Peartree House Rehabilitation Limited

Peartree House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 16 & 19 October 2015 and was unannounced. Peartree House provides accommodation and care for up to 46 people specialising in the rehabilitation of people with an acquired brain injury. At the time of our inspection there were 36 people living at the home. Accommodation is provided in either the main building or in three smaller buildings where people were supported to be more independent. The Centre provides both long-term care and active rehabilitation, and aims to enable clients to maximise their skills and abilities.

The home has a registered manager who has been registered since December 2011. 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.

Risk assessments had been completed for the environment and safety checks were conducted regularly of gas and electrical equipment. People had individualised evacuation plans in their care folders.

Summary of findings

However, an emergency grab bag was not available at reception, with people's individualised evacuation plans. This meant that in an emergency they could not be accessed easily and presented a potential risk to people.

There were enough staff to meet people's needs. Relevant recruitment checks were conducted before staff started working at Peartree house to make sure they were of good character and had the necessary skills. Staff told us they received regular supervision and support where they could discuss their training and development needs, but records showed they had not recently been completed.

People felt safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. People were supported to receive their medicines safely from suitably trained staff.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People received varied and nutritious meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu choice of the day. However, people did not always have their fluid intakes recorded appropriately.

People were cared for with kindness, compassion and sensitivity. We observed positive interactions between people and staff. Support was provided in accordance with people's wishes.

People and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. People were encouraged to remain as independent as possible. Their privacy and dignity was protected.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

People liked living at the home and felt it was well-led. There was an open and transparent culture within the home. There were appropriate management arrangements in place and staff told us they were encouraged to talk to the manager about any concerns. Regular audits of the service were carried out to assess and monitor the quality of the 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?

Good

The service was safe.

People had individual evacuation plans in their file in case of a fire; however there was not a grab bag for staff to use in the event of an emergency.

Care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

Sufficient numbers of staff were provided to meet the needs of people who used the service. The process used to recruit staff was safe and helped ensure staff were suitable for their role.

Staff knew how to identify, prevent and report abuse and medicines were managed safely.

Is the service effective?

Requires improvement

The service was not always effective.

People enjoyed nutritious and healthy meals. However, recording of people's fluid intake was not complete.

Staff received appropriate training, supervision and appraisal. However, some supervision records showed these had fallen .People were supported to access health professionals and treatments.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Is the service caring?

Good

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible. Their dignity and privacy was protected at all times.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information to guide staff on the care to be provided. Detailed handover sheets were produced daily so staff were aware of peoples continuing change of needs.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home. Staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

There was a whistle blowing policy in place and staff knew how to report concerns.

Peartree House

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 16 & 19 October 2015 and was unannounced. The inspection team consisted of one inspector and a specialist nursing advisor, who specialised in people with an acquired brain injury.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the home, and five family members. We also spoke to the registered manager, physiotherapist, occupational therapists, registered nurse, maintenance manager and eight staff members. We spoke with two health care professionals who were visiting the home. We looked at care plans and associated records for five people, five staff recruitment files, accidents and incidents records, policies and procedures, minutes of meetings and quality assurance records. We observed care and support being delivered in communal areas.

We previously inspected the home in November 2013 where no concerns were found.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt the care was safe. One person said, "I like living here, it's safe and there are enough staff on duty to look after us." Another person said, "I like living here It's very clean and I feel safe." Another person said, "I feel safe and feel there are enough staff on duty."

The home had a business continuity plan in place for dealing with any emergencies that could arise and possibly affect the provision of care. Environmental risk assessments had been completed and action identified had been taken to ensure the home was safe. Safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency, which identified the support they would need form staff. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. However, there was no emergency grab bag in the reception area with peoples individualised evacuation plans, which would be easy to locate in the case of an emergency situation. We spoke to the registered manager who agreed it would be a good idea.

The service undertook risk assessments to support people to maintain their independence. These included, for example, what support people might need to help them access the community. Where people had been identified as prone to falls, the physiotherapists used exercise mats in the gym to teach people how to get back up off the floor following a fall. This ensured they were able to maintain their independence in a safe environment.

Care records we looked at showed that risks to people's health and well-being had been identified, such as the risk associated with poor mobility, poor nutrition and the risk of choking. We saw that detailed care plans had been put into place to help reduce or eliminate the identified risks. Staff showed that they understood people's risks and we saw that people's health and wellbeing risks were assessed, monitored and reviewed. We saw that people were supported in accordance with their risk management plans. For example, people who were at risk of skin damage used special cushions and mattresses to reduce the risk of damage to their skin.

There were enough staff to meet people's needs at all times and we observed people were attended to quickly. We observed staff were able to spend time talking with people, which people enjoyed. Staffing levels were determined by the number of people using the service and their needs.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people working with people who use care and support services. Staff confirmed this process was followed before they started working at the home.

All staff had been trained in safeguarding adults from abuse. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. They said if they had any concerns they would report them straight away to the registered manager, who would take appropriate action. The provider had suitable polices in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. There were various leaflets around the home advising people if they had any concerns in relation to safeguarding which gave a number they could call for help. One staff member said, "If I witnessed any safeguarding concerns I would inform my managers, follow the official procedures and call out of hours safeguarding if required."

People were supported to receive their medicines safely. Staff knew how people liked to take their medicines. One person was receiving their medicines covertly by staff hiding them in the person's food. Their GP had advised how this should be done safely and staff described how they achieved this in practice. This allowed the person to receive essential medicines in a safe way.

All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medicine administration records (MAR) confirmed people had received their medicines as prescribed. MAR records were detailed and had a photograph of the person on the

Good

Is the service safe?

MAR record as well as information regarding allergies. Medicines audits were carried out regularly and any remedial actions were completed promptly. Training records showed staff were suitably trained and had been assessed as being competent to administer medicines.

Requires improvement

Is the service effective?

Our findings

People and their relatives spoke positively about the quality of the food. One person said, "Food is fantastic, beautiful food." Another person told us, "The food is very nice, too nice and staff will offer me an alternative if I don't like what is on offer." Another person said, "Would like more traditional food." A family member said, "Food here is good." Another family member said, "They would like to see more fresh fruit."

People told us they could choose where to eat, either in the dining room, or in their room.

People were encouraged to eat well and staff provided one to one support at meal-times where needed. Staff closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required. Food and fluid charts were completed for people who required this. However, these were not always completed accurately for some people as staff did not always add up the fluid intake each day. Therefore, it was not easy for staff to identify whether people had received enough to drink each day. We spoke to the registered nurse on duty, who informed us they would update the records.

While we were at the home the chef attended a resident's meeting in the morning, to talk to people about the food, and to listen to any concerns people might have about the food. The chef was able to inform people that all the food was now fresh and no vegetables used were from tins. People at the meeting stated they could choose a different meal of their liking if they did not like the menu choices on offer. A Snack box was discussed for residents to access during times the kitchen is closed, the chef stated one had been created but staff needed to communicate to each other about the process. The plan is to put up visual pictures of what is available from the snack box.

The home had an occupational therapy kitchen which was used for people to access and utilise as part of their rehabilitation programme. This was supported by the occupational therapist, an occupational therapist can help people learn new skills or regain lost skills, and can arrange for aids and adaptations you may need in your home. People were assisted to write their shopping list, then accompanied to the shops to buy the food. They were supported to prepare and cook this food for themselves and their families.

Staff told us they felt supported. One said, "I feel 100% supported by my supervisor, and have regular supervisions and appraisals." We found staff were supported appropriately in their work. Most staff had one-to-one sessions of supervisions on a regular basis, a yearly appraisal and regular staff meetings. These provided opportunities for them to discuss their performance, development and training needs. One staff member told us, "At my appraisal I told the manger that I wanted to go further in my career, so they suggested I complete my diploma level 5 in care and has given me more responsibility." However, some supervision records had fallen behind, and the home had put a plan in place, and supervisions were beginning to happen more regularly.

Staff told us, "Training is really good. We have someone coming into the home soon with behaviour issues, so we have just completed safe breakaway training." Another staff member said, "The brain injury training was brilliant, really helped, it was very beneficial to me." Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. Staff were up to date with all the provider's essential training, which was refreshed regularly. The registered manager told us, "With training, we aim to have 95% of staff to obtain a level 3 diploma in health and social care."

New staff completed an induction at Peartree house before they were permitted to work unsupervised and had completed the care certificate. This was awarded to staff that completed a learning programme designed to enable them to provide safe and compassionate care. A staff member told us, "My induction has been really professional and I feel looked after. All staff have been welcoming and supportive."

We found that people's care and treatments were based on assessments by the multidisciplinary team and were planned to deliver effective goal-based rehabilitation. The health care needs of the people who used the service were met by a team of health care professionals. This team included a consultant who was experienced in brain injury and other neurological conditions, registered nurses, support workers, physiotherapists, occupational therapists, speech and language therapists. In addition to the team of

Requires improvement

Is the service effective?

professionals who provided a service at the unit, people had access to external health and social care professionals, such as hospital consultants, GPs, chiropodists, dietician, dentists and social workers.

Staff from the home had been involved in a multi-agency strategy for the prevention and management of pressure ulcers called 'under pressure '. They contributed to the development of a document, which when completed, will be sent out to all local care homes. This was with the local hospital trusts, Southampton practice nurse forum and Southampton City Council.

We found people's ability to make decisions was assessed in line with the Mental capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people living with an acquired brain injury.

A best interest decision had been made for one person to receive their essential medicines in a hidden way without their consent, following consultation with family members and the GP. This was clearly documented with clear guidelines from; their GP to make sure this was achieved safely and in the person's best interest.

The provider had appropriate polices in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS had been authorised for ten people and applications had been made for a further five people, which were being processed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

Good

Is the service caring?

Our findings

People said they were cared for with kindness and compassion. One person said, “staff are caring and they will always gain consent before carrying out any caring tasks.” Another person said, “Staff are caring, I feel comfortable with staff.” Another person said, “Never seen anyone snap or be unkind.” A family member said, “The girls are very caring without a doubt.”

During our visit we observed good relationships between the staff and people. Staff spoke with people in a friendly manner and we heard laughter as people and staff shared humour and jokes. We heard staff engaging with people as they walked around the home, offering the people encouragement throughout and giving guidance where necessary. The staff were aware that a pivotal role in their job was to encourage people’s independence to ensure that they developed the necessary confidence and ability to return to their own homes. One person said, “Staff support me to maintain my independence, they are caring and good.” Another person said, “Majority of staff help me to be as independent as possible.” One staff member said, “With rehab it’s great to see people progress, makes the job worthwhile.”

Staff respected people’s privacy and dignity. We observed care was offered discretely in order to maintain personal dignity. People’s privacy was protected by ensuring all aspects of personal care were provided in their own rooms. Staff knocked on doors and waited for a response before entering people’s rooms. Staff told us they promoted people’s privacy and dignity by hanging a sign on the door when providing personal care to people saying ‘do not enter care in progress.’ One person said, “Staff respect my privacy, I can do what I want, when I want.” Another person said, “Generally staff will knock on the door 98% of the time.” A family member said, “Staff knock on the door before they come in.” However one person said, “Staff do not always knock on my bedroom door before entering but they do respect my privacy during personal care tasks.”

The home had appointed a dignity champion who informed us they were attending workshops with other staff across the South, where they would discuss the seven core principles of dignity and how they can improve dignity in the home. A dignity champion should challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion was in the process of setting up training, where they would show videos and have a quiz, so staff were more aware and to make sure staff knocked on peoples’ doors before entering.

There were no restrictions on visiting and visitors and relatives were made welcome. Staff had a good knowledge of people and knew their likes and dislikes. People told us that they could make choices and that their decisions were respected. People had a choice of a male or female member of staff when receiving personal care. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. Comments in care plans showed this process was on-going. A comment from a recent relative’s survey stated, ‘As a relative I am kept well informed and involved in their care.’

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Good

Is the service responsive?

Our findings

People received personal care from staff who supported them to make choices. One person said, "I complete lots of jigsaws which I enjoy, and I went out yesterday for a day to Longleat." People also told us they knew how to make a complaint, one person said, "I would see the boss (the registered manager) to make a complaint, and the boss talks to me all the time." Another person said, "I would speak to the manager if I wanted to complain."

Care plans contained detailed information to guide the nursing and rehabilitation staff on the care to be provided. They also contained specific specialist information and guidance from the relevant professionals involved in the development of people's individual rehabilitation treatment programmes. Where appropriate, photographs were used to show how an individual's support should be delivered. Examples of this included instructions on how to fit splints and how the person should be assisted to perform exercises. Photographs were also used to show how people should be positioned in bed and in their chairs.

A staff member told us, "Care plans are reviewed once a month by the keyworker." Care plans were reviewed regularly and people's progress was recorded in multidisciplinary progress notes. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enable them to respond to meet people's needs.

Staff used a 'handover sheet' to communicate information about people. The handover sheet included names of all residents with information regarding their medical history, physiotherapy needs, occupational therapy needs, and speech and language needs, as well as any changes to care that needed to be passed over. A staff member told us, "This is updated at the end of shift, printed out and handed to all staff." The handover sheet had been amended in line with concerns from staff who felt, the previous sheet was too jumbled! Due to continuous changes as part of peoples rehabilitation programme needed to be updated daily to reflect people's changing needs. One staff member said, "Care plans are easy to understand, but need to be updated more which is not always easy as with rehab they can change so quickly. Which is why the handover sheet each day, is so important it's brilliant." Handover meetings are held daily, at the end of each shift with all nurses and support staff, occupational therapists, physiotherapists and the speech and language therapists a copy is printed for all staff to check throughout the day. These are then divided into department section so everyone gets their say on each service user.

Resident's meeting were held monthly and were well attended. Minutes of 'resident's meetings' showed people were encouraged to influence changes, and provide feedback on how the home was run. As a result, during the last meeting, residents requested more frequent meetings, which was agreed would occur fortnightly to speed up actions and improvements for residents. The day we were inspecting a resident's meeting was taking place and due to building works taking place at the home, the person in charge of the building works came to update residents on the progress so far. They gave reassurance that the painting of the dining area would be done at night to reduce disruption and people will be able to vote for a favourite picture each month. This picture will be sent to the printers and then placed on the wall so people will be able to have a different feature wall in the dining room each month chosen by them. People were told that the Occupational Therapy kitchen hob was to be replaced. This would be more accessible for wheelchair users and a work surface which could be moved up or down for access. At the end of the meeting residents were informed of the upcoming Halloween party including fancy dress, disc jockey and catering at the end of the month.

Minutes for the previous meeting were on display in the reception area for everyone to read with actions and outcomes highlighted. One person told us, "The manager is okay, but they don't attend residents meetings." Another person told us, "It would be nice to see the manager in the meeting."

Activities were held every day except Sunday which was kept free for people to rest. Activities included, exercise groups, community outings to the shops or the cinema, arts and craft groups and quizzes. A Pet as Therapy (PAT) dog comes into the home every Saturday which people enjoyed. Feedback from the last residents meeting showed that people living at the home would like to see the dog come into the home twice a week. A day trip once a month was arranged, for example going to a theatre. Also the home provided a holiday month once a year, where it aimed to get everyone living in the home out at least once. People we spoke with had enjoyed a recent trip to Longleat safari park.

Good

Is the service responsive?

The home has a well-equipped physiotherapy department, where treatment is focussed on increasing balance, co-ordination and mobility. This uses equipment in the purpose built gym such as a tilt table, treadmill, exercise bike, and parallel bars. An overhead hoist had been installed to assist people with their walking.

People knew how to complain or make comments about the service and the complaints procedure was prominently displayed. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure.

Good

Is the service well-led?

Our findings

People told us the home was well run, one person said, "The manager is a very clever bloke; he listens and is very nice." Another person said, "I like the manager and they come and say hello every day." Another person said, "Manager lovely, so polite." A family member said, "Would be good to see them more, helps where they can but would like to see them go further."

There was an open and transparent culture within the home, to enable people to develop their independence and return to their own homes. Visitors were welcomed and there were good working relationships with external professionals. Staff told us they felt supported by management. One staff member told us, "Manager great very approachable and supportive and knows a lot about brain injuries." Another staff member said, "Management are better now and listen to you." Another staff member said, "Manager now has been the best one so far."

A staff member told us, "I attend team meetings once a week and we also have big staff meetings every other month." Staff were involved in the running of the home, and were asked for their ideas. Staff felt listened to at meetings. Staff were encouraged to open up and have their say, as in the past there were concerns about poor communication from management. Management listened, and provided a communication workshop for all staff to share ideas on what can be improved. As a result from the work shop a monthly newsletter was set up called 'The peartree press' and was attached to staff pay slips. The newsletter included updates from management and departments around the home.

The registered manager carried out quality surveys with people and their relatives. The most recent of these was in the process of being sent out, so we were unable to see the results from this year's survey. Results from last year's survey showed people were positive about living at the home. The survey was also sent at the same time to people's relatives and the results were very similar. Results showed that people's relatives were concerned about the seating areas, throughout the home being very limited. As a result from this and other consultations the home is undergoing improvements to the home and are building a new reception area, which is due for completion in march 2016. People were asked for ideas for the home and a family member suggested about turning the old reception area into a café, which would provide more seating areas, and a place to go with family and friends. Plans were already in place to create the old reception area into a café, once the new reception area was complete.

Auditing of all aspects of the service, including care planning, medicines, hand hygiene, accidents and incidents, health and safety, kitchen, infection control, housekeeping, training and development was conducted regularly and was effective. Where changes were needed, action plans were developed and changes made. These were monitored by the registered manager to ensure they were completed promptly.

There was a whistle blowing policy in place and staff were aware of it. A staff member said, "We have information on whistle blowing in the office." Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The home had signed up to an independent whistle blowing hotline provider. This was provided so it was easier for staff to report wrong doing, confidentially and anonymously, without having to go to their line manager if they preferred.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.