

Embrace (UK) Limited

Peel Gardens

Inspection report

Off Vivary Way

Colne

BB8 9PR

Tel: 01282 871243871243

Website: www.embracegroup.co.uk

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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



Overall summary

Peel Gardens is a two storey purpose built home situated in a quiet residential area of Colne near to local amenities. There are three comfortable lounges, a number of quiet seating areas and a dining room. All bed rooms have en-suite facilities and there is lift access to both floors. There is adequate parking. At the time of the inspection there were 35 people accommodated in the home.

At the last inspection on 17 April 2014, we found the provider was not meeting the relevant legal requirements relating to how care and treatment was planned and delivered, how people's medicines were managed and

the suitability and safety of premises. We also found there were insufficient skilled and experienced permanent staff and accurate and appropriate records were not maintained. We asked the provider to take action to make improvements. During this inspection visit we found action had been taken and further improvements were ongoing in respect of the premises and people's care records.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 registered manager had been in post since March 2014. People made positive comments about how the home had improved. A visitor said, "Everything has improved; the home is much better". Staff told us, "The home has improved; the manager is very good", "We have a good manager who is clear about what needs doing" and "There are still things to do but we are in a much better place than we were. Things have improved."

During the inspection we did not observe anything to give us cause for concern about people's wellbeing and safety. People living in the home, and their visitors, told us they did not have any concerns about the way they were cared for. We observed staff interacting with people in a kind, warm and caring manner.

Staff told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines and people received their medicines on time.

There were sufficient numbers of permanent staff to support people and keep them safe. We noted people's requests for assistance were responded to in a timely way and staff were available in all areas of the home. One person said, "The staff are very good; there is always someone on hand to help." We found appropriate checks had been completed on new staff before they began working for the service and staff had received a range of training to give them the necessary skills and knowledge to help them look after people properly.

During our visit we observed staff responding to people with care and compassion. We observed staff talking gently and calmly to people to try to resolve difficult situations. People told us they were happy with the approach taken by staff. Comments included, "Staff are very good with me" and "Everyone is very nice."

Each person had a care plan containing information about their likes and dislikes as well as their care and support needs. They had been updated on a monthly basis in line with any changing needs and showed people had been consulted about their care.

People told us they enjoyed their meals. We observed people being given the support and encouragement they needed and being offered choices of meals.

Meaningful activities were provided for small groups of people or mainly on a one to one basis. People had been involved in discussions about the activities they would prefer and we were given examples of how people's individual social needs were met. Visitors told us they were able to visit at any time and were made to feel welcome.

People were able to discuss their concerns and share their views about the running of the home during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. Visitors spoken with said they knew how to make a complaint and were confident to do so. One visitor said, "I have complained. They were very apologetic and dealt with the problem." The information was used to monitor people's satisfaction with the service provided and to make improvements.

Improvements to all areas of the home were ongoing. There was a detailed plan for improvements with clear timescales for action. People were happy with their rooms. There were improved systems in place to regularly assess and monitor the quality of the service with evidence these systems had identified any shortfalls and that improvements had been made.

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. People received their medicines in a timely way and regular reviews ensured they were receiving the appropriate medicines.

The home had sufficient skilled and experienced staff to meet people's needs. There were enough staff to respond to people in a timely way and staff were available in all areas of the home.

Staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

Good



Is the service effective?

The service was effective. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

People told us they enjoyed their meals. People were given the support and encouragement they needed and were offered choices of meals.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Good



Is the service caring?

The service was caring. People living in the home, and their relatives, were happy with the staff team. Staff responded to people in a kind, warm and caring manner.

People were able to make choices and were involved in making decisions such as how they spent their time, how they dressed, the meals they ate and activities.

People's dignity and privacy was respected and they were supported to be as independent as possible. Care workers were knowledgeable about people's individual needs, backgrounds and personalities.

Good



Is the service responsive?

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs.

People were involved in meaningful activities both inside and outside the home. They were involved in discussions and decisions about the activities they would prefer which helped make sure activities were tailored to each person.

People had no complaints about the service but knew who to speak to if they were unhappy. Processes were in place to manage and respond to complaints and concerns.

Good



Is the service well-led?

The service was well led. People made positive comments about the management of the home. Staff were aware of their roles and responsibilities.

Good



Summary of findings

The quality of the service was effectively monitored to ensure improvements were on-going.

There were effective systems in place to seek people's views and opinions about the running of the home.

Peel Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 26 and 27 January 2015 and was unannounced. The inspection team consisted of an adult social care 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 we reviewed the information we held about the service. At the last inspection on 17 April 2014, we found the provider was not meeting the relevant legal requirements relating to how care and treatment was planned and delivered, how people's medicines were managed and the suitability and safety of premises. We also found there were insufficient skilled and experienced permanent staff and accurate and appropriate records were not maintained. We asked the provider to take action to make improvements. This inspection was planned to

check whether the provider had made the necessary improvements. We contacted the local authority commissioning and contracts team for some feedback about the service. We also spoke with the local authority infection control lead nurse.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with ten people living in the home and with five visitors. We spoke with the registered manager, the regional manager for quality improvement, a member of the nursing staff, four care staff and the activities coordinator.

We observed care and support being delivered. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of records including four people's care plans and other associated documentation, recruitment and staff records, minutes from meetings, cleaning schedules, development plans, training plans, complaints and compliments records, medication records and audits. We looked around the home to check on the progress of the environmental improvements.

Is the service safe?

Our findings

We spoke with the ten people living in the home. People living in the home, and their visitors, told us they did not have any concerns about the way they were cared for. One person said, “I am looked after very well; they are very kind to me.” Another person said, “They have been very good with me”. A visitor said, “The staff talk to him all the time.” During the inspection we did not observe anything to give us cause for concern about people’s wellbeing and safety. We observed staff interacting with people in a kind, warm and caring manner.

At our last inspection visit of 17 April 2014 we found a ‘moderate’ breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not protected against the risks associated with medicines as we found people were not receiving their medicines on time or in a way that had been agreed. Assessments of nursing staff competency were not up to date, medication records had not been maintained accurately and medicines were not always stored appropriately. We also found medicines storage areas were ‘cluttered’. We could not find any emergency equipment or first aid box and there were no records of regular checks on medical equipment in use.

During this inspection visit we found action had been taken to ensure people’s medicines were managed safely. We found the home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to. Nursing staff had received training to help them to safely administer medication and regular checks on their practice had commenced to ensure they were competent.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines. Medication was stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. Appropriate arrangements were in place for the management of controlled drugs which are medicines which may be at risk of misuse. Controlled drugs were stored appropriately and recorded in a separate register. We checked one person’s medicines

and found it corresponded accurately with the register. We saw the medication system was checked and audited on a monthly basis and prompt action taken in the event of any shortfalls.

We observed the morning medicine rounds were completed in a timely way and regular reviews of people’s medicines had been undertaken by their GP to ensure they were receiving the appropriate medicines.

Storage areas were clean and tidy although the tiling behind the sink was in need of repair. Regular checks on emergency equipment had been maintained. However, we noted calibration checks on the blood testing machine were not recorded. We discussed this with the registered manager who gave us assurances this would be completed.

At our last inspection visit of 17 April 2014 we found a ‘moderate’ breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the home was heavily reliant on the use of agency staff who were not always aware of people’s needs or the routines of the home. There had also been a number of changes to the management team in the home which had impacted on the day to day running of the home. We found that despite the numbers of staff on duty there were times when people were left unattended. It was unclear whether this was due to the lack of regular staff who were unfamiliar with people’s needs or the patterns and routines of working.

During this inspection visit we found permanent staff had been recruited in all departments. We looked at the staff rotas. We found the home had sufficient skilled and experienced staff to meet people’s needs. Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff and the use of agency staff was limited; staffing rotas supported this. This helped to ensure people were looked after by staff who knew them. They also said staffing numbers were kept under review and adjusted to respond to people’s choices, routines and needs. During the inspection we observed there were enough staff available to attend to people’s needs; we noted people’s requests were responded to in a timely way and staff were available in all areas of the home.

People told us they were happy with the staff who supported them and there were enough staff to support

Is the service safe?

them when they needed. One person said, “The staff are very good; there is always someone on hand to help.” A visitor told us, “The staff have been fantastic” and “Staff take time with him.”

At our last inspection visit of 17 April 2014 we found a ‘minor’ breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not adequately protected from the risks of unsafe or unsuitable premises. We found a number of areas were in need of repair and maintenance and were untidy and difficult to clean. There was an improvement plan but it was not comprehensive and did not include areas in need of attention as noted during our visit.

During this inspection we found a detailed improvement plan with dates for action. Progress with the action plan was being monitored by the provider. Improvements were ongoing and included new bathroom/toilet suites, redecoration, replacement floor coverings, removal of old sluice and hot water heaters. People were happy with their rooms. One person said, “I have a bigger room because I use a wheelchair and they use a hoist to move me.” From looking at records we saw equipment was safe and had been checked and serviced regularly. Training had been provided to ensure staff had the skills to use equipment safely and keep people safe.

Environmental health officers and fire safety officers had visited the home. We were told by the registered manager that any recommendations had been addressed.

We looked at the arrangements for keeping the service clean and hygienic. Prior to our last inspection visit the local authority infection control lead nurse had identified a number of concerns and had advised improvements were being addressed. During this inspection visit we found the areas of the home we looked at were mostly clean and free from offensive odours. There were cleaning schedules and audit systems in place to support good practice. However, we noted a number of gaps in the cleaning schedules from the previous week; the registered manager was aware of this, explained the reasons why and had taken action to ensure standards of record keeping and cleanliness were maintained.

We saw there were suitable policies and procedures to underpin 'infection control' in the home and staff had received appropriate training in this area. Since our last visit a housekeeper had been employed; she was the

infection control lead person for the service and would monitor staff practice. There were sufficient domestic and laundry staff. One member of staff told us they were provided with the equipment they needed. Appropriate protective clothing, such as gloves and aprons, were available should they be needed. There had been a recent outbreak of infection in the home and the registered manager had responded appropriately by providing clear information to people, their relatives and staff. These measures had effectively contained the outbreak.

We looked at the records of two members of staff and spoke with one member of staff about their recruitment and induction. We found a safe and fair recruitment process had been followed and the necessary checks had been completed. These included the receipt of a full employment history, criminal records check and references from previous employers.

There were clear safeguarding and ‘whistle blowing’ (reporting poor practice) procedures for staff to refer to. Safeguarding procedures are designed to protect adults at risk from abuse and neglect. From talking to staff and looking at records we found staff had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Our information showed management and staff had followed local safeguarding protocols, had responded appropriately to any incidents and had used the information to improve the service.

We found individual risks had been assessed and recorded in people’s care plans. Management strategies had been drawn up to guide staff on how to manage these risks and appropriate equipment was in use to reduce any risks to people’s health and well-being. The risk assessments we looked at had been reviewed and updated on a regular basis. This meant staff had clear, up to date guidance on providing safe care and support.

We saw there were strategies and guidance in place to support staff to deal with behaviours that challenge. Staff had also received training in this area which would help to keep themselves and others safe. During our visit we observed staff responding to people with care and compassion. We observed staff talking gently and calmly to people to try to resolve difficult situations.

Is the service effective?

Our findings

We looked at how people were protected from poor nutrition and supported with eating and drinking. We dined with people at lunchtime. People told us they enjoyed their meals. They made the following comments, “I like the food, it is very good” and “On the whole the meals are fine. I have my meals in my room because I don’t like going to the dining room.”

We observed people being given the support and encouragement they needed and being offered choices of meals. The meals served looked appealing and plentiful and the dining tables were appropriately and attractively set. The atmosphere was relaxed and unhurried with friendly chatter throughout the meal between staff and people living in the home. The menu was displayed around the home and people confirmed snacks and drinks were available throughout the day.

Care records included information about people’s dietary preferences and any risks associated with their nutritional needs. People’s weight was checked at regular intervals and appropriate professional advice and support had been sought when needed.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. Most staff had achieved a recognised qualification in care. We found there were effective systems to ensure training was completed in a timely manner.

Staff told us they were supported and provided with regular supervision and appraisal of their work performance. This would help identify any shortfalls in staff practice and identify the need for any additional training and support. One member of staff said, “We have a good staff team and I get the support I need.”

Handover meetings were held at the start and end of every shift and communication diaries and communication

boards helped keep them up to date about people’s changing needs and the support they needed. Records showed key information about people’s needs was shared between staff. Staff spoken with had a good understanding of people’s needs, interests and preferences.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and the registered manager and staff expressed a good understanding of processes relating to MCA and DoLS. At the time of the inspection there was a DoLS application in progress and records relating to this were up to date.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people’s ability to make safe decisions and choices and decisions about their lives. This was recorded in the care plans which helped staff make sure people received the help and support they needed. However, we noted people’s consent to the sharing of personal information was not recorded. The registered manager gave us assurances this would be reviewed.

We looked at how people were supported with their health. People’s healthcare needs were considered during the initial care planning process and as part of ongoing reviews. Records had been made of healthcare visits, including GPs, social workers, the mental health team, the chiropodist and the district nursing team. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. One person living in the home and two visitors confirmed appropriate referrals had been made when their, or their relatives, health had deteriorated.

Is the service caring?

Our findings

People who lived at the home told us they were happy with the approach taken by staff. Comments included, “Staff are lovely”, “Staff are very good with me” and “Everyone is very nice”. A visitor said, “He gets good care here.”

During our visit we observed staff responding to people in a kind, warm and caring manner and being respectful of people's choices and opinions. It was clear from our discussions, observations and from looking at records that people were able to make choices; examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. A visitor told us they were kept up to date about their relatives' health and welfare and also involved in any decisions, where appropriate.

At our last inspection visit of 17 April 2014 we found a ‘minor’ breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Accurate records in respect of people's care had not been maintained which placed them at risk of receiving inappropriate care.

During this inspection we looked at four people's care plans. We found an improved care plan system had been introduced and most of the old records had been replaced. We were told staff had received training in the new system. One member of staff told us the new format was clearer and easier to understand.

People living in the home, or their relatives, had been involved in decisions about care and support. Information about people's preferred routines and preferences had been recorded and shared with staff. This helped ensure people received the care and support they both wanted and needed.

We observed staff being respectful of people's privacy and supporting people to be as independent as possible, in accordance with their needs, abilities and preferences. However, we noted only one of the four care plans that we

looked at recorded people's preferences in relation to the gender of staff providing personal care for them. The registered manager gave us assurances this would be included for everyone as part of the care planning process. One person's care plan indicated they preferred female staff to support them; they told us their wishes had been respected.

Bedrooms were on the ground and first floors and had been furnished with personal items to make them more homely. Each person had a single en-suite room and could have a key to their room if they wished. There were two comfortable lounge areas and a dining room on the ground floor and a small lounge on the first floor. A number of quiet seating areas were available on both floors. This meant people's privacy could be upheld when they received visitors and they would not have to use their bedrooms to meet with professionals. Bathrooms and toilets were located on both floors, were fitted with appropriate locks and were suitably equipped for the people living in the home. At the time of our visit various improvements were being made to bedrooms, bathroom and toilet areas; most rooms needed redecorating following removal of the old heating system. This was included as part of the ongoing improvement plan. A ‘handyman’ was available to make sure repairs and refurbishments to the home were completed in a timely way. We saw suitable fittings to promote privacy and dignity, such as obscured glass and fitted blinds.

Information about advocacy services was displayed in the home. This service could be used when people wanted support and advice from someone other than staff, friends or family members. People had a guide to Peel Gardens which included useful information about the services and facilities available to them and were kept up to date with a quarterly newsletter. However, we noted there were no assurances in the ‘guide’ that people's information would be treated confidentially or advising them when their information may be shared with others. The registered manager told us this would be reviewed.

Is the service responsive?

Our findings

People received personal care and support that was responsive to their needs. We looked at a completed pre admission assessment and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. We noted the assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person had a care plan that was personal to them. The care plans contained information about people's likes and dislikes as well as their care and support needs. The care plans included good information about the support people needed with processes in place to monitor and respond to changes in their health and well-being. They had been updated on a monthly basis and in line with any changing needs and showed people had been consulted about their care. The registered manager told us people, or their relatives, would be more involved in the review process when the new documentation was in place for all care records. We were told there were seven records remaining. Regular checks on people's care plans were undertaken to identify any shortfalls in the record keeping; there was evidence this was effective.

We received mixed comments about activities. A visitor told us they had observed people enjoying film afternoons. Another visitor commented there were not enough activities. An activity coordinator was employed by the service. We observed friendly and kind interactions between people using the service and the activities person. From looking at records, from observations and from discussions with people it was clear there were

opportunities for involvement in meaningful activities both inside and outside the home. People had been involved in discussions about the activities they would prefer which should help make sure activities were tailored to each individual. Activities were arranged for small groups of people or mainly on a one to one basis. We were given examples of how people's individual social needs were met. These included people enjoying regular walks, one person being provided with a pint of beer every night and being helped to 'put a bet on' and another person enjoying playing the 'electric piano' for staff, visitors and people living in the home. We saw a programme of planned activities which included visiting entertainers. The activity person explained how this would be changed to meet people's requests and needs. The service had established links with local schools and churches and people were supported to access the community on a one to one basis.

People were able to keep in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own rooms, in the lounges or in the quiet seating areas. Visitors told us they were able to visit at any time and were made to feel welcome. One visitor said, "They take care of the relatives. They offer me tea, I feel welcome".

The complaints procedure was given to people at the time of admission and was displayed around the home. People who used the service and their relatives were able to discuss their concerns during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. Visitors spoken with said they knew how to make a complaint and were confident to do so. One visitor said, "I have complained. They were very apologetic and dealt with the problem." Another visitor said, "I feel sure I could go to the manager right away, she's very approachable". Records showed people's complaints and concerns had been effectively investigated and resolved to the satisfaction of the complainants. Complaints were monitored and the information was used to improve the service.

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. Staff were aware of their roles and responsibilities. There was a registered manager in day to day charge of the home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported by senior managers and she was able to regularly meet with managers from other services. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

The registered manager had been in post since March 2014. People described the registered manager as 'approachable', 'efficient' and 'calm'. A visitor said, "Everything has improved; the home is much better". Staff told us, "The home has improved; the manager is very good", "We have a good manager who is clear about what needs doing" and "There are still things to do but we are in a much better place than we were. Things have improved."

The registered manager was committed to ongoing improvement of the service and was able to describe the

progress made and the improvements needed. They had notified the commission of any notifiable incidents in the home in line with the current regulations. All accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, money, activities, staff training, care plans, infection control and environment. There was evidence these systems identified any shortfalls and that improvements had been made.

There were effective systems in place to seek people's views and opinions about the running of the home. There were meetings held for people living in the home and their relatives and people were asked to complete customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided and to make any improvements needed.

The provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.