My Peace Mills Limited

Peacemills Care Home

Inspection report

132 Perry Road
Nottingham
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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?	Requires Improvement

Summary of findings

Overall summary

We inspected this home on 20 April 2017. Peacemills Care Home is owned and managed by My Peace Mills Limited. It is situated in the Sherwood area of Nottingham and offers accommodation for to up to 40 people who require personal care. On the day of our inspection 35 people were permanently living at the home, three people were on short-term respite stays and one person was in hospital. The home specialises in caring for people living with dementia.

The provider did not have a registered manager in charge of the day to day running 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 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 provider had notified us in December 2016 that the registered manager was no longer in charge of the day to day running of the home and that a temporary manager would oversee the home. However the registered manager had not applied to cancel their registration with us. At the time of our inspection, the temporary manager was still in post. The provider told us that they had plans in place to recruit a new registered manager and they would ensure the current registered manager applies to cancel their registration with us.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew what action to take if people did not have the capacity to make decisions.

People were supported to maintain their nutritional intake and staff monitored and responded to people's health conditions.

People lived in a service where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision. People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005. People were supported to maintain their nutritional intake and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests. People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

A registered manager was not in charge of the day to day running of the service. A temporary manager was in post and the provider had plans in place to recruit a new registered manager. People were involved in giving their views on how the service was run but the provider needed further time to check if they way the sought feedback from people worked. The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Peacemills Care Home

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 home was last inspected in March 2016 and was rated 'Requires Improvement' overall. We undertook this inspection to check if the necessary improvements had been made.

We inspected Peacemills Care Home on 20 April 2017. The inspection was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience had personal experience of caring for someone living with dementia.

Prior to our inspection we reviewed information we held about the home. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who had been involved in the home and commissioners who fund the care for some people. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This was completed and returned to us. We found that this reflected what we found during our visit.

During the visit we spoke with six people who lived at the home and four visiting relatives to understand their views of the care and support people received.

We also spoke with four members of staff, the temporary manager and the regional manager. We looked at the care records of four people who lived at the home, seven medicine administration records (MARs), staff training records, as well as a range of records relating to the running of the home including audits carried out by the temporary manager and registered provider.

We 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.

Good

Is the service safe?

Our findings

At our last inspection we identified that risks to people's health and well-being were not always managed safely in relation to falls and health conditions such as diabetes. At this inspection we found that the provider had made improvements.

Risks to people's health were assessed and staff had access to information about how to manage the risks. For example two people had diabetes. We saw that information was available in their care plans which told staff what symptoms the person might display if their blood sugars were too high or too low and what action staff would need to take. Staff we spoke with were able to describe what symptoms people might show and what they would do. This meant that staff knew how to support the person and keep them safe.

We saw if there was an emergency in the service, such as fire some people would be at risk and there was information in the people's care plan that guided staff on what to do to protect people if this happened. The provider used a traffic light system and placed a discreet coloured tag on people's bedrooms doors which gave staff a visual prompt on who required assistance during an emergency. One member of staff we spoke with told us, "Those with a green tag are independent and able to move on their own. If someone had a red tag, they require help from staff to move safety."

People were protected from abuse and avoidable harm. People we spoke with told us they felt safe living at the home. One person said, "I feel very safe." A relative we spoke with also felt their relation was safe living at the home.

People were supported by staff that recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm. They knew to escalate concerns to management or to external organisations such as the local authority or the police. One member of staff told us, "Safeguarding (protecting people from abuse) is about different things like financial, physical and emotional as some people think it's only about physical and it's not. I would tell management if I had concerns and report it to an external agency if something I reported was not acted on."

The provider had taken action to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider had carried out checks to determine if staff were of good character and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella which is known to cause respiratory disease. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People received the care and support they needed in a timely way. One person we spoke with told us there

was always a member of staff available if they needed support. We saw the communal areas in the home were never left unsupervised. A relative we spoke with also felt there were enough staff working but commented that, "There used to be more [staff]." On the day of our visit we observed there were enough staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it.

The temporary manager told us that one person received one-to-one staffing and when more staff were needed for example for social time away from the home, staffing levels were increased. Staff we spoke with said they felt there were enough of them to meet the needs of people. One member of staff said, "I think there are enough staff to care for people and keep them safe." The temporary manager told us, that if they had to use agency, they always requested the same care workers as this helped with consistently and people were more familiar with them.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person told us, "Yes, I get my medicine on time." Another person told us, "One of the carers gives me my medicine. I've never had a problem."

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe practice for example, completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Good

Is the service effective?

Our findings

At our last inspection we identified that staff did not fully understand the principles of the Mental Capacity Act 2005 (MCA) when supporting to people to make decisions when their capacity was in doubt. At this inspection, we found that the provider had made the necessary 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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. We asked one person who made the decisions about their daily life and they said, "I do." One person told us they were able to choose their own clothing. A relative told us that if their relation wanted to go out it was not a problem, although the person preferred to stay indoors.

People were supported by staff that had a good knowledge and understanding of the MCA. Both staff and the management team we spoke with had a good level of knowledge about their duties under the MCA and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. One staff member told us, "I have had training in MCA and best interests; we involve family members where appropriate."

The temporary manager had made applications for DoLS where appropriate. For example, one person had been assessed as requiring support from staff if they went out into the community and they were not free to leave the home alone. There was an up to date DoLS authorisation in place for this person. Further DoLS applications had been made for other people to ensure that they were not being deprived of their liberty unlawfully.

People were supported by staff who were trained to support them safely. A relative we spoke with told us they felt the staff knew what they were doing. They told us, "From what I have seen, there are no problems

(with the care)." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely and effectively. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who lived at the home. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control.

People were supported by staff who were supported to gain the skills and knowledge they needed when they first started working in the home which included an induction. The temporary manager told us that new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the home and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff confirmed they had regular supervision from the management team. They were given feedback on their performance and we saw records which confirmed this.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. We observed that one person had requested to have their lunch later and staff accommodated this. Drinks were offered to people at regular intervals and we saw people request drinks throughout our visit and staff had provided these.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw staff had noted when one person's weight had changed and there were risks that this would affect the person's health. They had updated the person's support plan to include healthier eating.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. We saw arrangements were in place for home visits from healthcare professionals such as GPs and Nurses.

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved a physiotherapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as occupational therapists and Speech and Language Team (SALT).

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "I am happy here and they look after me." A relative we spoke with was positive in their comments and said that staff were caring and did whatever was needed.

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff. A relative told us, "It's [person's name] birthday next week and they always bake her a cake." Staff we spoke with told us they enjoyed working in the home and one member of staff said, "I love the satisfaction of making someone smile. It's all about making their (the people) lives better." Observations and discussions with staff clearly showed they knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were encouraged and supported to develop and maintain relationships that were important to them. No one we spoke with told us that had any concerns regarding being able to visit. We saw that friends and relatives were made to feel welcomed.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. We saw the plans took into account all aspects of the future support people wished to have. Some people had expressed a wish not to discuss end of life arrangements, we saw that this had been recorded in people's care plans and staff respected that choice.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith; a relative told us that a vicar regularly visited the home to offer a service for people.

We spoke with the temporary manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us that they use the services of a 'Worry Catcher' who is an independent advocate and that they visit the home on a regular basis. We saw a report the advocate had produced which included feedback from people who lived at the home. The feedback was positive. The temporary manager told us that they valued the use of the advocate as it gave people the opportunity to talk about any concerns they might have if they felt unable to talk with staff. Also, that if concerns were identified, they would be able to take appropriate action to support the person.

People were supported to be independent. One person told us how they like to be helpful and that the staff "Let me help to put the cloths on the tables and set the tables up." One staff member told us that when they support people with their personal care, "We always offer people choice over their care. I will ask someone if they want to wash themselves or would they like assistance. If I see they are struggling I will offer. It's important to give independence."

People were supported to maintain their privacy and they were treated with dignity. One person we spoke

with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. We saw a member of staff knock on a person's door and they waited for the person to shout, "Come in." We heard the staff member say, "I have brought you a cup of tea lovely," and they asked whether the person wanted them to take a plate that was finished with away.

Staff told us they were given training in privacy and dignity values. The temporary manager told us that some staff were 'Dignity Champions' and that as part of her role she carried out observations of staff practices to ensure they were working to the values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and they told us people were able to express a preference of their care worker for personal care to ensure people felt comfortable. One staff member told us, "I close the curtains and shut the doors before giving care and cover people with towels to preserve their dignity."

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. We saw that where people were able, they had been involved in writing some aspects of their care plan and had signed these. A relative we spoke with told us that they felt they were involved in their relation's care and support and staff kept them updated about any changes. We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day. This included their daily routines, likes and dislikes and interests.

People were supported by staff who were given information about their support needs. We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about their physical and mental health needs and guided staff in how to support them. For example, one person had epilepsy and we saw there was clear information for staff to follow if the person had a seizure. This informed staff how to respond to any eventuality of the seizure such as what to do if the seizure lasted for more than what was considered normal for that person.

We saw the temporary manager completed a review of each person's care and support every month and care plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health during the previous month.

A relative told us that their relation had fallen out of bed and that temporary manager had arranged for a new lower bed to be put in place. We saw that the temporary manager had reassessed the person's risk of falls and that the new lower bed would minimise the risk of injury. This showed that staff were responsive to the person's needs.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. They told us they enjoyed, "Bingo, Mr Motivator (who is an external activities person who encourages people to exercise in a 'fun' way) and singing." We saw that various activities were available such as pamper days, arts and crafts and fayres.

We saw people were supported to access the community. A relative told us, "[Person's name] only needs to ask and staff will take her out." One person told us, "I can go out in the garden on my own, it's nice." We saw that the garden was open, accessible and secure.

We saw that the provider understood the challenges that people living dementia may face. People's bedroom doors resembled the front doors of houses which created an illusion of a home for the people. Storeroom doors were painted black to signify that the areas were not to be accessed and making them less attractive to those living with dementia. Handrails and doors to toilets and bathrooms were painted yellow for ease of recognition. There were clear signage and pictures to aid people to identify their surroundings.

People's bedrooms were colour coordinated and well presented. Staff told us that people could choose their decoration and were able to bring furniture and belongings from home. We saw that people had personal photographs on their walls and some had their own ornaments.

The regional manager told us that the furniture supplied such as beds, wardrobes and drawers all had curved edges, should a person ever fall, the risk of additional injury from sharp edges was reduced.

People knew what to do if they had any concerns. The people and visitors we spoke with told us they would speak to the staff if they had a problem or concern. They told us they felt they would be listened to. One person told us, "I would tell [senior care worker]." Another person said, "I would tell [the provider] or the [temporary manager]." A relative we spoke with said that they would tell the manager.

We saw when complaints were received, these were responded to and the temporary manager had systems in place to resolve them. The provider's complaint procedure was available on display within the home which people could easily access and it provided information on how to escalate their complaint if they needed to.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the home was not consistently well-led. We found that the provider's systems and processes used to monitor the quality of service provided at the home did not always identify issues and concerns and action had not always been taken in a timely manner. At this this inspection we found that the provider had made some improvements but a further period of time to embed the changes was still required.

The provider did not have a registered manager in charge of the day to day running of the home. The provider had notified us in December 2016 that the registered manager was no longer in charge of the day to day running of the home and that a temporary manager would oversee the home. However, the registered manager had not applied to cancel their registration with us. At the time of our inspection, the temporary manager was still in post. We found the temporary manager was clear about their responsibilities and they had notified us of significant events in the home. The regional manager told us that they had plans in place to recruit a new registered manager and they would ensure the current registered manager applied to cancel their registration with us.

We saw that the temporary manager had made positive changes to the running home since being in post.

People, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who lived at the home so the provider could capture their views and get their suggestions and choices.

We saw the temporary manager had introduced feedback forms which were sent to people, their relatives and health professionals every three months. The temporary manager told us that this was the first occasion these had been sent and they planned to analyse the results when all of the responses had been received. If required they would then put together an action plan to address any issues and drive forward improvement to benefit people who lived at the home. As we were unable to assess the effectiveness of the feedback forms, a further period to establish and embed the changes were needed.

At our last inspection we identified that risks associated with people's health were not always recorded in people's care plans. We saw improvements had been made because care plans had been reviewed and updated and appropriate risk assessments were in place.

People we spoke with told us they were happy living in the home and the relatives we spoke with also commented positively and said they felt their relation was happy there.

The registered provider oversaw the running of the home and ensured people were happy with the service they received. The regional manager was a regular visitor to the service and people and staff told us they spent time talking with them and checking on how things were going. People we spoke with were able to identify who the provider was, one person told us, "That's one of the bosses," indicating the regional manager.

People lived in an open and inclusive home. Staff we spoke with told us they felt the home was well run and said that managers worked with staff as a team and were approachable. One member of staff told us, "The management team are 'hands on' and are always there to help and very supportive." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Another staff member said, "The home has improved ten-fold. The temporary manager is down to earth and recognises the challenges we face. We look at problems together and discuss how we can improve things." Staff were also given the opportunity to have a say about the home during regular staff meetings and the opportunity to complete a survey every three months.

We observed staff worked well as a team. They were efficient and communicated well with each other. We saw that the 'head of departments' held daily meetings with the temporary manager which gave them the opportunity to share information and discuss any concerns so that the management team could put actions in place to address any issues that were raised.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the temporary manager audited accidents and incidents in the home to assess if any action was needed. Audits of care records were also completed to ensure the information was up to date. We saw the temporary manager had also implementing audits in relation to medicines.

The regional manager also carried out regular audits in relation to the environment and the safety of the home. We saw these audits covered a wide range of areas such as maintenance, staff recruitment and emergency procedures. There were quarterly audits carried out in relation to accidents, health and safety and food hygiene.