

Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead

Inspection report

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Ratings

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

Overall summary

Peace Manor Residential Care Ltd - Ceres Road provides care and support for people with mental health needs. It can accommodate up to four people. At the time of the inspection the home was providing care and support to two people.

This inspection took place on 14 September 2015 and was unannounced. At our last inspection 28 November 2014, we found that improvements were required in relation to the recruitment of staff and providing staff with training appropriate to the needs of the people using the service.

Summary of findings

At this inspection we found that improvements had been made. There were robust recruitment procedures in place and staff had received training appropriate to the needs of people using the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. Appropriate recruitment checks took place before staff started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People were being supported to have a healthy balanced diet. People's medicines were managed safely; they received their medicines as prescribed by health care professionals.

Staff had received training specific to the needs of people using the service, for example, mental health awareness,

promoting choice and independence and understanding the recovery path. They received regular supervision and an annual appraisal of their work performance. The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. Staff encouraged people to be as independent as possible. There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. They were aware of the complaints procedure and were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service, staff and health care professionals through annual surveys. They used feedback from these surveys to make improvements at the home. The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on shift.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Good



Is the service effective?

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

Good



Is the service caring?

The service was caring. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

People had been involved in planning for their care needs.

There were regular meetings where people could talk about things that were important to them and about the things they wanted to do.

Good



Is the service responsive?

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Staff encouraged people to be as independent as possible. There were activities for people to partake in if they wished to.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



Is the service well-led?

The service was well-led. The provider took into account the views of people using the service, staff and health care professionals through surveys.

The manager recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

Good



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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 unannounced inspection was carried out on the 14 September 2015. The inspection team consisted of two inspectors. We spent time observing care and support being provided. We looked at records, including two

people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with two people who used the service and another person who was visiting the home and considering using the service. We also spoke with two members of staff and the provider and the registered manager.

Before the inspection we looked at the information we held about the service including notifications they had sent to us. We also received feedback from two health care professionals about the service provided to people using the service.

Is the service safe?

Our findings

At our inspection on 28 November 2014, we found that a lack of robust recruitment checks meant that the provider could not be fully assured that the staff they had employed were suitable to work with people using the service.

Following that inspection we asked the provider to make improvements on their recruitment processes. The provider sent us an action plan on the 7 April 2015. They told us they had reviewed and updated their recruitment processes.

At this inspection we found that robust recruitment procedures were in place. We looked at the recruitment records of four members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained interview questions and answers, evidence that criminal record checks had been carried out, two employment references, health declarations and proof of identification. The manager told us the home worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

People told us they felt safe and that staff treated them well. The manager told us he was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". We saw a safeguarding adult's flow chart that included the contact details of the local authority safeguarding adult's team and the police. The manager and staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records we saw confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

People using the service, the staff and manager told us there were always enough staff on shift. At the time of our inspection the home was providing care and support to two people. One person using the service said, "There is

always a member of staff around. They come with me to appointments when I need them too." Two staff told us they felt there was sufficient staffing in the home. One said, "We have enough staff to meet people's needs, if we need extra then the manager will get someone in." The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged.

We found assessments were undertaken to assess any risks to people using the service. The manager showed us the standard risk assessment documentation completed for each person using the service. These included, for example, risks to themselves and others, self-neglect, medication, substance misuse and mental health relapse. The risk assessments included information about action to be taken to minimise the chance of the risk occurring. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Staff training records confirmed that all staff had completed training on fire safety.

People told us that staff helped them with their medicines and reminded them when they needed to attend health care appointments. They said this helped keep them safe and well. One person said had been supported to administer their own medicines through a self-medication programme. They told us, "I take my own medicines. The staff checks that I take it. I also go to a clinic and get help there too with my medicines." We saw a self-medication risk assessment in place in their care file. Records showed that staff had carried out regular weekly checks to make sure this person had taken their medicines.

Medicine was stored securely in a locked cupboard in the office. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff

Is the service safe?

working at the home had completed training on the safe administration of medicines. We checked the balances of

medicines stored in the cupboard against the MAR's for the two people using the service and found these records were up to date and accurate, indicating they were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Our findings

At our inspection on 28 November 2014, we found there was a lack of training for staff. Following that inspection we asked the provider to make sure staff received appropriate training. The provider sent us an action plan on the 7 April 2015. They told us they had provided staff with training appropriate to the needs of people using the service.

At this inspection we found that staff had received training appropriate to theirs and people using the service's needs. We looked at four members of staffs files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included food hygiene, fire safety, medicines, manual handling, safeguarding adults, health and safety, infection control and managing behaviour that challenges the service. They had completed other training relevant to the needs of people using the service, for example, lone working, break away techniques, substance misuse and mental health awareness. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that one member of staff had had attained accredited qualifications in health and social care. The manager told us that all of the remaining staff had enrolled on an accredited health and social care course.

We spoke with two members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. They told us they received regular supervision and an annual appraisal of their work performance. They said this helped them in their care of people using the service. Staff files looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal.

The manager told us that all of the people currently using the service had the capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would

work with them, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

People's care plans included sections on their diet and nutritional needs. These indicated their support needs for example with shopping, cooking and meal planning. One person using the service told us they bought their own food and cooked for themselves. We saw this person cook a meal at lunch time. Another person told us, "I buy my own food and staff help me to cook. I make my own sandwiches. I sometimes go out and have a breakfast at a café. The staff encourage me to eat healthy meals." We saw fresh fruit on a table in the kitchen. People told us they could enjoy this fruit, make snacks and tea or coffee whenever they wanted. A visiting health care professional told us, "My client is very comfortable here. He gets good support from staff with cooking and he is encouraged to eat healthy meals."

Staff monitored people's mental and physical health and wellbeing daily and at keyworker meetings and where there were concerns people were referred to appropriate health professionals. The manager told us that all of the people using the service were registered with a local GP, they had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. Peoples care files included records of all appointments with health care professionals. A health care professional told us they supported one person placed at the home. They had visited the home and staff had supported this person to attend regular scheduled appointments. They said, "The staff are friendly and helpful and know people using the service very well. They have actioned any care plans quickly and often go above and beyond what is required."

Is the service caring?

Our findings

One person using the service said, “The staff are very helpful and very caring, they encourage me to be as independent as possible.” Another person said, “The staff do care for me, they understand me and look after me with certain things. They make sure I’m okay.” A member of staff said, “We are here to help people get better and help them achieve what they want to do. We work hard as a team to make things happen for them. When one person moved on to his own place last year he was so happy. That really made me happy too.” A health care professional told us, “The manager is accessible and responsive to people’s needs. There is a team of well-trained staff who are conscientious and caring”. Another health care professional told us they had been very impressed by the quality of the service provided to their patient. They regarded the home as one of the top three placements in the borough. They said their patient had made excellent progress at the home.

People told us they had been consulted about their care and support needs. They were allocated named key workers to co-ordinate their care and they were happy with the support they received from staff. One person said, “The staff understand my needs and what they need to do for me. I have a care plan; I talk to my key worker about my

care plan. I see a community psychiatric nurse (CPN) regularly and when I need to.” Another person said, “I meet with my key worker and CPN regularly and we talk about what my needs are.”

People told us they attended regular residents and staff meetings where they were able to talk about what was happening at the home, the things that were important to them and about what they wanted to do. The manager showed us the minutes from the last meeting, 3 September 2015. We saw the meeting was well attended by people using the service and their comments and suggestions had been recorded. Items discussed included their individual needs, meal planning and cooking, the possibility of a new person moving into the home, health and safety, smoking and a fire precaution exercise.

Throughout the course of our inspection we observed staff speaking to and treating people in a respectful and dignified manner. A member of staff told us how they made sure people’s privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They said that all of the people using the service were independent and did not require any support with personal care, however on occasions they might prompt or remind people to purchase toiletries, shave or change their clothing. Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One said, "I have received a lot of training here. This has been specific to the individuals living here and has given me an insight into their needs and what I need to do to support them." Another member of staff said, "The training I have received had given me an awareness of people's needs. I feel confident that I can support them. I know what I need to do."

People using the service were receiving care, treatment and support that met their needs. We looked at the care files of the two people currently living at the home. These were well organised and easy to follow. They contained detailed pre-admission information from the referring local authority. Assessments were undertaken to identify people's support needs before they moved into the home. We saw evidence of assessments for nutrition, physical and mental health and details of health care professionals to contact in the event of a crisis. The care files included care and health needs assessments, care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence that people, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in these care files had been reviewed by the manager and staff and people using the service on a regular monthly basis. We saw people placements at the home were kept under regular review by the referring local authority.

We met a person who was considering whether or not they would move into the home. A member of staff showed us a file for this person. The file included pre-admission information from the referring local authority, details of their health, care and support needs and records of their visits to the home. This person told us they had visited the home on a number of occasions during the day to get to know staff and the other people living there. They had also planned for some overnight stays. They said, "It's a nice clean place and the staff are nice so let's see."

People were encouraged to pursue hobbies and build links with the local community. We saw computers with internet access, a television, a music player, books, board games and puzzles where available in the living room for people using the service to use if they wished. People also had televisions and personal items in their rooms. One person told us, "I like to watch countdown every day at 2pm. I do my own shopping and go to some local cafes. I go to a centre run by a the mental health charity on Mondays and Tuesdays where I do arts and crafts. We saw one of their paintings displayed in the living room."

We saw copies of the home's complaints procedure were located in communal areas. People said they knew about the complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

One person using the service said, “I like it here. The provider and manager come here a lot. The staff know what they are doing and it’s organised. I think this place is well run.”

Throughout the course of this inspection it was clear from people using the service, the manager and staff we spoke with and the health care professions we contacted that the ethos of the home was to improve people’s ability to live independently. One person using the service said, “I hope to move to my own place in the future. I can do most things for myself but staff are helping me to learn new things, they help me to get well and look after myself.” A member of staff said, “I like working here. I like it when I can show someone how to do something for themselves and it makes a difference for them. It’s very rewarding when you see the progress people make here.” A health care professional said, “The home is well run and recovery focussed. The manager and staff are friendly, professional and on the ball. I have no concerns at all about this place. It’s one of the most homely places I have been to.”

The manager showed us records that demonstrated regular monthly audits were being carried out at the home. These included food safety, health and safety, maintenance, infection control, medicines, fire safety, incidents and accidents, complaints and care file audits. The manager and provider told us they regularly met to assure themselves that the service was operating effectively. We saw the minutes from regular quarterly management meetings. Issues discussed at the September 2015 included people using the services progress reviews, a review of the services staff handover procedures and a review of the service overall. We saw reports from unannounced spot checks. The manager said they carried these out to make sure people were receiving good quality care at all times. We saw that accidents and incidents were recorded and monitored. The manager told us that accidents and incidents and any quality issues were

discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. This was confirmed in the minutes of team meetings we saw.

The provider took into account the views of people using the service, staff and health care professionals through surveys. The manager told us they used feedback from the surveys to make improvements at the home. A survey had been carried out with people using the service in January 2015. As a result of the survey one person was given the opportunity to draw up a menu plan, and people using the service were provided with the telephone contact details of the provider. We saw that a staff and health care professional’s survey had been carried out in December 2014. Their feedback was collated and action plans were drawn up. We saw that actions from the staff survey had been addressed, for example, a mentorship programme was in place to support new staff. As a result of the health care professional’s survey some changes were made to improve the appearance of communal areas and people were encouraged to use the homes phone to contact their care coordinators.

Staff told us about the support they received from the manager and the provider. One said, “The provider and the manager are here most days. They are very supportive and they are always there when I need them.” Another told us there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. Staff felt they could express their views at team meetings. One member of staff told us there were regular staff meetings and managers were always open to feedback. At the meetings they talked about people’s needs and what the team needed to do to support them. We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the 3 September 2015 meeting included managing petty cash, discussing healthy eating options with people using the service, drugs and alcohol misuse and incidents and accidents.