

Mr & Mrs J B Seegoolam

Peasholm Court

Inspection report

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Scarborough
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Tel: 01723 362333

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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

This inspection took place on 17 July 2015 and was announced. The last inspection at this service on 6 January 2014 had found no breaches of regulations.

Peasholm Court is a family run service registered to provide personal care and accommodation to a maximum of three adults with a mental health condition. The service is a large detached house in a residential area of Scarborough.

There was a registered manager at this service. 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 told us they felt safe and we saw that risks had been identified within the service and actions taken to ensure people's safety. Medicines were managed safely

Summary of findings

Staff understood how to protect people from abuse and had received training. They were supported through the use of supervision.

People who used the service had personalised care and support plans and had been involved in their development . They were involved in all aspects of their care.

People knew who to complain to and had signed to say they understood the complaints procedure.

There was an effective quality assurance system in place at this service.

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?

This service was safe. People told us they felt safe.

Staff understood what it meant to safeguard someone and they had been trained to do so.

Health and safety risks had been considered and actions had been taken to minimise them.

Medicines were managed safely.

Good



Is the service effective?

This service was effective. People were given choices.

Staff were trained in subjects that were relevant to people who used the service. They were supported through training and the use of supervision.

Food was described as good by people who used the service.

Good



Is the service caring?

This was a small family run service where we could see interactions were friendly and respectful.

People's privacy and dignity was respected.

People were involved in their care and were given information.

Good



Is the service responsive?

The service was responsive. Care plans were personalised and any risks had been identified.

There was a strong emphasis on community involvement. People had access to activities.

There was a complaints policy and procedure and people who used the service knew how to make a complaint.

Good



Is the service well-led?

The service was well led by a registered manager.

There was an effective quality assurance system in place to ensure the quality of the service was maintained and that improvements could be made.

Maintenance of mains services and equipment was completed and up to date.

Good



Peasholm Court

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 17 July 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was conducted by one inspector. Prior to the inspection we looked any information we held about the service including any statutory notifications. These are notifications that the provider makes to the Care Quality

Commission when they need to report specific events. We spoke with the local commissioners and they told us they had no current concerns about this service. We also looked at the quality audit they had carried out in June 2014 which identified no issues.

We requested and received a Provider Information return (PIR) for the service. 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.

During the inspection we looked at one persons care and support plan and their medicine administration record. We also looked at employment and training files for four staff and other records relating to the running of the service including policies and procedures and service records. We interviewed one person who used the service and the manager who was the only member of staff on duty on the day of our visit.

Is the service safe?

Our findings

There was only one person who used the service on the day of our inspection. They told us that they felt safe and said, "This feels like a safe house."

The service was a family run service and the registered manager was the only member of staff on duty when we inspected. We looked at the employment files for staff and saw that they contained all the required information including evidence of criminal records checks obtained through the Disclosure and Barring service (DBS). The DBS assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. This meant that those staff that worked at the service were deemed suitable to work with this client group which in turn safeguarded the welfare of people who used the service.

The registered manager told us that they worked full time at the service but that other staff provided support when they were not on duty. We observed there to be sufficient staff on duty to meet the needs of people who used the service. There were no set rotas as the registered manager who was also registered with CQC as the provider. They lived on the premises and were available twenty four hours a day. The people who used the service lived separately from the registered manager and their family but in the same house. It was a small family type setting.

There were policies and procedures in place in relation to abuse and whistleblowing procedures. Records showed that staff had received training in safeguarding adults and the registered manager could explain to us what they would do to alert people if they witnessed any abuse. This helped to ensure that staff were confident in the use of safeguarding procedures which protected people who used the service. There had been no safeguarding notifications relating to people who lived at this service received by CQC.

People were protected from the risk of unsafe premises. Health and safety risk assessments had been completed

which included a fire risk assessment. Mains services had all been checked within the last twelve months. The risk assessments looked at all areas of the service, any identified issues and actions taken. For example there was a smoking room if people wished to smoke indoors which was identified as a fire hazard. The room had a fire detector fitted and a fire exit leading outside. This meant that the risks to people's safety were clearly identified and action taken to protect people.

Risk assessments were also carried out as part of the care and support planning process and included areas such as personal care, nutrition, behaviours and self awareness. The service had arranged a recent trip abroad and there was a risk assessment relating to that trip. The care and support plan and risk assessment had been signed by the person who used the service to say they agreed with them and they confirmed this.

Staff had completed training in fire safety awareness, medicine management, food safety and moving and handling. This meant that people who used the service were protected from the risk of unsafe health and safety practices because staff had received up to date training.

The house was clean and tidy and we were able to see a bedroom used by a person who used the service with their permission. They told us, "We clean my room every week." When we asked about this they told us that the provider supported them to keep their room clean and tidy. We saw that there was an infection control policy and procedure for staff to follow.

Medicines were managed safely. Policies and procedures were comprehensive and covered all areas of medicine management. Staff had received training in administration of medicines. We examined the records for medicines which were completed and up to date. We saw that medicine audits were completed monthly. People who used the service collected their own medicines from a local pharmacy and this was recorded as part of their care and support plan.

Is the service effective?

Our findings

When we asked if they were involved in making decisions one person who used the service told us, “I can go out when I like. I go out a lot with (registered manager) and he supports me to do whatever I want.”

We saw that the service had no need to refer to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLs) at the moment as no one lacked capacity. However, the registered manager was aware of the principles of the MCA and knew when they should be implemented. The MCA sets out the legal requirements and guidance around how staff should ascertain people’s capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions.

Staff had the skills and knowledge required to carry out their roles and when we interviewed the registered manager they were able to tell us that they had completed training in subjects such as moving and handling, fire safety, conflict resolution and safeguarding. We saw that all the staff had completed this training and when we looked at training files they confirmed when the training was completed.

Staff files we looked at contained supervision records. The most recent record showed that staff had supervision in May 2015. These supervision meetings enabled staff to discuss their performance, training needs and achievements to date. Although this was a service staffed by family members the provider continued to provide support to staff in their work.

One person who used the service told us, “The staff know exactly what they are doing. If anyone needs help they will call an ambulance.” We saw that one person had regular health checks at their surgery and also visited a community mental health centre. People were well supported to access other health and social care professionals when it was required.

We observed a person who used the service discussing what they were going to have for lunch with the registered manager. They told us that they usually had their meals in the dining room and said, “There is a good variety of food. It is good.” They told us that they had a cooked breakfast and a cooked lunch and then a snack type evening meal which suited them. They said, “Sometimes I will chose to go to the fish and chip shop.”

We saw that they had a kettle and tea and coffee making facilities available in their room so that they could make a drink whenever they wished. We asked if people had a choice of what to eat. They told us that they were asked each day what they wanted to eat. They said, “Very good food; well cooked.”

We saw that the service had not been visited by the local council environmental health officer recently to check that food was handled safely and spoke with the local officer. They told us that this was a low risk service which was dealt with through the use of questionnaires annually and an occasional scheduled visit. The environmental health department had no concerns with this service. Staff had been trained in safe food handling.

Is the service caring?

Our findings

Throughout the inspection we saw that interactions between people who used the service and staff were friendly and respectful. It was clear that people knew each other well and people told us they were well cared for. One person said, “I think the staff are caring. (Registered Manager) is good to me.”

The registered manager spoke with warmth about the person they supported. It was evident that they enjoyed their company, and were keen to ensure this person had a good quality of life. They told us, “We spend a lot of time together. We go shopping, into town and swimming.” The person who used the service confirmed this.

Staff ensured that people’s dignity and privacy was respected. When we were taken to look at one person’s bedroom the staff knocked on the door before entering and asked permission for us to enter. When we spoke to this person they confirmed to us that this was normal practice.

The service supported people to be as independent as they could be. We saw people were encouraged to make drinks for themselves. They had a bedroom and a sitting room where there was equipment for making drinks and they told us that they liked this because they could have a drink whenever they wished. People were not involved in meal preparation but did choose what they would like to eat.

Care plans contained information about people’s likes and dislikes. We saw evidence of people being involved in their care planning and one person said, “I am involved in my care and (registered manager) supports me.” They said, “(registered manager) explains everything to me.” We saw records of discussions held between the registered manager and this person in their care records.

In addition to working closely with the registered manager people also had a designated worker from the community mental health team who could advocate for them. They knew how to contact this person if necessary and saw them regularly.

Is the service responsive?

Our findings

People received support which was personalised and met their needs. The registered manager told us that people were assessed prior to moving in. No one new had joined the service for a number of years because the providers had made a decision not to admit further people to the service.

We saw that people got the right level of support, and felt comfortable talking to staff about what was important to them. People could express their choices about how they wanted their care to develop. One person told us, "I think the time is coming for me to move on and be more independent. I want my own flat closer to my family." The registered manager told us that they were supporting this person in their plans to move into supported living accommodation.

Care and support plans contained information about people's needs and associated risks. There were detailed plans in place relating to people's behaviours and these highlighted the risk to themselves or others. They detailed what triggered the behaviour and what staff could do to support the person. The daily notes recorded any incidents and responses by staff.

There was a strong emphasis on supporting people to be involved in the local community. We saw people had access to a range of activities which were recorded. One person told us, "I walk to town, go the pub, sometimes with (name), go swimming and help (name) to do the shopping."

There was an activity sheet for this person which outlined planned activities every day. If the person did not take part in some of the activities it was recorded in their care records.

The person told us that they had been on a trip to London which they enjoyed and recently joined a trip planned by the registered manager to France. This was organised by a local church. We asked whether or not the person's spiritual needs were met and they told us that they sometimes attended church. They also said that they did other things they enjoyed doing which made them happy. They told us, "I am stable here." We saw that one person was being encouraged to explore paid employment through the Job Centre. People were supported to live in a meaningful way which appeared to make them happy.

People were supported to maintain relationships with family and friends. One person told us they went to their family home to visit sometimes and that this was encouraged and supported by the registered manager. They also told us that they could telephone family whenever they wished.

Although we could see the process for making complaints at this service by looking at the complaints policy and procedure none had been made. People who used the service had signed to say they were aware of how to make a complaint and one person described to us how they would do that saying that they would, "Take it up with (name) and they would sort it." They said, "I have nothing to complain about. I have a good life here."

Is the service well-led?

Our findings

This was a small family run service where there was a registered manager who was also one of the providers. All the staff were members of the same family and there was a supportive atmosphere at the service. They had a common understanding of the service.

Regular formal staff meetings were not held but daily discussions with other members of the staff team took place. The registered manager did provide supervision for staff. We also saw a folder evidencing how the registered manager had maintained and updated their own practice through reading articles and training.

The registered manager was open and honest throughout the inspection and was able to answer all of our questions and provide any information we requested. The information was clear and easy to follow. We had seen when we read peoples care and support plans that there were clear links with the community through healthcare services, churches and clubs.

There were effective systems in place to monitor the quality of the service. The registered manager had captured the views of people who used the service through questioning and recording these in their records. There had however been no recent questionnaires sent to professionals which would have helped the registered manager to determine their views and learn from them. The number of responses or comments to any questionnaires was small due to the size of the service and so they had not been analysed but

instead were considered individually. We looked at the quality audit carried out by the local authority in June 2014 which had not identified any issues of concern. There was evidence of audits carried out by the registered manager. For instance the medicines were audited monthly.

We saw that servicing of mains services had been carried out which demonstrated that the provider was making every effort to maintain the safety of people who used the service. The wiring of the property had recently been checked. When the registered manager identified that they had not yet received the documentation from this recent electrical wiring check they asked the tradesman to speak to us to confirm it had been done and sent us the information immediately after the inspection. We saw that mains gas and water had been checked and individual appliances had been checked.

There was a fire safety folder which showed evidence of weekly fire alarm checks having being carried out. There was a fire risk assessment carried out in the last year and a fire safety policy and procedure available for peoples information.

There had been no accidents and incidents at this service since the last inspection and so there was no documentation to inspect. There were policies and procedures to inform staff relating to first aid, health and safety administration of medicines, missing persons and safeguarding so that when required staff could access the relevant information.