Pear Tree Grove Limited

Pear Tree Grove

Inspection report

97 Fosse Way
Syston
Leicester
Leicestershire
LE7 1NH

Tel: 01162698686

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 16 June 2016. At the last inspection completed on 14 May 2015, we found the provider had not met the regulations for four areas; notifications, safeguarding service users from abuse and improper treatment, need for consent, and good governance. At this inspection we found the provider had made the required improvements and the regulations were being met.

Pear Tree Grove is a care home registered to accommodate up to 10 people who have a learning disability or who are on the autistic spectrum. The home has 10 single bedrooms, two lounges and a dining room. The home has a large landscaped garden. At the time of the inspection eight people were using the service.

The service had a registered manager. 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 that they felt safe when staff supported them and that they enjoyed living at Pear Tree Grove.

Risk assessments were in place which described how to support people in a safe way. The service had safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

The provider carried out checks before staff started to work at the service to make sure that staff were suitable to work. There were enough staff on duty to meet the needs of the people who lived at the service.

People received their medicines as it had been prescribed by their doctor. Staff were trained and assessed as competent to administer medicines.

Staff were supported through training and supervision to be able to meet the needs of the people they were supporting. They undertook an induction programme when they started to work at the service.

Staff sought people's consent before providing personal care. People's capacity to make decisions had been considered in their care plans.

People were supported to maintain a balanced diet. People were supported to access healthcare services.

People told us that staff were caring. Staff we spoke with had a good understanding of how to promote people's dignity. Staff understood people's needs and preferences.

People were involved in decisions about their care. They told us that staff treated them with respect.

People were involved in the assessment of their needs. People and their relatives were involved in the review of their needs.

People were supported to take part in activities that they enjoyed.

People told us they knew how to make a complaint. The service had a complaints procedure in place.

The service was well organised and led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

People were asked for their feedback on the service that they received. The provider carried out monitoring of the quality of the service.

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 told us that they felt safe. Staff knew how to recognise and respond to abuse. The provider had followed effective recruitment procedures.

Staff managed the risks related to people's care. Individual risks had been assessed and identified as part of the care planning process.

People received their medicines as it had been prescribed by the doctor.

Is the service effective?

Good

The service was effective.

Staff received training to develop their knowledge and skills to support people effectively.

People's choices were respected and staff sought consent before providing personal care. People received support in line with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet. People had access to the services of healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were kind and treated people with respect and dignity. Staff knew people's likes and dislikes.

People's privacy was respected and relatives were encouraged to visit regularly and made to feel welcome.

Is the service responsive?

Good

The service was responsive

People's care plans were developed around their needs, were kept up to date and reflected people's preferences and choices. People or their relatives were involved in reviewing their care plan.

People were able to participate in activities that they enjoyed.

People knew how to complain and felt confident to raise any concerns.

Is the service well-led?

Good

The service was well-led.

People knew who the manager was and felt they were approachable.

There were quality assurance procedures in place to monitor quality.

People had been asked for their opinion on the service that had been provided.

Pear Tree Grove

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 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service and the local Healthwatch. Healthwatch are an organsiation who collect important information about people's views and experiences of care.

We spoke with two people and three relatives of people who used the service. We were unable to speak with other people who used the service as they had gone out for the day. We observed staff communicating with people who used the service and supporting them throughout the day. We spoke with the registered manager, the deputy manager and a member of care staff.

We looked at the care records of three people who used the service and other documentation about how the home was managed. This included policies and procedures and records associated with quality assurance processes. We looked at four staff recruitment files to assess the recruitment process.

Good

Is the service safe?

Our findings

At our last inspection carried out on 14 May 2015 we found that people had not been protected from the risk of abuse or improper treatment. We saw that safeguarding incidents had been recorded but not investigated or reported to the local authority safeguarding team. We also found that guidance from a health professional had not been recorded clearly in one person's care plan to reduce the risk to them while eating. These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

Staff we spoke with had a good understanding of how to protect people from the different types of harm and abuse. They understood their responsibilities to report any safeguarding concerns to a senior staff member or the registered manager. The management were aware of their responsibilities to report any safeguarding concerns to the local authority. Staff told us they were confident that any concerns they raised would be taken seriously by the registered manager. The registered manager told us that they now made sure that they discussed any concerns with the local authority for guidance and advice. Staff had received appropriate safeguarding training and records confirmed this. We found one incident of physical abuse between two people who use the service. This had been reported to the local safeguarding team for investigation.

We found that one person had guidance in place from heath professionals to reduce their risk of taking fluid into their lungs. This had been incorporated into their care plan however, we saw that there was a reference to fluids being of a custard consistency in the guidance from the health professionals. This specific information had not been included in the care plan. We discussed this with the registered manager who told us that this had been added to the care plan on the day of the inspection. Staff were aware of the guidance and how they needed to follow this to keep the person safe. Staff managed the risks related to people's care. Each care plan had information about the risks associated with people's care and how staff should support the person to minimise risk. For example, one person had a risk assessment in place as they were at risk of falls. This had been completed to make sure that control measures were in place so that staff could try and reduce the risk of falls for the person. Risk assessments were reviewed monthly, or when someone's needs changed. This was important to make sure that information was current and was based on people's actual needs.

People who used the service told us that they felt safe when receiving care. One person told us, "I feel really safe living here. The staff help me when I need them for anything." All of the relatives who we spoke with told us that they felt that the service was safe. One relative said, "I feel that [person's name] is safe. There is always someone with her." Another relative said, "[Person's name] is undoubtedly safe."

People and their relatives told us that they felt there were enough staff. One person told us, "I don't have to wait when I ask for anything." A relative told us, "There are enough staff for the people who live there." Staff told us that they felt there were enough staff. One staff member told us, "We are a small staff team but we all

work together." We saw that the staff had time to spend with people on a one to one basis and were able to support people to complete activities that had been arranged. We found that staff spent time talking to people and had time to sit down and have a conversation and provide support. The registered manager told us that the staffing levels had been agreed based on the needs of the people who lived in the home. The rota showed that the staffing levels that had been assessed as being appropriate were in place.

Staff maintained records of all accidents and incidents. The registered manager had monitored these and actions that had been taken were recorded. We saw that changes were made to people's care to try and reduce the likelihood of reoccurrences. For example, one person had been referred to a health professional for further assessment when they had more than one fall.

Staff told us that fire drills and system tests were carried out regularly. We saw that regular testing of fire equipment and evacuation procedures had taken place. The registered manager advised, and records confirmed, that where people may need additional support in the event of an evacuation they had a personal emergency evacuation plan in place. We found that other checks in relation to the premises were carried out in line with recommended guidance.

The provider had a recruitment and selection procedure in place to ensure that appropriate checks were carried out on staff before they started work. We saw that files contained a record of a Disclosure and Barring (DBS) check, and references. These checks help to make sure that staff are suitable to work at the service.

People received their medicines as prescribed by their doctor or pharmacist. We saw that there were policies and procedures in place to support medicine administration. Staff had received training in medicines management and they had been assessed to ensure that they were competent to administer medicines. We looked at the records for medicine administration and found that these had been completed correctly. We saw that where people were prescribed medicines as PRN (as required) protocols were in place. We saw that these records were completed each time a PRN medicine was given to document the reasons why it had been given. We found that one person was self-administering a specific medicine. It had been recorded in their care plan that the person was safe to take this themselves. However, it is good practice to complete a risk assessment to make sure that all risks have been considered. We discussed this with the registered manager who agreed that they would complete a risk assessment.

We found that the temperature of the room where medicines were stored had not been taken. This meant that medicine may have been stored at temperatures that were higher than the recommended levels. The registered manager told us that they would complete this check straight away. Following the inspection the registered manager contacted us and shared a form for recording the temperature of the room that they told us had been implemented.

Good

Is the service effective?

Our findings

At our last inspection carried out on 14 May 2015 we found that people's capacity had not been assessed when it had been believed that they did not have capacity to make a specific decision. We found that staff had not completed any training in the Mental Capacity Act (MCA) or DoLS. These matters were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people may have been deprived of their liberty the registered manager had made applications to the 'Supervisory body' for authority.

We found that a discussion had been held with one person around the use of the sensor mat. They consented to the mat being in place and the reason for it being used. Records showed that this discussion involved the person and their family. We found that it had been agreed that the other person would not be able to consent to the use of the mat. A decision had been made that the mat was in the best interests of the person. The person's family and a representative from the local authority had been involved in making this decision. This meant that people's capacity to make specific decisions had been considered.

Staff had completed training in MCA. Staff told us about their approach to supporting people and asking for consent. One staff member said, "I always ask people before I help them with anything." Another staff member said, "I offer people choices so they can decide what they want." All of the staff we spoke with understood that people had a right to refuse care. One staff member told us, "You can't force anyone to do something." We saw in people's care plans that people ability to make their own decisions had been considered. However, we found that where people may struggle to make decisions in specific areas it had not been identified how to support people to make their own decisions or the process to follow in line with the MCA. We discussed this with the registered manager. They told us that they would include this information in the care plans.

People and their relatives told us that they felt that they were cared for by staff who were trained and who knew them well. One person told us, "I am happy with the staff. They know how to care for me." A relative said, "The staff appear to be trained as far as I know."

Staff told us that they had completed an induction process that included training and shadowing more experienced staff. Records we saw confirmed that staff completed an induction process. We spoke with staff who told us that they felt that the training was good quality. One staff member told us, "It is very good training. I find it very helpful." Another staff member said, "The training is good quality." We looked at the training records that were used to monitor the training needs of the staff team. These showed that staff had completed training in a range of subjects and completed refresher courses when these were needed.

Staff told us they had supervision meetings with the registered manager. Supervision meetings are an opportunity for staff to meet with a line manager to discuss their practice and any concerns. One staff member told us, "I have supervisions with my manager." Records we saw confirmed that supervision meetings and appraisals had been planned for the year and all staff had received four supervision meetings within the last 12 months. Staff told us that they had team meetings and we saw minutes from these. The most recent meeting had been held in May 2016. We found that the minutes of the team meetings demonstrated that issues were discussed with the staff. For example, we saw that confidentiality, safeguarding, and data protection had all been discussed with staff. This meant that the staff were being supported to meet the needs of the people who used the service.

People enjoyed the food offered and there were choices at mealtimes. One person told us, "The food is nice. I am given a choice at meal times. If I don't like something the staff will offer me something else." A relative told us, "[Person's name] enjoys the food." People were supported by staff at meal times and encouraged to eat their meals. We observed lunch and saw that people were offered a choice of drinks when they sat down at the table. There was a menu available and this was on the wall in the dining room. Staff had asked people what they wanted for lunch before the meal had been served. The registered manager told us that people were involved with developing the menus and had asked for certain meals to be added to the menu. Throughout the day people were offered drinks and snacks. People had care plans which included information on dietary needs and support that was required. The staff we spoke with were able to tell us about people's dietary needs and were knowledgeable about how to support people who needed additional support. People were supported to follow a healthy diet. We saw that fruit and healthier options were available in the kitchen so people could help themselves to these. We found that other snacks were available and people could ask for these, however they were stored in a separate area. We discussed this with the registered manager who advised that people knew they could request an alternative snack at any time and this would be provided. They told us that this was to promote healthy eating. One person confirmed that they could ask for crisps or biscuits and these would be given to them.

People's healthcare was monitored and where needed they were referred to the relevant healthcare professional. One person told us, "I always get staff support for all of my appointments." A relative told us, "They always take [person's name] to the doctors if they need to go." Another relative said, "[Person's name] is supported to go to the doctors straight away." Records showed that people were supported to attend routine appointments to maintain their wellbeing, such as the opticians and chiropodist. We saw that staff monitored any change in people's needs, sought advice from health professionals and recorded what actions they had taken.

Good

Is the service caring?

Our findings

People spoke well of the care provided and the staff. One person told us, "The staff know me really well to care for me." Another person said, "I get good care. The staff are really kind and nice. I get on with all of them." Relatives told us that they were happy with the care and the staff. Comments included, "The staff are very caring," "They always have a smile, a laugh and a joke," "I am very pleased [person's name] is being looked after," and "[Person's name] has one carer mainly. She is very nice." A staff member told us, "As long as the people who live here are happy, I am happy."

People told us that the staff knew them well. One person told us, "If I am ever feeling unwell the staff pick up on this and spend time talking with me. This makes me feel better." Relatives told us that staff knew the people they cared for. One relative told us, "[Person's name] likes all of the staff. The people she works with on a one to one basis are very good." Staff knew the people they cared for, they were able to tell us about what people liked, and disliked and how they used this information to support and care for people. One staff member told us that they got to know people well through working with them. All staff we spoke with said that information about people's likes and dislikes was recorded in the care plans. We saw that staff communicated with people effectively. They ensured that they were at eye level with the person they were talking to and altered the tone of their voice appropriately. This meant that communication was discreet and focused on the person. We saw that when someone asked for a staff member to help them, the staff supported the person as soon as they could.

People and their relatives told us that they had been involved in planning their own care. One person told us, "If I feel my needs have changed I will tell the staff and they will sit with me and go through my care plan." One relative told us, "[Person's name] is always given a say about what they want." Staff told us that people were involved in making their own decisions. One staff member told us, "People get lots of choices. They can choose what they want to eat and what they want to do." We saw that people were asked information about what they liked and disliked. We found that each care plan had a section about a person's individual preference. This meant that people were asked about how they wanted the staff to meet their needs and were involved in planning their own care.

People told us that staff were respectful to them. One person said, "The staff give me my post to open. I will ask them for help sometimes if I don't understand what is in the letter." A relative said, "[Person's name] is treated with dignity and respect." Staff told us how they protected people's privacy and dignity, examples of this included knocking on doors, explaining what was happening, and giving people privacy in their rooms. One staff member said, "It is important that everyone has privacy." We saw that staff provided reassurance and explanations to people when they supported them.

People were encouraged to be as independent as possible. One person told us, "I can go into the kitchen and get myself a drink or a snack." A relative commented, "The staff encourage [person's name] to do things for themselves." Staff told us that they prompted people to do things for themselves when they could. One staff member told us, "We try to get people to do what they can for themselves." We saw that people were encouraged to do what they could for themselves. This meant that staff were encouraging people to

continue to use the skills they already had and not deskill people by doing things for them.

People told us that their family visited them and they could come when they wanted to. One person told us, "They can come in and visit whenever they want." A relative told us, "We can come whenever we want. They are always happy to see us people." Another relative said, "I sometimes drop in unannounced as well. It is always fine."

People could be confident that their personal details were stored securely and protected. We saw that confidential information was kept securely. This ensured that people could only access this when they were authorised to do so.

People were encouraged to personalise their own private space to make them feel at home. We saw that people had chosen the colours and furnishings in their own rooms. One relative told us, "The home is very nice. It has lovely furniture and is very comfortable." We were invited to see three bedrooms and people had brought their own items with them to personalise their own rooms. We saw that there were pictures of people throughout the home and in the dining room, along with cards from a recent birthday, and personal items such as collectible cars. This made it appear more homely for people who lived at the service.

Good

Is the service responsive?

Our findings

People were supported by a service which was responsive to their needs. We found that staff at all levels knew people well and were able to discuss their needs and individual circumstances with us. A person told us, "The staff know me really well." A relative commented, "The staff know [person's name]. They understand how to deal with him." Another relative said, "The staff all seem to be on the ball. They work well with [person's name]."

People and their relatives told us that they had contributed to an assessment of their needs. One relative told us, "We were involved in the care plan when [person's name] moved in." The registered manager told us that people's needs were assessed before they moved into the home and that this involved the person and their family. We saw that an assessment had been completed that included key information about the person, their needs, what was important to the person and their history. Care plans contained information about what each person liked and things that were important to them. Staff were able to tell us about people's care plans. The care plans had been updated monthly to help ensure the information was accurate. People told us that they had been involved in the reviews. One person said, "I am always involved in my care plan reviews. If I want to look at my care plan I just ask the staff." Relatives told us that they had been involved in the reviews. One relative told us, "We have seen the care plan. We go through it with her at reviews." We found that care plans identified people's needs and how to meet these.

Information about people was shared effectively between staff. A staff handover was held between staff and the information was recorded in the communication book. We saw that staff shared information about any changes to care needs, or if something had happened. This meant that staff received up to date information before the beginning of their shift about changes to a person's needs.

People told us that they took part in activities that they were interested in and enjoyed. One person said, "I am always trying new activities. I enjoy trying new things. I really enjoy going to the gym each week." Relatives told us that people were supported to participate in activities. One relative said, "They try and offer different options. They have tried all sorts of things." Another relative commented, "They take [person's name] out." On the day of our visit five of the people who used the service were out at different day time activities. We saw that the people who had stayed at home were encouraged to go to the gym and to go shopping. We saw that each person had a planned activity rota. This included individual activities such as pottery class, walking, cleaning in the home, and volunteering jobs. There were also activities that a number of people attended such as a friendship club, arts and crafts, going to the cinema and a take away evening. We observed staff supporting people on a one to one basis to participate in activities. We found that pictures of activities and trips were displayed. We saw that people had recently been on a holiday together. One person told us, "I have just been on holiday with some of the others. I really enjoyed this." We found that people had agreed that where they wanted to go as part of a residents meeting. The registered manager told us that people were planning another trip for later in the year to see a musical show.

All of the people we spoke with told us they would raise any concerns if they had needed to. One person told us, "I would tell the staff if I was upset about something or if I had any worries." A relative said, "I have no

reason to complain but I can talk to the manager." We saw a complaints policy was in place. This included timescales for when a complaint would be responded to. However, this was not displayed within the home. The registered manager told us that people had received a copy of this. They told us that they had not received any complaints.

Good

Is the service well-led?

Our findings

At our last inspection carried out on 14 May 2015 we found that the registered manager and provider had not informed the Care Quality Commission of serious events affecting the service or people using the service. This is part of their registration conditions. This was a breach of Regulation 18 of the Care Quality Commission (Registrations) Regulations 2009. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

It is a legal responsibility and obligation required of a registered manager and provider to inform us of serious events affecting the service or people using the service. This includes safeguarding incidents and serious injuries. Before our visit we looked at the records we held and the notifications we had received. We found that appropriate notifications had been made. During our visit we saw records of accidents and incidents and found that all matters that needed to be notified to CQC had been.

At our last inspection carried out on 14 May 2015 we also found that systems that were in place to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service were in place. However, these had failed to identify the concerns that had been found during the inspection. We found that some information had not been updated in care plans and risk assessments to reduce the risk of reoccurrences. We also found that environmental audits had not been completed and risks in the environment had not been identified. These matters were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. We required the provider to make improvements and they submitted an action plan setting out what they were going to do. At this inspection we found that the provider had made the required improvements.

We saw that the registered manager carried out monitoring to review the quality of the service that had been provided. This included checks on the environment, documentation and medication. The registered manager told us that they carried out checks throughout the service each day. We saw that as part of the checks actions were identified and that the registered manager had then put in place a plan to rectify any areas for improvement. For example, we saw that following an audit on the environment the registered manager identified that redecoration would make improvements. They had put in place a plan for when the works would happen. We found that care plans had changes made to them when people's needs had changed to make sure that the information was up to date.

We saw that when incidents had occurred action had been taken to reduce the likelihood of these reoccurring. For example, when one person had more than one incident where they had attempted to hurt another person living at the home, we saw that the registered manager had served notice on their placement to protect other people who used the service. The registered manager put in place appropriate control measures to protect people following this incident.

People and their relatives spoke highly of the service. One person told us, "I like living here, It is my home." A relative said, "I am very very pleased. [Person's name] is happy there. I am very happy with the place she is

in." Another relative told us, "I think it is wonderful. [Person's name] calls it home. That is where she feels safe." Another relative commented, "[Person's name] is very happy and very well treated. I have always been satisfied."

People and their relatives told us that they knew who the manager was and that they felt listened to. One person told us, "I can talk to the manager." A relative told us, "The manager always contacts us. I only have to pick up the phone if I need her." Staff told us that they felt they could approach the manager. One staff member told us, "[Registered manager's name] is very good and kind. I can always talk to her. This is a very good home." The registered manager told us that they liked to make sure that they spent time in the home to see what was happening and to develop relationships with people who used the service. We saw on the day of the inspection that the registered manager spent time walking around the home and talking to people who used the service. This meant that the registered manager was aware of the day to day culture in the home and made sure people knew who they were.

People who used the service had residents meetings to provide feedback on their home. We saw minutes from the meetings and saw that people discussed activities, outings, and planned events that family and friends were invited to. For example, a coffee morning and Easter egg hunt. This meant that people were involved in developing what they did at the home. People and their relatives had been asked for feedback through a questionnaire to ask them about the quality of the service that had been provided. A relative said, "I have had one or two surveys to complete." We saw that the last questionnaire had been sent out in April 2016. This had been sent to people who used the service, relatives and other stakeholders such as providers of day care activities. We saw that the feedback from this was positive. The registered manager agreed that this would be discussed with people who used the service as part of the next residents meeting. This meant that people were encouraged to provide feedback and their views had been sought.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the deputy manager and had recently appointed a new assistant manager. The registered manager told us that this role was to provide more support within the management team. They told us that they were holding management meetings each month and were in the process of agreeing responsibility for specific areas within the home.