Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Pembroke Road Unit - Erith

Inspection report

15 Pembroke Road
Erith
Kent
DA8 1BN

Date of inspection visit:
05 May 2016

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21 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 05 May 2016 and was unannounced. At the last inspection on 16 May 2014 we found the provider was meeting all the regulations we inspected.

Peace Manor Residential Care Ltd – Pembroke Road Unit provides care and support for up to five people who have enduring mental health needs and who are receiving treatment and support within the local community. On the day of the inspection there were five people using the service.

There was a registered manager in place. 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.

At this inspection we found medicines were administered safely although there were some improvements needed.

We have made a recommendation about the management of some medicines.

People told us they felt safe and staff understood the signs of possible abuse and how to raise a safeguarding alert if needed. Risks to people had been assessed and appropriate plans were in place to ensure identified risks were minimised. The provider had appropriate recruitment and selection processes in place to ensure staff were suitable for their roles. There were arrangements to deal with emergencies. People told us there were enough staff to meet their needs; although some improvement was needed to the accuracy of the rota.

Staff received training relevant to their roles and support through regular supervision and appraisal. Staff demonstrated an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported and encouraged to eat and drink a suitable and healthy diet. People were supported where needed in their involvement with mental health and healthcare professionals.

People and their relatives told us staff were kind, caring and respectful towards them. They felt their privacy and dignity was respected and their independence encouraged. People told us they were involved in making decisions regarding their care and treatment. They had a care plan which was personalised and based on an assessment of all their needs. They told us these plans were reviewed regularly. People were encouraged to use the local community and to enjoy their personal interests.

People knew how to make a complaint if they wished to and there were regular residents meetings where people could express their views. People were positive about the registered manager and provider and said they were approachable. Staff were also positive about the management of the service and the support offered. There were systems to monitor the quality of the service, through audits and checks. The registered

manager and provider told us they were often at the service and on call and this helped them to monitor for any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. We have made a recommendation about the management of medicines. There were enough staff to meet people's needs; although some improvement was needed to improve the accuracy of the rota.

People told us they felt safe. Staff understood how to recognise signs of abuse and how to raise concerns. Risks to people were identified, monitored and assessed.There were arrangements to deal with emergencies.

Is the service effective?

Good

The service was effective. Staff received training, supervision and appraisals to support them in their roles.

Staff were aware of their responsibilities towards people using the service under the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported with their nutritional needs. People's healthcare needs were monitored, and they were referred to a range of suitable healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People told us staff were caring and supportive. Staff knew people's needs well and encouraged their independence.

People told us they were involved in making decisions about their care and support needs and this was confirmed in records we looked at. Staff were kind, caring and respected people's privacy and dignity sensitively.

Is the service responsive?

Good

People told us the support they received met their needs. They had an assessed plan of care which was reviewed frequently. Staff were aware of people's support needs and preferences.

People's needs for stimulation and social interaction were recognised.

People's views were sought and they told us they knew how to make a complaint and they were confident complaints made would be addressed.

Is the service well-led?

Good

The service was well led. People, professionals and staff were positive about the service provided and told us it was well run.

There were systems to monitor the quality of the service and the provider sought feedback about the service from people, professionals and staff.

Peace Manor Residential Care Ltd - Pembroke Road Unit - Erith

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 was planned to check 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 was carried out by an inspector and a specialist advisor on 05 May 2016. 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 reviewed the information we held about the service and the provider. This included the PIR and notifications received from the provider, a notification is information about important events that the provider is required to send us by law.

We also contacted the local authority who commission services there. We used this information to help inform our inspection planning.

During the inspection, we spoke with all five people using the service, two members of staff, the registered manager and the nominated individual. We spent time observing the care and support provided to people in communal areas, looked at five people's care plans and records, staff records and records related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicines on time and they had no problems with their medicines. However, we found some areas for improvement. Medicines were not always managed in line with current guidance and the provider's policies.

There was no protocol in place for two as required medicines to help staff understand when the medicines may be administered. Although there was guidance within people's care plans it was not with the medicines administration record (MAR) to aid staff on the circumstances for administering the prescribed medicines. People's MAR were not typed and signed by the prescriber in line with the provider's policy. There were some hand written entries which had not been counter signed by a second staff member to confirm their accuracy. Risk assessments in line with the provider's policy had not been completed for two people who had previously been self-administering their medicines. This was not a current risk as neither person was currently self-administering at the time of the inspection. However, the policy and current guidance had not been followed and there were no facilities for the safe storage of medicines in line with the provider's policy in people's rooms if they were assessed as able to self administer their medicines. We discussed these issues with the provider's representative and registered manager and they took immediate action to address the issues. We were unable to check on the improvements made following the inspection and will do so at our next inspection.

We recommend that the provider considers current guidance on the management of medicines in care homes.

Medicines were safely and securely stored. Medicines had been safely administered; we found no gaps in MAR records. Records of medicines received into the home and returned to the pharmacist were kept and we saw reports from medicines audits that were conducted by staff to ensure any issues were identified. Staff received training on medicines administration and their competencies were assessed annually.

People told us there were enough staff to meet their needs. One person said "There is always a member of staff if you need one." Another person commented "There are enough staff here."
The registered manager told us that there were two staff on duty to meet people's needs in the day and a waking staff member at night. There was always a member of management on call day or night to support staff in any emergency. We saw the on call rota was displayed alongside the staff rota. The registered manager told us that there were occasions when a staff member may be on their own for a limited period in the day if another staff member was supporting another person in the community. These arrangements had been risk assessed by the provider and there was a a lone workers policy and emergency guidance for staff. Staff confirmed they were only working alone for short periods.The manager told us they did not use agency staff and were able to respond flexibly across their service with staff from other locations depending on the assessed needs of people to increase staffing if needed. Staff told us they felt there were enough staff to meet people's needs and that the manager or provider's representative were always on call if needed and responded quickly.

However, there was room for improvement with the accuracy of the records. The staff rota for April did not always accurately show the staff on duty at the home. On the staff rota for April there were three days between 01 April and 01 May when a single staff member was on the rota for duty during the day which was not in line with the provider's assessed staffing levels. We discussed this with the registered manager and representative of the provider who assured us there were two staff on duty but were unable to identify who had been on duty on those days; although a staff member was able to confirm this later for two of those days. This meant there was not an accurate record to verify the staff on duty on those days in the event of any subsequent checks into any incident or emergency.

People told us they felt safe from harm and discrimination at the service. One person told us "It is safe here." Another person said "I am safe here, there are no problems and the staff are here to help you." Staff had received safeguarding training and knew the possible signs of abuse to look out for and what to do if they had concerns. They were aware of who they could report to under the whistleblowing procedures. The registered manager knew how to raise safeguarding alerts and had cooperated with the local authority to investigate a recent alert which had not been substantiated.

Possible risks to people were identified and assessed such as risks related to people's physical or mental health or fire risk from smoking. There were plans to minimise risks and guidance for staff within the care plan. Where people had mobility issues, the provider had taken action to reduce risk with the use of equipment and a referral had been made to the occupational health team.

There were plans to reduce risks during possible emergencies. People had individual emergency evacuation plans to guide staff, or emergency teams, on any support they would need to evacuate the building safely. Staff described what they would do in the event of a fire and told us that regular fire drills were carried out, which we confirmed from records. People had advice on what to do in the event of a fire on their bedroom doors so that it was readily available in an emergency. Staff training records confirmed that staff had completed training on fire safety and first aid. Staff told us they knew what to do in a medical emergency and that there was always a manager or senior staff member on call at all times. Contingency plans were in place to deal with possible mental health crises.

Checks were carried out on the premises and equipment to reduce possible risks and equipment was serviced routinely. Records showed that checks were carried out on fire equipment and fridge and freezer and water temperatures to reduce risks to people. Staff told us that they reported any maintenance issues to the registered manager and these were dealt with promptly.

People were protected from the employment of unsuitable staff through the provider's recruitment process. Staff records showed staff members had been appropriately vetted through the use of a range of checks and references before starting work.

Good

Is the service effective?

Our findings

People told us they were supported by staff that had the skills and knowledge to meet their needs. One person said "The staff know what to do to support me."

Staff received sufficient training so they could carry out their roles effectively. Staff told us they had received induction training when they first started at the service and this included a programme of online learning and shadowing experienced staff. The registered manager told us that they had very low staff turnover and had not employed new staff for some time. They had updated their induction programme so that it was in line with the new Care Certificate, the recognised qualification for health and social care workers. Training records showed that staff received training appropriate to the needs of the people using the service. One staff member said "We get a fair bit of training and it helped me understand how to do my job." Training provided included safeguarding adults, management and administration of medicines, infection control, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was also training specific to the needs of people at the service for example mental health legislation and awareness, and behaviour that requires a response. Training was refreshed annually and we saw this evidenced in staff records. The manager told us practical manual handling training was currently being sourced. Staff were not currently supporting anyone who required manual handling but it ensured staff were trained to be able to cope with people's changing needs.

Staff told us they felt they were well supported in their roles by the manager and through regular supervision and an appraisal of their performance. We confirmed this from staff records.

Staff understood people's rights to make choices and their own decisions independently but were aware of circumstances when it may be necessary for staff to act in someone's best interest. 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the importance of seeking consent from people before they supported them. We observed that staff asked people if they would like support with tasks such as meal preparation or support to cut down on smoking levels. They had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and they were aware of their responsibilities under the act. There had been no applications for authorisations under the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their needs and encouraged to maintain a balanced diet. Most people at the service were encouraged to be independent with their shopping, meal

planning and preparation but people were provided with support when it was needed. One person said "I like to do my own food and the staff are good at helping you if you need it." Two people told us they had been supported through staff advice on healthy menus. One person told us, "The staff do suggest healthy things you can eat. I am trying to eat more healthily." We saw a notice board advertised healthy eating sessions that were being run in the community. Where people were provided with meals we observed they were provided with choice and they told us there was always enough to eat and drink and plenty of choice. One person told us, "The food is great there are no problems there." Staff told us if they were concerned about anybody's eating or drinking they would discuss this with them and help them monitor their intake over a period.

People had access to health and social care professionals when they needed to. People told us they could see the GP and dentist or other health professionals and staff would support them to book the appointments. They told us they were supported to choose their own GP. One person told us "Staff remind me about my appointments so that I don't forget to go." Care plans and records showed that where appropriate staff worked effectively with health and social care professionals, including mental health professionals to ensure people were supported and encouraged to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and attended meetings with service users where this was appropriate to ensure any changes in needs were identified and planned for.

Good

Is the service caring?

Our findings

People told us that they felt well cared for and that staff were attentive and available. One person told us, "Its ok, I am pretty happy here and looked after well." Another person said "I love to live here and I'm happy with it."

We observed that staff were calm and confident in carrying out their roles. They interacted positively with people during the day and all the staff including the registered manager knew people well. People came to the office to request staff support and appeared relaxed in their company. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide the right level of support to people. One person said "The staff know me well and they are good to chat with and helpful when you want that." One staff member said "You get to know people quickly here, their moods and what they like and don't like."

People told us they were involved in decision making and planning about their care and spoke with their key workers and attended regular review meetings of their care and support. Prior to coming to live at the home people were given the opportunity to visit with their advocates, where relevant and ask questions about the services provided. They had the chance to speak to other users of the services to help with their decision making process and were given the opportunity for overnight stays as part of a trial period.

People told us they were encouraged to be as independent as possible for example, with their personal care, washing, cooking and cleaning. One person told us how staff had supported them with learning skills so that they could move to more independent accommodation. Staff told us it was part of their role to support people to do as much as they could independently. They said people did not need help with personal care and most people were independent with their washing and cooking but may need some encouragement in some areas. We saw there was information in people's care plans to guide staff with what people could do independently and those areas where they required assistance. People had access to an advocate if they wished to and were given information about how this could be arranged in their information packs.

People told us that staff treated them respectfully and were mindful of their dignity and we observed throughout the day staff always knocked on people's doors and waited for a response before entering; they were aware of the need for confidentiality and spoke discreetly to people about their needs. One member of staff told us, "We treat people as we would hope to be treated."

Good

Is the service responsive?

Our findings

People told us they received care that met their needs. We saw that a detailed pre admission assessment was carried out before they started at the service to ensure that their needs could be safely met. People were involved in drawing up a plan of care and support based on their needs and we saw a recovery pathway to guide staff about how they could meet their needs effectively. The manager told us the care plans would be reviewed whenever there was a change in people's care and support needs. We saw that recent changes in someone's physical health were being included in a revised care plan. Staff members told us that care plans were regularly reviewed and updated and this was confirmed from records.

Care plans were personalised and addressed people's needs. They included guidance on nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. There was guidance for staff on how to meet people's needs for example, whether a person needed support with their shopping or could manage independently. Consideration was given to people's disability, gender, race, religion and beliefs. People's care records provided information about people's individualised needs such as mobility, religion and cultural background to guide staff to support them where needed to meet these needs. The locations of centres of spiritual worship were displayed for people if needed. Staff told us they made a record in the daily notes of the care and support they provided to ensure there was an up to date record of the care provided.

People's needs for stimulation and social interaction were recognised. There were a range of board games and books, a fitness area and pool table available for people's use. Most people at the service smoked and told us they appreciated the outside smoking area they used together in the garden. People were encouraged to pursue hobbies and make links with the local community. One person enjoyed gardening and had planted flowers in containers in the garden. One person said "Staff encourage me to go out." Another person told us they were going to friends for a meal in the evening. One person attended a local education centre and another person was completing some work experience.

People told us their views were regularly listened to. They said there were regular residents meetings where they could discuss any issues about the home and about what they wanted to do. One person told us "We discuss cooking and if anything needs fixing." We saw from minutes the meetings were held monthly and were usually well attended by people. Agenda items included smoking, activities, cleaning, meal planning and fire. We saw the complaints policy was available in the handbook people received when they started to use the service. It explained the process and timescales for response as well as what to do if you were unhappy with the response from the service. The manager told us there had been no complaints in the last year and we confirmed this from records.

Good

Is the service well-led?

Our findings

People told us that the registered manager was approachable and supportive and the home was well managed. One person told us "Things work well here. The staff and the manager are here if you need them." The provider surveys completed by people in December 2015 gave positive reponses about the way the service was run. Feedback from commissioners for the service was also positive about the service. The results from the professionals survey carried out in December 2015 were complimentary about staff attitude, communication and support to people.

There was a registered manager in post. They were aware of their responsibilities as registered manager in relation to notifying CQC about reportable incidents. Staff were positive about the support they received from the registered manager and the provider. One staff member said "They are very approachable and supportive. We are a good team." Staff commented that the provider and registered manager were often around and available to speak with. Staff said they had regular staff meetings to discuss any issues and changes and felt their views were listened to. The staff survey from December 2015 was complimentary about the support staff felt they received and opportunities for their development

The registered manager and staff had shared aims to improve people's quality of life and support people to live more independently where possible. One person using the service said, "I will be moving out to move to my own place quite soon. The staff have been supporting me to learn how to manage on my own."

There were measures to monitor the quality of the service staff and the registered manager carried out audits and checks on parts of the service to identify any areas for improvement. These included checks on staff records, health and safety audits, food safety, infection control and medicines audits. Although the issues with medicines had not been identified the registered manager took immediate action to start to address the issues raised. The registered manager told us they would introduce checks to ensure the staff rota was accurate and any amendments needed with the staff rota were recorded in future. In other areas of quality monitoring of the service we saw where issues were identified action was taken to address them, for example problems with hot water availability.

The provider carried out surveys to seek feedback for improvements from people, health professionals and staff. The registered manager told us the surveys were checked to look for areas to improve on. They said because they were a small service and they and the provider were regularly working or on call they knew people and the staff well; they felt this meant they were able to identify more quickly if there were any issues that needed addressing.