided to them. People knew how to make a complaint if they were unhappy with the service.

The provider carried out regular audits of the service. Recommendations to develop the service were made and these were followed up to ensure people's experience was improved.

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. Risks to people were assessed and actions put in place to ensure they were managed appropriately.

Staff understood signs to recognise abuse and how to report it following their organisation's procedures.

There were sufficient number of staff on duty to meet people's needs.

Medicines were handled and managed safely.

Good



Is the service effective?

The service was not always effective. Staff supervision sessions were not held regularly in line with the organisation's policy. Staff received training to do their jobs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The service knew their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat a healthy diet and to receive the health care they needed.

People were supported to access healthcare services to meet their needs.

Requires improvement



Is the service caring?

The service was caring. People were treated with dignity and their privacy was respected by staff.

People were involved in planning their care and support and their wishes were followed.

Staff understood people and communicated effectively with them about their support.

Good



Is the service responsive?

The service was responsive. The provider assessed people's individual needs and planned and delivered their support to meet their needs.

People were asked about their preferences and encouraged to follow their interests and develop new skills for daily living.

People were given the opportunity to raise concerns about the service and they were acted on.

Good



Is the service well-led?

The service was well led. The registered manager was open and approachable.

Good



Summary of findings

The provider carried out audits to check the quality of the service provided. Recommendations made about how to improve the service were implemented.

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Detailed findings

Background to this inspection

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

This inspection took place on 5 August 2015 and was unannounced.

The inspection was carried out by two inspectors. We reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service.

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

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

During the inspection we spoke with three people who used the service, two members of staff and the registered manager. We observed how staff supported people and how staff handed over information about people from one shift to the next. We reviewed four people's care records and five people's medicines administration records (MAR). We looked at records for staff in relation to the training and supervision.

After the inspection, at our request, the registered manager sent us information relating to the monitoring of the quality of the service provision.

After the inspection we received feedback about the service from a health care professional from the Community Mental Health Team.

Is the service safe?

Our findings

People told us they felt safe and secure in the service. One person told us “I feel 100% safe...” Another person said “I feel safe here. The door is always locked and I don’t get spoken to in a nasty way.”

The service had a safeguarding procedure in place which staff demonstrated they understood. They explained the signs to recognise abuse in the people they supported, how to report any concerns and how to protect people in line with their procedure. Staff also knew how to ‘whistle-blow’ if they felt the organisation had not dealt with their concerns appropriately. The registered manager understood their role in involving relevant agencies to ensure concerns were appropriately investigated. We reviewed safeguarding records and there had not been any reported since the last inspection.

There were sufficient numbers of staff to support people safely with their individual needs. People told us that staff were available to support them when they needed help. One person said “Staff have time for me. They’re good and help me get on.” Staff told us they were enough of them to support people and to carry out their everyday tasks. Rotas showed that staffing levels were consistent throughout the day and over the weekend. The registered manager explained that staffing levels were planned based on people’s dependency levels and the activities taking place each day. They told us that the organisation had bank staff which were used to cover absences. Staff confirmed this that shifts were always covered adequately.

Recruitment processes were robust and safe to ensure that only suitable staff provided care and support to people. Records showed that the registered manager checked the qualifications and skills of staff through applications and interviews before they were appointed. Satisfactory references were also obtained and criminal records checks were made with the Disclosure and Barring Service before they started working at the service.

People’s medicines were handled and managed safely. People told us they received their medicines at the right time. We checked medicines administration records (MAR) for the six people using the service for the four weeks before our visit. We saw that they had been fully completed by staff confirming that they had administered people’s medicines as prescribed. People’s care records included information about each medicine people were taking and its possible side effects. Allergies were also noted on the MAR.

Records were maintained for medicines received and returned to the pharmacist. Audits were completed regularly to ensure all medicines were accounted for. We checked the record and it tallied with the stock available. We saw that people’s medicines were stored securely.

Risks to people were assessed and managed safely. Risk assessments covered areas including physical health conditions, mental health, behaviour, safety and managing finances. Management plans included how to support people to reduce risks of harm in the areas identified. We saw that people’s plans included triggers to risky behaviours and guidelines for staff to follow to diffuse situations which may have caused harm to people. People had plans to improve their safety in the community. For example, information and advice for people on keeping safe.

Healthcare professionals were involved where necessary to ensure risks to people were appropriately managed. Daily notes showed that staff had supported people in line with the agreed guidelines. This showed that staff had taken all necessary steps to reduce the risk of harm to the person and others in accordance with their risk management plan. Care records showed risks to people were reviewed regularly to ensure risk management plans remained relevant and effective.

Is the service effective?

Our findings

Staff received one to one supervision from their manager to discuss their role. However, supervision meetings were not held regularly in line with the organisation's policy. The registered manager told us that the policy was to hold at least four supervision sessions with staff each year and to appraise every staff member at least once a year. Two out of the four staff files we looked at showed that they had not been appraised in the last year and had only received supervision twice. The registered manager agreed that they would improve in this area to ensure staff had the one-to-one chance to discuss their work.

Staff told us they felt well supported. One member of staff that we spoke to said "I feel well supported by my manager with advice in supervisions and the training builds my skills and confidence." Notes of supervision meetings showed discussions were held about people using the service and other issues affecting the team. Training needs were also discussed at these meetings. Appraisals were also conducted where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service.

People told us they thought staff carried out their jobs well. A person said, "The staff know their job." Another person said "I believe they [staff] know what they are doing. I leave them to it."

Staff told us that they had completed an induction period when they first started work. Record we looked confirmed this. Induction included reading through people's care plans, policies and procedures and observing how experienced staff supported people. We observed the registered manager induct a new member of staff. The staff told us the induction had helped them understand what the job involved and their role better. Records showed that staff received on going mandatory and developmental training to do their job effectively.

People told us that they agreed with their care and support before they were delivered. One person said "I tell them

what I want." Another person said "They ask me first and I decide..." We observed that staff asked people about what they wanted to do or how they should be supported with tasks. For example, "When do you want your room cleaned?" Support plans were signed by people to indicate their consent. Staff we spoke with knew the importance of getting appropriate consent from people before undertaking delivering support to them.

The registered manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The explained the process they would follow to ensure that people who lacked mental capacity to make decisions received support from relevant professionals in order that decisions made were in their best interest. None of the people who used the service were subject to the DoLS. People told us they were able to leave the service and return as they wished.

People told us they enjoyed the food provided at the service. A person said, "The food is okay here. Staff support us to prepare what we want." People's care records showed their individual needs and preferences in relation to eating a healthy balanced diet. We saw that people had access to food and drink throughout the day and were able to help themselves whenever they wanted. People told us that they choose what they wanted included in the menu but they could request something different from what was on the menu for the day if they wanted.

People's day to day health needs were met. Staff had ensured people attended meetings and health appointments with health professionals. People were supported to get annual medical checks from their GPs and health service. Records showed that staff monitored people's health and well-being and took action when necessary to ensure people received appropriate healthcare. A health professional told us the service communicated well with the team and followed up on actions agreed. People's mental health needs were met by the service in liaison with the community mental health team (CMHT).

Is the service caring?

Our findings

People told us that staff supported them in a caring and considerate manner. A person said, “They [staff] speak to me nicely.” Another person said “They [staff] are kind and friendly.” A professional told us that staff were “welcoming and friendly. The place has a nice atmosphere and seems homely.”

Staff interacted with people in a warm and respectful way. We saw that people’s records were held in the office maintain people’s privacy and confidentiality. Information about people was also discussed in private in the office and staff discussed people’s needs in a courteous manner.

People’s dignity was respected by staff. Staff explained the importance of promoting people’s dignity and gave us examples of how they ensured this. They told us they ensured people received their personal care in private and they addressed people using their preferred names. We observed staff knock on people’s doors before entering. People confirmed that the staff took permission from them and knocked on their door before entering their room. People told us they were able to keep in touch with people

who were important to them and that staff supported them with this. People also told us that their friends and family could visit them at the service and they have private chats in their room if they wanted.

Care records detailed people’s histories and background, individual preferences, likes and dislikes. Staff followed people’s choices and supported them the way they wanted. People told us staff understood their needs and how to support them. People had a key member of staff who was responsible for ensuring their well-being and progress. People told us they liked their key worker and had developed working relationship with them and were able to discuss concerns and their plans with them.

People were involved in developing their support plans. Care records demonstrated that people had been asked for their views on how they should be supported. Their views were recorded appropriately and were acted on. For example, people were supported by staff to undertake activities they enjoyed and to do the things they wanted. Records of review meetings demonstrated that people had been supported to express their views about how their health needs were met.

Is the service responsive?

Our findings

People had their needs assessed by the service prior to their coming to live there. People told us that they had their needs met by the service. A person told us, "They help me with whatever I need." Care records showed that the assessment covered of the person's physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they wanted to achieve. Following this assessment a support plan was devised for each person to outline how they would be supported to achieve their goals and needs.

For example, one person was supported to manage a health condition. Another person was supported to maintain their personal care and physical appearance. Staff understood the plans in place for people and supported them accordingly. Support plans were reviewed regularly with the person to ensure they reflected their current needs.

People were supported to do the things they enjoyed and engage in positive activities. Care records demonstrated that one person had been supported to find voluntary employment which they enjoyed. People attended local centres as they wished to learn new skills and socialise. People talked about trips they had enjoyed such as visits to coast, parks and cinemas. We saw people went out to visit

friends and choose what they did such as go shopping. People also enjoyed chatting, watching TV programmes and playing games indoors. People told us they were able to do whatever they wished.

People were encouraged to be as independent as possible. They were involved in household chores. We saw people helping to lay the table during meal times. People were encouraged to clean and tidy their rooms and arrange appointments where possible. People were supported to practice their religious beliefs. They said they could go to church if they wished.

People's views were obtained and acted upon on how services should be provided to them. The registered manager held regular meetings with people to consult and gather feedback about the service. We reviewed minutes of meetings and showed people were consulted about the food, activities and house rules. For example, people had been consulted about having a priest visit to bless the house. Those who agreed had their rooms blessed and the views of those who declined were respected.

There was a complaint procedure in place and people told us they knew how to make a complaint. They were confident that their complaint would be taken seriously if they did. There had not been any complaints in the last year.

Is the service well-led?

Our findings

People told us that the registered manager listened to them, and was approachable and open to feedback. A person told us, “The home is well-run.” Another person said “I like the manager. She listens to me.” Staff told us that they could speak to the registered manager anytime if they needed support. We saw that the registered manager provided direct support to people when on duty. A professional told us that the home was well-managed and they had a good relationship with the registered manager and staff.

The registered manager held regular team meeting with staff and notes from these meetings showed there were discussions about how to improve the service, support provided to people and health and safety issues. Staff showed they understood their roles and responsibilities. The organisation had a system where staff were transferred occasionally between other services they ran. Staff told us it gave opportunity to learn, bring in fresh ideas from other services and gave them new challenges. Staff told us they enjoyed their jobs and the opportunity to improve the well-being of people.

The registered manager ensured that lessons were learnt from incidents. The service kept a record of incidents and accidents such as falls, and violent behaviour. We saw that action plan put in place to manage areas of risks and to reduce incidents from reoccurring. For example, one person’s care plan had been reviewed and the person had been supported to purchase appropriate footwear due to reoccurring falls and trips.

The provider and manager carried out regular audits of the quality of care provided by the service. These included audits of support plans, people’s finances, training for staff and health and safety. The registered manager told us that these audits ensured that documentation was up to date and achieved its purpose. The home was well maintained, clean and in good state of repair. Health and safety checks were regularly carried out by staff and appropriate action taken where necessary.

The registered manager complied with their statutory requirements to notify CQC of incidents as required.