

Pear Tree Grove Limited

Pear Tree Grove

Inspection report

97 Fosse Way
Syston
Leicester
Leicestershire
LE7 1NH

Tel: 01162698686

Date of inspection visit:
21 January 2019

Date of publication:
22 February 2019

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

About the service:

- The service is in a residential area of Syston, a suburb of Leicester.
- The service provides accommodation and personal care to people with learning disabilities and autism. The care home can accommodate 10 people in one building. At the time of our inspection there were seven people using the service.

People's experience of using this service:

- The service provided a safe service.
- People and relatives told us that people liked living at the service.
- There was a homely atmosphere for people.
- People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's safety and acting when necessary to prevent any harm.
- Staff members knew people well and people appeared to enjoy the attention from them.
- People were assisted to have choice and control of their lives.
- People and their representatives had a say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- Audit processes were in place to ensure quality care. Questionnaires had been supplied to people and their representatives for their views of the service. These were overwhelmingly positive about people's satisfaction with the service.
- A registered manager was not in place. This will be monitored as it is a condition of registration, to ensure comprehensive governance of the service.
- The service met the characteristics for a rating of "good" in all key questions except well led, where it was rated Requires Improvement due to a registered manager not being in place.
- More information is in the full report.

Rating at last inspection:

- At our last inspection, the service was rated "good". Our last report was published for the inspection of 16 June 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not comprehensively well led.

Details are in our Well Led findings below.

Pear Tree Grove

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with learning disabilities and autism.

Service and service type:

- Pear Tree Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.
- CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- Pear Tree Lodge has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People living with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- The service is required to have 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. At the time of our inspection, a manager was not registered with us.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit occurred on 21 January 2019.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House and the Food Standards Agency.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two people living in the service, three relatives, the provider and two staff members. Due to communication difficulties, we were not able to speak with other people living in the service. Instead, we observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.
- We reviewed two people's care records, two staff personnel files, seven medicines administration records and other records relating to the management of the service.
- We asked the provider to send us further information after our inspection. This was received and used as evidence for our ratings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes:

- People told us they felt safe with staff. A person said "I like the support and going out with staff. An alarm on my bedroom door alerts staff if I open it." Relatives also confirmed that their family members were safe.
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks. However, some risk assessments were not detailed. This meant staff had not been provided with full information of how to support people. After the inspection, the provider sent us evidence that these risk assessments had sufficient detail to manage risk.
- Staff knew how to de-escalate a risk when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.

Staffing levels

- People and relatives told us there were enough staff. A person said, "[There is} always someone here." A relative told us, "Always plenty [of staff] about."
- We observed staffing levels were high enough to keep people safe and provide individual support when required. A staff member told us, "Yes, I think staffing is enough to make sure people are safe."
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting.

Using medicines safely

- People and relatives told us they received the medicines they needed. A relative said, "[Family member] always gets [their] medication."
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following procedures for the receipt, storage, administration and disposal of medicines. Medicines were securely kept. Records showed that medicines had been supplied as prescribed.
- Staff members told us that they could not supply people with their medicines until they had received training and were assessed to be competent.
- Two staff members administered medication to ensure it was properly supplied to people.

- Medicine was audited and checked every day to ensure medicine had been supplied to people as prescribed.

Preventing and controlling infection

- The service was clean.
- Staff had equipment that helped to prevent the spread of infection and we saw them using it.

Learning lessons when things go wrong

- When incidents occurred, staff were able to tell us how they learnt from the situation. For example, when a person had a fall, equipment had been put in place to monitor and prevent this happening again.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed and updated regularly to ensure staff provided consistent care.

Staff skills, knowledge and experience

- Relatives told us that staff knew what to do to support their family members.
- People told us that staff know how to support them.
- People were supported by staff who had ongoing training. New staff had induction programmes, which ensured they received training in areas relevant to their roles. However, further information for staff was not available about specific health conditions people had. The provider said staff would be trained in these areas.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked the meals. One person said, "Staff are good at cooking."
- We observed people having lunch. One person on a soft diet had sandwiches with the crusts cut off. A person had their drinks thickened to reduce the likelihood of choking.
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet.
- People had food from their cultural backgrounds.
- People's food preferences were respected, and if they did not like the food on the menu, they could request an alternative. Food choices were discussed at monthly residents meetings.
- Staff asked people what they wanted to have for lunch and supplied food that people had chosen.
- We received a comment from staff that more meals could be freshly prepared. This was brought to the attention of the provider.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were personalised. They had belongings that reflected their interests.
- A person who needed assistance with steps down to the lounge and dining areas, had handrails fitted to assist them to do this with staff support. The provider was considering fitting a stair lift to provide more assistance. They were also reviewing whether bathing arrangements were sufficient for people on the ground floor by fitting a shower.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives said that healthcare services were referred to when needed. They said people could see a GP or nurse when unwell. One person said, "If I want to go [to see a GP] I can. I go to the dentist with staff and I am due a check up this year."
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, dieticians, chiropodists, dentists and opticians.
- People had hospital grab sheets so that hospital staff would be aware of their health needs if they needed medical attention.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had not yet received training in MCA and DoLS. The provider said this training would be arranged so that staff comprehensively understood their responsibilities to follow conditions in DoLS.
- Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People and relatives said they were happy with the support provided and that staff were friendly and caring. A person said, "All [staff are] nice to me and here if I need them. I have a joke with all the staff and they make me laugh." A relative told us, "It's a great comfort to me, [family member] is so well looked after."
- We observed people being treated with friendliness and respect at all times by staff members.

Supporting people to express their views and be involved in making decisions about their care

- People said they had been involved in planning for their care.
- Relatives said they were consulted about decisions about their family members' care.
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Residents meetings were regularly held to ascertain people's views about their care.

Respecting and promoting people's privacy, dignity and independence

- People said their independence was promoted by staff. One person said, "Staff help me in the kitchen to make things for myself." A person told us when they were upset they went, "To staff and they sit and talk to me." Another person told us, "I go to Loughborough on the bus on my own Tuesday and Wednesday to volunteer."
- People were involved in choosing what activities they wanted to do such as going shopping and going to the pub. The jobs sheet showed how people were encouraged to do tasks they enjoyed and could achieve. For example, one person helped with drying pots and another person helped fold laundry and wipe place mats after meals.
- Relatives told us they could visit when they wanted and they were always welcomed by staff.
- People told us their privacy and dignity was respected. A person said staff knocked before going into their room.
- A person liked to get up late and sit in their pyjamas. We saw they had this choice.
- There was information in care plans about whether people had any specific cultural and religious needs. A

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: ☐ People's needs were met through good organisation and delivery.

The provision of accessible information:

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. - Care plans recorded that the service identified and recorded how people wanted to communicate.

- Care information contained communication information which explained what communication methods were needed to understand people.

- We saw that staff members knew how people preferred to communicate, such as by gestures and showing people objects to choose from.

- Some documents were available to people such as pictures in a complaints procedure, which used easy read symbols. However, large print was not available. The provider said this would be addressed and provided.

Personalised care

- Staff members knew people's likes and dislikes and how important routines were to them. This tallied with information in people's care plans.

- A relative said, "Staff answer all my queries promptly. [Named provider] rings me whenever she needs to."

A person told us, "I go to dad's sometimes. Staff helped me choose a course [at college]."

One person said "I want to volunteer on the Great Western Railway.. Staff are looking into it."

- We saw staff responding quickly when people needed support. For example, a person needed support to help them drink.

- Activities were provided. The service had employed an activities organiser who arranged trips out for people. A person told us, "I love museums, today we are going to the Cathedral and we go to the cafe. We have started going to bingo on Thursdays." Relatives said activities were provided. A relative told us, "[Family member] is always out shopping or at the leisure centre. They [staff] do the best they can."

- We saw a number of activities take place such as staff showing a person photos from the past and doing puzzles. A person was asked what they wanted to watch on TV and this film was provided by staff.

- Staff said that one person would benefit from having more outside activities, as they used to go to a day centre on five days a week. The day centre had closed which frustrated the person as they enjoyed the stimulation of attending over many years. The provider said the provision of activities would be reviewed for this person.

Improving care quality in response to complaints or concerns

- People said that they had no complaints about the service. They knew how to complain. One person said "I have in the past and would do so. [I] would speak to any staff that's on."

- Relatives told us they knew how to complain but this was not needed as there was nothing to complain

about. They all said they were satisfied with the service meeting their family members' needs. A relative said, "I'd get in touch with staff or the County Council. It's never entered my mind, never had a concern."

- No complaints had been received in the last 12 months. There was a policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The provider stated that the procedure would be amended and sent us this information after the inspection visit.

End of life care and support

- People's care plans had a system to record their wishes and preferences for how they wished to be cared for in the future. For example, instructions for their funeral wishes.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI: ☐ Service management and leadership was not comprehensively consistent, as a registered manager was not in post.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- There was no registered manager at the service, which is a condition of registration. The provider said that an application would be made in due course. In the meantime, the provider and the deputy manager ran the service. It is a legal requirement that the service has a registered manager.
- People told us they feel able to speak to management and staff openly. One person said "[Named provider] is in most days. [Named senior] is in every day. They always do a good job."
- Relatives told us that the service was well-run and well-managed. A relative said, "Everyone [staff and management] is so considerate."

Continuous learning and improving care; engaging and involving people using the service, the public and staff

- People told us there were residents meetings every month where people could put forward their views, such as if they were happy with the care from staff, what activities they wanted to do and how to complain.
- Staff also thought the service was always well run. This was because there was an effective staff team who always put people's needs first, and the provider advocated to ensure people had a life that promoted their needs. One staff member said, "it's really well run here. [Provider] always listens and cares about people."
- Regular staff meetings were held. Staff said they felt comfortable about raising the issues and felt they had been listened to by staff. Staff meeting minutes included praising staff for the support they provided to people.
- The provider carried out audits. These included checks on medication and health and safety systems.
- Systems were in place to ensure the service was continuously learning and developing. The provider had made improvements to the service, to ensure that a person's changing physical needs were met.
- Feedback was obtained from relatives through questionnaires. This showed that all relatives were satisfied with the quality of care provided to their family members. In a survey, a relative stated, "The standard of care.. Is excellent."

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider promoted person centre, quality care and support. They understood the duty of candour responsibility if things went wrong.

Working in partnership with others

- The provider told us that the service worked well in partnership with the local GP, pharmacy and

community services, including the local healthcare practice. Records showed that these agencies were involved in people's care for the benefit of people's wellbeing, such as mental health professionals, dieticians and the occupational therapy service.