

Peace Manor Residential Care Limited

# Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 28 November 2014 and was unannounced. At our previous inspection 19 December 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead provides care and support for people with

mental health needs. It can accommodate up to four people. At the time of the inspection the home was providing care and support to four people. 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

# Summary of findings

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.

We found that improvements were required in relation to the recruitment of staff and providing staff with training appropriate to the needs of the people using the service. You can see the action we have told the provider to take at the back of this report.

People using the service said they felt safe and that staff treated them well. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service, their care managers and appropriate healthcare professionals had been fully involved in the care planning process. People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. Risks to people using the service were assessed and care plans and risk assessments provided clear information and guidance to staff.

People said staff encouraged them to be as independent as possible. There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. They said there were plenty of opportunities to do things both in and out of the home. They said participating in these activities helped them to gain confidence and a feeling that they could do more things for themselves. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Staff said they enjoyed working at the home and they received good support from the manager. The provider took into account the views of people using the service and staff through surveys.

The provider recognised the importance of regularly monitoring the quality of the service and had carried out regular audits at the home. However these audits had not identified the shortfalls in staff training needs or issues relating to staff recruitment records.

# 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?

Some aspects of the service were not safe. The lack of proper recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed and care plans provided clear information and guidance to staff.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were not effective. We found that staff had not completed training appropriate to the needs of people they supported. This lack of training could place people using the service at risk of inappropriate care and staff at risk of possible harm.

People using the service had access to a GP and other health care professionals when they needed it. People's care files included assessments relating to their dietary needs and preferences.

The provider and manager had completed training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. They demonstrated a clear understanding of this legislation.

**Requires Improvement**



### Is the service caring?

The service was caring. Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner.

People told us they attended regular residents and staff meetings where they were able to talk about what was happening at the home, the things that were important to them and about what they wanted to do.

**Good**



### Is the service responsive?

The service was responsive. People's needs were assessed and their care files included detailed information and guidance for staff about how their needs should be met. People said there were plenty of opportunities to do things both in and out of the home. Participating in these activities helped them to gain confidence and a feeling that they could do more things for themselves.

**Good**



# Summary of findings

The service had a complaints procedure. People said they knew about the complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident their complaints would be fully investigated and action taken if necessary.

## Is the service well-led?

Most aspects of the service were well-led.. The provider took into account the views of people using the service, health care professionals and staff through surveys. The provider had carried out regular audits at the home. However these audits had not identified the shortfalls in staff training needs or issues relating to staff recruitment records.

Staff said they enjoyed working at the home and they received good support from the manager.

**Requires Improvement**



# Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead

## 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 was carried out on 28 November 2014 and was unannounced. The inspection team consisted of one inspector and a specialist nurse advisor. Before the inspection we looked at the information we held about the service including notifications they had sent us and 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 contacted an officer from the local authority that commission services from the provider and a health care professional about their views on the service.

We spent time observing the care and support being delivered. We spoke with two people using the service, one member of staff, the provider and the manager. We looked at records, including the care records of three people using the service, four staff members' recruitment and training records and records relating to the management of the service.

# Is the service safe?

## Our findings

We looked at the recruitment records of four members of staff. We saw completed application forms that included references to their previous health and social care experience and qualifications, and interview questions and answers. The files also included at least two employment references, health declarations and proof of identification. However the application forms did not request or include the member of staffs full employment history. This meant that the provider could not check any gaps in these members of staffs employment. We saw that the provider had obtained new criminal record checks for three members of staff before they started working at the home. The other member of staffs file included a criminal record check carried out by their previous employer in July 2012. The manager told us they had only just applied for a criminal record check for this member of staff. The lack of robust recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

Following the inspection the manager wrote to us confirming that they had obtained a new criminal record check for the member of staff who required this.

People using the service told us they felt safe and that staff treated them well. The manager told us he was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The manager and staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records we saw confirmed this. Staff told us they were aware of the whistle-blowing procedure for the service and that they would use it if they needed to.

People using the service and staff told us there were always enough staff on shift. At the time of our inspection the home was providing care and support to four people. When we arrived we found one member of staff working at the home. The manager told us that staffing levels were arranged according to the needs of the people using the service. The manager and the provider said they sometimes acted as extra support, if required, by escorting people to attend appointments health and social care professionals.

We found assessments were undertaken to assess any risks to people using the service. The manager showed us the standard risk assessment documentation completed for each person using the service. These included, for example, risks to themselves and others, self-neglect, medication, substance misuse and mental health relapse. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. The manager also kept a record of all incidents and accidents that had occurred at the home. We saw that these were monitored on a monthly basis and discussed during team meetings. For example, an incident report from November 2014 recorded a description of the incident, the actions taken following the incident and a plan of action to reduce the occurrence of this incident happening again.

People said staff helped them with their medicines and reminded them when they needed to attend health care appointments. They said this helped keep them safe and well. Two people had been supported to administer their own medicines through a self-medication programme. We saw self-medication risk assessments in place in their care files. One person said "I pick up my medicine from the pharmacist and staff check to make sure it's correct. I keep a three day supply in my room and I take it when I am supposed to. The staff are really helpful and they check to make sure I am doing things right. This makes me feel more independent." Another person using the service said "I take my own medicines; the staff help me with that. I also get help from a Community Psychiatric Nurse (CPN) with my medicines." Records showed that staff had carried out regular weekly checks to make sure these people had taken their medicines.

We saw records of medicines received into the home, medicines returned to the pharmacist and reports from weekly medication audits carried out by staff. We looked at

## Is the service safe?

two people's medicine folders. These included their photographs, medicine administration records, self-medication risk assessments, weekly medicine counts, monitoring of medication changes and medication

returned to the pharmacist. We checked the medicine administration records, these indicated that people were receiving their medicines as prescribed by health care professionals.

# Is the service effective?

## Our findings

The manager showed us the homes “lone working” policy and a lone worker risk assessment. We saw that the risk assessment identified the type of risk to staff working by themselves. We noted that staff could call the police or the on call manager. It also included reference to break away training. However the manager advised us that none of the staff had received any training on break away techniques. We found that the lack of appropriate training for staff could place people using the service at risk of inappropriate care and staff at risk of possible harm.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

People using the service said staff knew them well and knew what they needed help with. Training records showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and managing behaviour that challenges the service. Three members of staff had completed training on the Mental Capacity Act. We saw that three members of staff had had completed accredited qualifications in health and social care. The registered manager told us that the two new members of staff would be enrolled on accredited health and social care courses once they had passed their probationary period.

We spoke with one member of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. They said they held an accredited qualification in health and social care and they felt they had the knowledge and skills required to meet the needs of people who used the service. We saw that this member of staff had completed training on mental health awareness.

Staff had not all received specialist training to support them in their role. Although the home provided care and support for people with mental health needs we found that, apart from the manager, only one member of staff had completed training on mental health awareness. Some people using the service had other needs, for example, drug and alcohol misuse, for which staff had not received

any training on. The manager showed us a staff training programme 2014/2015. This indicated that staff would be completing training on mandatory topics as well as training on mental health awareness and drug and alcohol misuse.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2010. You can see the action we have told the provider to take at the back of this report.

A member of staff told us they received regular formal supervision and an annual appraisal of their work performance. They said this helped them in their care of people using the service. They said they were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. We looked at four staff files. These confirmed that staff were receiving regular formal supervision with the manager. Where relevant staff had also received an annual appraisal. The manager told us the new members of staff would receive an annual appraisal once they had been in employment for over a year.

The provider and manager told us that all of the people currently using the service had capacity to make their own decisions about their care and treatment. However if they had any concerns regarding a person’s ability to make a decision they would work with the person using the service, their relatives and the appropriate health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their ‘best interest’ in line with the Mental Capacity Act 2005.

One person using the service said “Staff encourage me to cook for myself and eat healthy meals. Sometimes they help me to cook.” Another person said “I buy and cook my own food. My cooking skills have really improved since I moved here. When it comes to food preparation the staff understand and respect my religious and cultural needs.” Both said they discussed and agreed the foods they liked to eat at monthly residents and staff meetings. We saw a menu in the kitchen with meals planned for that week. People’s care plans included sections on their diet and nutritional needs. These indicated their support needs for example with shopping, cooking and meal planning.



## Is the service effective?

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns people were referred to appropriate health professionals. The manager told us that all of the people using the service were registered with a local GP, they had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. We saw the care files of people

using the service included records of all appointments with health care professionals. A health care professional told us staff had been very quick to notify them if they had any concerns in between their patients scheduled appointments. Staff had maintained very close links with their service, frequently accompanying people to the outpatient clinic, or attending care programme approach (CPA) meetings at their request. They had been able to work very well with provider to the benefit of the patient.

# Is the service caring?

## Our findings

One person using the service said “I can’t say enough about the staff, they are very helpful and very caring, they encourage me to be as independent as possible. I can do lots of things for myself like cooking, washing up, laundry and taking my medicine. This will all help me if I move out” Another person said “I get all the support I need from the staff. I think they are caring and very understanding. They respect my privacy and my dignity and my religious and cultural needs. If I need to discuss anything with them, they always listen to what I have to say. They have really helped me with my cooking skills. I am waiting to move out to my own place soon.” Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner.

People told us they attended regular residents and staff meetings where they were able to talk about what was happening at the home, the things that were important to them and about what they wanted to do. The manager showed the minutes from the last meeting. We saw the meeting was well attended by people using the service and

their comments and suggestions had been recorded. Items discussed included meal planning and cooking, health and safety, locking bedroom doors and the complaints, safeguarding and whistleblowing procedures.

A member of staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They said that all of the people using the service were independent and did not require any support with personal care, however on occasions they might prompt or remind people to purchase toiletries, shave or change their clothing. Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times.

A health care professional told us they had been very impressed by the quality of the service provided to their patient. The staff in particular had impressed them with their professional and caring and compassionate attitude towards those in their care. They said they would actively seek, where possible, to place an individual coming out of hospital at the home.

# Is the service responsive?

## Our findings

People using the service told us they had been consulted about their care and support needs. One person said, “I have a care plan and I know what’s in it. I have a keyworker, I meet with them regularly and we talk about what my needs are. I also meet with my community psychiatric nurse (CPN) regularly.” Another person said, “I have a keyworker and they told me what’s in my plans, I can talk them about things when I want to. I also have a CPN who I see every few months or when I need to.”

Staff were knowledgeable about the people they supported. They said they were aware of people’s preferences and interests, as well as their health and support needs. We looked at the care files of three people using the service. These were well organised and easy to follow. They contained detailed pre-admission information from the referring local authority. Assessments were undertaken to identify people’s support needs before they moved into the home. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. The care files included care and health needs assessments, care plans, risk assessments and detailed information and guidance for staff about how people’s needs should be met. The files also included evidence that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. We saw that the information in the care files had been reviewed by the manager and staff and people using the service on a regular monthly basis.

People using the service were receiving care, treatment and support that met their needs. The provider had records in place to monitor people using the service’s adherence with

the care and treatment actions agreed in their care plans. Where the actions agreed in people’s care plans were not being adhered to we saw that the manager had discussed these with the Community Mental Health Team. We saw people using the service’s placements at the home were kept under regular review by the manager and the referring local authority.

People were encouraged to pursue hobbies and build links with the local community. A person using the service said there were plenty of opportunities to do things both in and out of the home. For example there were board games, a pool table and movies nights at the home and they attended a centre run by Mind, the mental health charity, three days a week. They also said they liked to do their own shopping and go to cafes. Another person said they attended a mechanical engineering course twice a week. They visited their family at weekends and they attended to their religious commitments. Both said participating in these activities helped them to gain confidence and a feeling that they could do more things for themselves.

We saw copies of the home’s complaints procedure were located in communal areas. People said they knew about the complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

# Is the service well-led?

## Our findings

People using the service said the manager and provider were always around. The home was organised and they felt their views and opinions were valued by staff. The provider had a registered manager in place. The manager had run the home since February 2012. They had completed a registered manager's award in health and social care and also held a City and Guilds qualification in management.

When we arrived for our inspection we found a deputy manager from another of the providers care homes was visiting the home. The manager told us the deputy manager regularly carried out unannounced visits to the home to carry out audits and make sure everything was fine. We saw records that demonstrated that the provider had carried out regular audits at the home. These included health and safety, medicines administration, infection control, fire safety, complaints, incidents and accidents, risk assessments and care file audits. However these audits had not identified the shortfall in staff training needs or the issues relating to the staff recruitment records. The manager said that although they had not received any complaints from people using the service, they would monitor the trends of any received and make sure that people using the service or staff had no cause to complain.

A member of staff said they enjoyed working at the home. They said the ethos of the home was to encourage people using the service to do things for themselves and become more independent so that in time they could move in to their own place. They told us about the support they received from the manager and the provider. They said, "The provider and the manager are very supportive and they are always there when I need them. I think we have a good team and we work really well together." We saw that

staff meetings were held every month. Items discussed at the November 2014 meeting included a medication error and the corrective actions taken by staff and the needs of the people using the service, for example, attending appointments and arranged activities.

The provider took into account the views of people using the service and staff through surveys. We saw surveys completed by three of the four people using the service in September 2014. These indicated that people were overall satisfied with the care and support they were receiving. For example all three said they were satisfied with questions related to respect from staff, the complaints procedure and exercising their choice. The manager showed us they had circulated satisfaction surveys to health care professionals in November 2014. They were due to send satisfaction surveys to staff working at the home in December 2014. They told us they would wait for responses from the surveys before drawing up an overall action plan for the home. They showed us a report and an action plan from the last staff survey carried out at the home in December 2013. The action plan included areas such as key working, supervision and induction training. The manager showed us that all of the actions had been met.

The local authority that commissions services from the provider told us they carried out a quality monitoring visit in June 2014. Some recommendations were made following the visit which the registered manager had addressed. They said the manager and the provider actively engaged with the local authority to make improvements at the home. For example they had attended workshops on whistleblowing and managing concerns. They said there were no current concerns about the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>The lack of robust recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.</p> <p>Regulation 21 (b).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The lack of appropriate training for staff could place people using the service at risk of inappropriate care and staff at risk of possible harm.</p> <p>Regulation 23 (1) (a) and (b).</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.