Apex Care Homes Limited

Peter's Place

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

This inspection took place on 25 February 2016 and was unannounced.

Peter's Place provides nursing care and support for up to 13 people with a physical and learning disability. There were 13 people living at the service on the day of the inspection.

The service did not have a registered manager, but a manager was in place who was going through the registration process. 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 felt safe living at the service. Staff had been provided with training to recognise signs of potential abuse and how to promote people's safety.

Processes were in place to manage identifiable risks within the service and to ensure people's freedom was not restricted unnecessarily.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with the appropriate training to meet people's assessed needs. There was a supervision framework and appraisal system in place to support staff with their personal and professional development.

Staff worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed. Where people were unable to make decisions about their care and support, mental capacity assessments had been undertaken.

People were provided with adequate amounts of food and drink and to maintain a balanced diet. If required, people were supported by staff to access healthcare facilities.

Positive and caring relationships had been developed between people and staff. There were processes in place to enable people to express their views about their care and support needs.

Staff had a good understanding of the needs of the people they were supporting and how to ensure their privacy and dignity were promoted.

People's needs were assessed prior to them moving into the service. This ensured that the care they received was appropriate to their needs.

A complaints procedure had been developed to inform people on how to raise concerns about the service if they needed to.

There were quality assurance systems in place to monitor the quality of the care provided and to drive continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

People's needs were safely met by sufficient numbers of suitable staff.

There were systems in place to ensure people received their medicines at the prescribed times.

Is the service effective?

Good

The service was effective

Staff had been appropriately trained to carry out their roles and responsibilities.

People were supported with their care and support needs in line with current legislations.

Staff supported people to eat and drink and to maintain a balanced diet.

People had access to healthcare facilities when needed.

Is the service caring?

Good

The service was caring

Positive and caring relationships had been developed between people and staff.

There were systems in place to support people to express their views.

Staff ensured people's privacy and dignity were promoted.

Is the service responsive?

Good

The service was responsive

People received care that met their assessed needs.

People had access to information on how to raise a complaint.

Is the service well-led?

Good

The service was well-led

There was an open, empowering and inclusive culture at the service.

There were processes in place to support staff with their personal and professional development.

There was a quality assurance system in place which was used to good effect.

Peter's Place

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.

The inspection took place on the 25 February 2016 and was unannounced.

The inspection was undertaken by one inspector and an 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.

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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

Not all the people living at the service were able to talk with us about the care and support they received. Therefore, we used a number of different methods to help us understand the experiences of people using the service

We spoke with one person who used the service, one relative face to face and a further four relatives over the telephone. This was to gain their views about the quality of the care the service provided. We also spoke with four care staff, the deputy manager, the operations manager, the manager and the provider.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People felt safe and protected from harm. One person said, "I feel safe here." A relative of a person who used the service said, "I have no concerns for [name called] safety." Another relative said, "I visit mainly at nights and have never found a problem with my [name called] safety or the other residents." Our observations showed that staff assisted people to move around the service safely in their wheelchairs. When assisting people with personal care such as toileting we observed two staff members undertook this activity to promote people's safety.

Staff were aware of their responsibilities if they witnessed or suspected an incident of abuse. They told us they would report it to the manager. They also said that they had been provided with safeguarding training, which was regularly updated. A staff member said, "We know the residents here very well and safety is a priority. We monitor them all very closely". The manager told us that the service had a safeguarding policy which was regularly discussed with staff at meetings. She also told us that staff knowledge and skills on safeguarding were regularly assessed to ensure the training provided had been embedded. Training records seen confirmed that staff had been provided with safeguarding training.

Senior managers told us that the outcome from safeguarding investigations was discussed with staff and if needed actions were put in place to minimise the risk of recurrence. We observed there was a safeguarding poster displayed in the service with information on how to raise an alert and who to contact in the event of suspected abuse. There were also leaflets with safeguarding information written in an appropriate format displayed in people's bedrooms to make them and relatives aware of how to raise a concern. We saw evidence that safeguarding alerts had been raised with the local authority for investigation.

There were risk management plans in place to promote and protect people's safety. Relatives told us that they were aware of the plans in place to promote their family members' safety. One relative said, "My [named called] comes home every week to visit and this has been risk assessed." The manager told us that people had individual risk management plans in place in relation to their identified needs. Some of the plans seen were to support people with accessing the community, falls, moving and handling, nutrition and skin integrity. We saw evidence that the plans had been developed with the involvement of people and their representative to promote their safety. They were reviewed monthly or as and when people's needs changed.

There were arrangements in place for responding to any emergencies or untoward events such as, adverse weather conditions; fire, gas and electrical failure. Staff told us that the emergency plan was regularly discussed with them to ensure they were aware of the action to take. We saw there was an emergency pack in place, which was called a 'grab pack'. It contained up to date information on the people who used the service as well as staff members. The pack also contained a torch, batteries, identification bracelets, pens, markers and a plan of the building. We found the pack was checked on a monthly basis to ensure all the required items were in place if needed. We saw each person had a Personal Emergency Evacuation Plan (PEEP) in place, which included information to guide staff on the action to take in the event of a fire. Evidence seen confirmed that the fire panel was checked weekly; and regular fire drills were undertaken.

Electrical equipment and gas appliances were also regularly serviced.

Relatives told us there were sufficient numbers of staff to keep people safe and to meet their needs. One relative said, "Staff retention is high. Many staff have worked here since the home first opened." Staff told us that the staffing numbers were adequate and there was always a registered nurse on duty who knew people well and could provide advice if needed. One staff member said, "I have worked here since the home opened. Most of us are regular staff and know the residents well."

The manager told us that the rota was flexible to meet people's needs. She said, "Extra staff are allocated to work if the residents have hospital appointments or social activities outside the service." This was to ensure that the service was adequately covered. We were told that the staffing numbers throughout the day were six care staff and one nurse. We checked the staff rota for the current week and the following three weeks and found that it reflected the agreed staffing numbers. Throughout the inspection we observed that there was always a staff member available in the lounge to support people if needed. One person was in receipt of one to one support in line with their care plan and this was carried out in a sensitive manner to promote their safety.

There were safe recruitment practices followed at the service. The manager and provider told us that staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We saw evidence that the service carried out checks to verify the authenticity of referees. We looked at a sample of staff records and found that the appropriate documentation was in place.

There were systems in place to ensure that people's medicines were managed safely. One person said, "Staff help me to take my medication." Relatives told us that staff supported their family members with their medicines. The deputy manager told us that the nurses were responsible for administering people's medicines and their competencies were assessed yearly. We saw evidence to support this.

We saw medicines were stored, administered and recorded appropriately in line with best practice. For example, the Medication Administration Record (MAR) sheets had been fully completed. Medicines not dispensed in the monitored dose system were checked daily to ensure that the balance in stock corresponded with the record. Where people had been prescribed for medicines to be given PRN; there were clear instructions for staff to follow and to refer to the individual's behavioural care plan. This was to ensure that the right intervention would be applied. (PRN medicines means to be taken when required but are not part of the daily prescribed medicines).

Good

Is the service effective?

Our findings

Staff had been provided with training to carry out their roles and responsibilities. Relatives told us that staff were trained and good at their jobs. Staff told us they had been provided with induction and updated training to support them in their roles. The manager told us that new staff were required to complete a three day induction training. During this period they were supernumerary to the rota and would be expected to familiarise themselves with the service's policies and procedures, people's care plans and the lay out of the premises. They were also expected to work alongside an experienced staff member for approximately twelve weeks. After six weeks a formal meeting would take place to discuss their progress and to reflect on their practice. This ensured support was provided throughout the induction and probationary period.

Staff told us they received on-going support from the deputy manager as well as, regular supervision and an annual appraisal. This enabled them to discuss their roles and request for any further support or training they required to enhance their development. We looked at the training records and found that staff had been provided with training in a range of subjects such as, safeguarding, moving and handling, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS), medication awareness, fire awareness, person centred care planning, dignity awareness, challenging behaviour, epilepsy awareness, sexual awareness, record keeping, food first, fire awareness and dementia. The training record reflected the date when training had been provided. The manager told us that some essential training for staff was due to be updated. We found that staff had a good understanding of the needs of the people they were supporting and communicated with them appropriately. The service had links with the regional learning disability organisation and senior staff attended forums on a regular basis and cascaded information on current best practice to the staff team.

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 (DoLS). We found that there were DoLS in place for twelve of the people using the service. These had been applied for in line with the current regulations and in people's best interest. The service had policies and procedures in relation to the MCA and DoLS. Staff demonstrated a good understanding of how they worked in practice in line with the MCA and their responsibilities.

Throughout our inspection we observed that staff sought people's consent to provide them with care and support. For example, we saw staff explaining to people what they were going to do and gave them a gentle touch on the arm to gain their trust and attention. Within the care plans we looked at we saw there were consent agreement forms in place. They had been signed by people's representatives and were regularly reviewed.

Staff told us they supported people to maintain a balanced diet. They also told us that they were aware of people's dietary preferences and these were recorded in their care plans and the catering staff were fully aware of people's likes and dislikes. We observed the lunch time activity and found that staff assisted people with their meals in a discreet manner. Some people had pureed meals and this was served in an attractive manner to stimulate appetite. Throughout the day staff offered people adequate amount of fluids and snacks. Within the files we looked at we found that people had food and nutritional care plans which were appropriately maintained. Two people were being Percutaneous Endoscopic Gastrostomy (PEG) fed. (This meant they had a feeding tube placed directly in their stomach to provide food and medication). We saw evidence that staff liaised closely with a dietician who provided advice and support when needed. The manager told us if people were observed as not eating or drinking enough they would be monitored closely and if needed specialist advice would be sought.

Staff told us they supported people to maintain good health and to access healthcare services if required. They also told us that people had regular dental, optical and chiropody treatment; and were registered with a GP who they visited if they had a problem. Annual health checks on their well-being were also carried out. We saw people had health passports along with communication passports which were regularly updated. This ensured that key information about individuals was kept up to date and health care professionals would be able to communicate effectively with them. For example, in the event of hospitalisation. We found that the service had links with a specialist health care facility in the area that provided care and treatment to people when needed. Links were also maintained with the learning disability specialist nurse at the local hospital who staff said had been very supportive when one of the people using the service had to be admitted to hospital. They ensured the appropriate equipment was put in place to minimise the risk of them sustaining pressure damage.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with the staff. One person said, "Yes staff are caring and they help me all the time and treat me with respect." A relative of a person who used the service said, "Staff are caring and kind." Another relative said, "Staff treat people as individuals and it is not just a job to them, they are caring." Relatives also described staff as 'kind' and 'compassionate.'

We found staff had a good understanding of the needs of the people they were supporting; and were aware of their preferences and personal histories. For example, staff had developed pen pictures for individuals that summarised what was important to people and how best to support them. There was information on the clothes people wished to wear and how they liked their hair to be styled and the activities they wished to participate in. Throughout the inspection we observed that staff treated people with empathy, kindness and compassion. Staff provided people with pampering sessions such as, nail painting and hand massaging. There were positive interactions between people and staff. For example, people looked comfortable and at ease in the company of staff.

Staff were able to demonstrate how they ensured that people felt that they mattered. They told us each day a person was nominated as 'Resident of the Day.' All staff would make the person feel special. For example, the chef would provide a special meal of their choice; the domestic would ensure that the person's bedroom was deep cleaned. On the day of our inspection we found that the person who was nominated as resident of the day chose to have a pamper day and staff provided them with a foot spa. A staff member said, "They always enjoy having their feet scrubbed." Staff also told us of other initiatives that were used to make people feel special. For example, birthdays were celebrated and people were able to invite their family members to join in the celebration.

The deputy manager was able to demonstrate how concerns for people's well-being were responded to in a caring and meaningful way. She said, "Our residents are non-verbal but there are certain words they say if they are not well and we understand them." She commented further and said, "This morning the staff who were caring for [name called] reported that they did not look their usual self. I was able to assess them and detected that they were in pain. I administered two pain killers and they are looking much better now." It was evident that the staff team knew people well and responded to their needs.

There were systems in place for people and their relatives to express their views. One relative said, "I know that my [name called] is not able to talk but the staff are still able to communicate with her by body language. They know what she likes and what makes her happy. It's not just her, staff are able to communicate with all the people that live here by body language." Staff told us that regular residents and relatives' meetings were held to enable relatives to speak up on behalf of their family members. We saw minutes of meetings to confirm this.

The manager told us that advocacy services were available should people require the support of an independent advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). At the time of our inspection, no one was using the services of an advocate

as people were being supported by their family members.

There were systems in place to promote people's privacy and dignity. One staff member said, "We have had training on privacy and dignity and sexual awareness. We give people the space to preserve their dignity." Another staff member said, "We know by people's behaviour when they wish to spend time on their own so we support them to their bedrooms."

There were systems in place to ensure that information about people was treated confidentially. The manager told us that the service had a confidentiality policy and it formed part of the staff induction training. We were also told that senior managers carried out regular audits and staff practice was observed to ensure their practice was in line with the policy. We were told information about people was shared on a need to know basis. Therefore, if a person was admitted to hospital senior managers would create a password to ensure confidentiality was not breached and the nursing staff would be able to provide information about individuals' progress. We observed during our inspection that the staff handover was carried out in private. Staff spoke about people who used the service in a respectful manner. We saw filing cabinets were kept locked and the computer was password protected.

Staff told us that there were some limited restrictions when people's relatives and friends could visit them. Visiting was allowed from 9.00am to 9.00pm. We saw evidence from minutes of residents and relatives' meetings that family members were consulted and in agreement with the decision that had been made.

Good

Is the service responsive?

Our findings

The manager told us that before a person was admitted to the service a pre-admission assessment would be carried out. At the referral stage senior staff would ensure that up to date information about individuals was obtained from relevant health and social care professionals. Information gathered at the pre-assessment stage was used to inform the care plan. Senior managers told us that transitional visits were arranged. This included overnight stays and day visits. Staff also visited people in their own homes to observe how they were being supported.

The care plans we looked at were personalised. They contained information on people's histories, preferences and goals. We found that family members and social workers had been involved with the development of people's care plans. Care plans seen had been signed by family members to confirm their agreement with the care and support provided. We saw evidence that the plans were reviewed on a six monthly basis or as and when people's needs changed. We saw evidence that yearly reviews of people's care needs took place. This included the involvement of family members, health and social care professionals and the staff team.

Staff told us that they supported people to take part in social activities of their choice and to follow their interests. One staff member said, "Our residents go on holidays to Butlins, Centre Parcs, Blackpool and day trips. Some of them went on holiday last year." Another staff member said, "Some clients enjoy going to discos, swimming, to the cinema and shopping." The staff member commented further and said, "[name call] is well known in the community. She has a special hairdresser and when we take her out she is greeted by her name." We found that people had activity care plans, which outlined the activities that they preferred to participate in. During our inspection some people were taken to a music activity outside the service and others went to the day centre. During the afternoon we observed staff engaging people with a painting activity and sang to people. Staff told us that they arranged social events and theme days for people. For example, we saw evidence that a party had been arranged to celebrate Valentine's Day. Other events such as, summer barbecues, fetes, Christmas and Easter parties were also organised and friends and family members were invited. It was evident that people were encouraged to be involved in activities to avoid isolation.

Staff told us that they followed the care plan to ensure that people's care was delivered in a personalised manner to meet their diverse needs. We found people's bedrooms had been personalised to reflect their individual characteristics and staff ensured they were maintained to an appropriate standard. People could choose to have showers or baths and there was a sensory bathroom that played music and had flashing lights to promote relaxation.

There was a complaints process in place. Relatives told us that they knew how to make a complaint but had never had the need to. Staff told us that regular residents and relatives' meetings took place. Therefore, people had the opportunity to discuss any issues that they may have. One staff member said, "Our relatives are very supportive and pro-active and are not afraid to raise issues with us which we act on." We found that people were provided with information on how to make a complaint which was written in an easy read

format and displayed in their bedrooms. We looked at the service's complaints record and found there was one complaint recorded. It had been investigated in line with the provider's procedure and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Relatives and staff told us that there was a positive, open and inclusive culture at the service. One staff member said, "Senior managers are very approachable and have time for you. They always listen to what you have to say." Another staff member said, "There is a friendly and family feel to the home."

There were systems in place for staff to give feedback and make suggestions. Staff told us that regular meetings were held and they were asked for their opinions to improve on the quality of the care provided. One staff member said, "We recently suggested the staff rota should be reviewed and the new manager and the owner have agreed to it." Another staff member said, "We had problems with the lift and it has been replaced. We are now waiting for the flooring to be replaced." Minutes from staff meetings seen confirmed that staff were regularly asked to give their views on matters.

Links with the local community were maintained. Staff told us that people regularly visited the local shops and attended activities and church services in the local community. Staff also supported people to maintain links with people who mattered to them. For example, people regularly spent week-ends with family members and attended family functions.

Staff told us they were aware of the provider's whistleblowing policy. One staff member said, "Whistleblowing is regularly discussed at staff meetings." Another staff member said, "I would not hesitate to report poor practice. It's our duty to look after the residents."

Staff told us they were clear about their roles and responsibilities and felt valued by the management team. They were aware of what was expected of them to ensure people received the appropriate level of support they required. Throughout the inspection we observed that staff worked well together; and communicated with each other in a respectful manner.

There were systems in place to ensure that accidents and incidents were recorded. They were monitored on a monthly basis to identify trends. Where trends were identified measures had been put in place to minimise further occurrence. In some instances people's behavioural plans were also amended.

There were arrangements in place to ensure that legally notifiable incidents were reported to the Care Quality Commission as required. The provider and manager told as that they were aware of their responsibilities to ensure notifications were submitted. We saw evidence to confirm this.

The provider was committed to providing a quality service. For example, the service had been accredited with Investors In People. (Investors in people provide a best practice people management standard, offering accreditation to organisations that adhere to the investors in people framework).

There were systems in place to monitor the quality of the care provided. The manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention action plans had been put in place to address areas

that required attention.