

Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Waverley 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

This inspection took place on 27 October 2015 and it was unannounced. At our previous inspection on 28 November 2014, we found the provider was not meeting regulations in relation to staff recruitment and training and had not notified the Care Quality Commission (CQC) of incidents that had occurred as part of their statutory notifications. At this inspection we found that

improvements had been made. There were robust recruitment protocols in place, staff had completed various training courses to meet the needs of people using the service and the provider had notified CQC of all accidents and incidents that had occurred.

Peace Manor Residential Care Ltd - Waverley Road Unit, Plumstead provides care and support for up to four

Summary of findings

people with mental health needs. At the time of our inspection, four people were living at the home. There was a registered manager in post. 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 said they were happy at the home and they felt safe living there. We found the provider had safeguarding policy and procedures in place to ensure people using the service were protected from abuse. Relevant risk assessments and action plans were in place to ensure people received appropriate care and support. People were supported to take their medicines as part of their treatment plans. People's needs were assessed and sufficient staff were in place to ensure their needs were met.

Support was in place for staff in the form of induction, training, supervision and annual appraisal to ensure staff had appropriate skills to perform the job which they were employed to undertake. Both staff and management team demonstrated a clear understanding of the Mental

Capacity Act and Deprivation of Liberty Safeguards. People had access to relevant healthcare professionals when required. People were supported to have sufficient food and drink for their wellbeing. People were engaged in various activities of their choice to ensure they were stimulated throughout the day.

Each person using the service had a care and support plan in place and the care plans we looked at were reviewed regularly to meet the needs of each individual. People's privacy and dignity was respected and their independence promoted as part of their recovery plans. We found that people were supported to socialise and maintain relations. Staff understood people's needs with regards to their race, religion and sexual orientation and supported them in a caring way.

The provider had a complaints policy in place and people we spoke with knew how to make a complaint. The provider had systems in place to monitor the quality of the service and this included surveys, audits and various meetings. Where improvements were identified, there were action plans in place to improve the service delivery. All staff we spoke with said they were happy working at the home.

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. The provider had safeguarding vulnerable adults and whistleblowing policies in place and staff were aware of their responsibility to protect people from abuse.

There were safe recruitment procedures in place and people told us there were sufficient staff available to support them when they needed it.

People's risks were assessed and relevant action plans were in place to minimise or prevent the risk.

Medicines records showed that people were receiving their medicines as prescribed by healthcare professionals.

Good



Is the service effective?

The service was effective. There was appropriate support in place for staff in the form of induction, training, supervision and annual appraisals to ensure they had appropriate skills to perform the role they were employed to undertake.

Both management team and care staff demonstrated a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They told us no one using the service had been deprived of their liberty; however where required they would act in accordance with this legislation.

People were supported to eat and drink sufficient amounts for their safety and wellbeing. People had access to relevant healthcare professionals when they needed them.

Good



Is the service caring?

The service was caring. Staff understood people's care needs and supported them in ways to meet their needs.

People told us their privacy and dignity were respected and we found that people's independence was promoted as part of their recovery plan.

People were encouraged to socialise and keep relationships with their family and friends and people could access the local community during the day.

Staff understood people's diversity in relation to their race, religion and sexual orientation and supported them in a caring way.

People who use the service were able to express their views and were involved in making decisions about their care and treatment.

Good



Is the service responsive?

The service was responsive. The provider had a complaints policy in place and people who used the service knew how to complain if they were not happy with the service.

People's needs were assessed and each person had a care and support plan in place.

We found that the care delivery was individualised and was in line with care and support that was planned for each individual.

Good



Summary of findings

People were engaged in various activities which kept them stimulated throughout the day.

Is the service well-led?

The service was well-led. There was a registered manager in post. Staff we spoke with were happy working at the home.

There were systems in place to monitor the quality of the service through surveys, audits, residents and staff meetings. Where issues were identified, they were actioned to improve the quality of the service provided.

Good



Peace Manor Residential Care Ltd - Waverley Road Unit - Plumstead

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 27 October 2015. The inspection was undertaken by one inspector. At our inspection we spoke with two people

using the service, two support staff, the registered manager and a senior manager. We observed how people were cared for; we looked at three care and support plans, five staff recruitment, supervision and training records. We also looked at management records such as policies and procedures, surveys, minutes of meetings and audits.

Before the inspection we looked at information we held about the provider, including statutory notifications such as safeguarding concerns and accidents and incidents the provider had sent us. A notification is information about important events which the service is required to send us by law.

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Its 100% safe here and also in a good neighbourhood."

At our inspection on 28 November 2014, we found that the provider did not have effective recruitment procedures in place to ensure that staff they had employed were suitable to work with people using the service. Following that inspection, we asked the provider to make improvements on staff recruitment, and they sent us an action plan on 07 April 2015. They told us they had reviewed their recruitment procedures to meet the requirements relating to workers and this included identity checks, right to remain and work in the European Union (EU), staff employment history and auditing procedures to ensure that staff were suitable to work with people using the service. At this inspection, we found that improvements had been made in the recruitment and selection of staff.

The provider had safe systems in place for the recruitment and selection of staff. We looked at the records of all five staff that worked at the home. We saw that thorough recruitment checks were carried out before staff began working at the home. All the staff files included completed application forms, employment history and explanations for any breaks in employment. The staff files also included completed criminal record checks, two employment references, health declarations, proof of identification and the right to work in the United Kingdom.

The provider had safeguarding adults from abuse policy and a "London Multi Agency Policy and Procedures to Safeguard Adults from Abuse" in place. The registered manager informed us they were the safeguarding lead for the service and demonstrated a clear understanding of actions they should take to ensure people in their care remained safe including notifying the local authority and CQC. Staff we spoke with were able to demonstrate they knew about their responsibility to safeguard people from abuse and were aware of the reporting and recording procedures. Where required, the provider had followed appropriate local safeguarding protocols to ensure the safety of the people who use the service. Training records we looked at showed all staff had completed safeguarding vulnerable adults training to ensure they had the necessary skills to protect people in their care from abuse. The

provider had a whistleblowing policy in place and staff we spoke with were aware of this policy. Staff told us that they had not used the whistleblowing procedure because they did not have any concerns to report.

People told us there were sufficient staff to support their needs all of the time. One person told us, "They are here all day and all night, they've never let me down." We found that all four people living at the home were mostly independent for example in providing their own personal care. On the day of our inspection, there was one support staff on duty with the registered manager. Staff told us that they prompted people throughout the day to complete tasks including their personal care and hygiene needs and to attend health appointments and we observed this during our inspection visit. The registered manager informed us that staffing levels were always reviewed to meet the needs of people using the service and where required more staff would be brought in to ensure people's needs were met. Staff we spoke with said they felt sufficient staff were on each shift to meet people needs. They told us that for example where an individual needed additional support to go shopping or attend a health appointment, additional staff were brought in to ensure people's needs were met. The registered manager told us agency staff were never used and that staff from the provider's other homes could cover vacant shift when the need arose. A staffing rota we looked at showed the number of staff on duty were sufficient to meet the needs of people using the service.

Before people moved to the home, any risks were assessed to ensure the service could meet their needs. We looked at three care plans and each included risk assessments relevant to people's needs. The risk assessments included risks people could pose to either themselves or others, actions that triggers these risks and any known patterns staff should look out for. The risk assessments covered areas such as mental health deterioration, behaviours that challenge, substance misuse, self-harm and harm to others. Each risk was rated high, medium and low with relevant action plans staff should follow to prevent or minimise the risk to people. For example, we saw that an individual who was at risk of mental health deterioration had guidance in place which included one-to-one support sessions to deal with any stressful situations to minimise the impact on their mental health. People's care plans also included any known allergies to ensure staff were aware and to provide care and support that was safe and met their needs.

Is the service safe?

People we spoke with told us that staff supported them to take their medicines. One person said, "I am always given my medicines when I needed it, I have never had any problems." Medicines were stored securely in a locked cupboard located in the staff office. Each person had a medication administration record (MAR). The MAR included their photographs, contact details of their GP, health conditions and allergies. The MAR charts we looked at had been completed in line with the way healthcare professionals had prescribed medicines to people. Staff training records showed that all staff had completed medicines administration training to ensure they had appropriate skills to support people who use the service. We saw that monthly medication audits were carried out to ensure people were being supported to take their medicines safely.

The provider had arrangements in place to deal with foreseeable emergencies such as accidents and incidents, fire, staff shortages and behaviours that challenge. People we spoke with told us they knew what to do in the event of an emergency. Staff said they would call the emergency

services such as the fire brigade or healthcare professionals for example if there was a fire or a person's health deteriorated. We saw emergency procedures including emergency contact numbers and first aid procedures were displayed on notice boards in the communal areas and people's rooms. There were fire exit signs directing people to their point of assembly. Weekly fire test and monthly fire drills were completed to ensure fire equipment were working and staff were aware of actions to take in the event of fire. Staff training records showed that all staff had completed first aid and fire safety training to ensure they had the appropriate skills to support people in the event of an emergency.

The accident and incident records we looked at were up to date and included description of accidents or incidents that had occurred and what actions had been taken including reporting to external organisations such as the CQC. We saw that a plan of action was being developed to ensure that learning from accidents and incidents were used to improve the quality of the service.

Is the service effective?

Our findings

People told us they felt well supported at the home. One person said, "It is one of a kind, I get the right support."

At our inspection on 28 November 2014, we found that the provider did not have suitable arrangements in place for appropriate training of staff which could place people using the service at risk of inappropriate care and staff at risk of possible harm. Following that inspection, we asked the provider to make improvements to the support they provide to staff through training and they sent us an action plan on 07 April 2015. They told us they had reviewed their training records and had booked staff onto future training programmes to be completed by 31 May 2015. At this inspection, we found that improvements had been made for the appropriate training of all staff.

Staff we spoke with told us they complete both face-to-face and online training. The registered manager informed us that all staff had completed mandatory training and additional training to meet the needs of people and records confirmed this. They told us they monitored staff training and received monthly reports to ensure all staff training records were up to date. Staff had completed mandatory training in areas such as safeguarding vulnerable adults, moving and handling, fire, first aid, health and safety, infection control and medication administration. Additional training undertaken by staff included mental health awareness, behaviours that challenge, substance misuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure staff had appropriate skills to support people who use the service. Staff told us the provider supported them to attain additional qualifications relevant to the job role. One staff member told us they had completed National Vocational Qualification (NVQ) Level II and were supported to enrol on the level III course which was currently on-going.

Before staff began working at the home they completed an induction. The registered manager informed us that the induction included familiarising new staff with policies and procedures, training and shadowing experienced colleagues. Staff we spoke with told us they completed an induction when they began working with the provider and staff files we looked at included an induction record to demonstrate they had acquired the appropriate skills and training to support people who used the service.

It was the provider's policy to support staff through three monthly supervision sessions and staff confirmed this took place. One staff member told us, "The supervision session directs me on the next steps I have to take in my work." Another said, "they give you feedback at the end of each supervision session so you know which areas you have to improve." We looked at staff supervision records and we saw that supervision sessions were being carried out in line with the provider's policy. An annual appraisal had also been completed for all staff that had worked with the provider for at least a year.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). There were no DoLS authorisations in place at the time of our inspection. Both support staff and the registered manager we spoke with demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and knew of the correct procedures to follow to ensure people's rights were protected. They said people using the service had capacity to make decisions about their own care and support needs and that if they had any concerns about an individual's ability to make specific decisions about their care and support, a capacity assessment would be undertaken to ensure appropriate support was in place for them. People told us staff sought their consent before providing them with the support they needed and care plans we looked at included consent to care and treatment forms signed by each individual to promote their recovery.

People told us that they felt supported to eat well whilst living at the home. One person told us staff reminded them to eat always even when they were out on their own and we observed a staff member advising the person to ensure they eat well whilst out in the community. We found that people using the service usually bought their own food and cooked their own meals. Staff we spoke with were aware of people's nutritional needs and preferences and the support they should provide where required. Staff said menus were drawn from the shopping list people had made to ensure they were making healthy nutritional choices and had sufficient to eat. People's care and support plans included guidance on how their nutritional needs should be met.

People told us that they felt well looked after at the home. One person said, "I have a GP down the road." Staff told us that each person using the service was registered with a general practitioner (GP) and care records we looked at

Is the service effective?

confirmed this. We saw that other healthcare professionals such as psychiatrist, psychologists and care coordinators were involved in people's care. Staff told us they prompted people to attend health appointments or would escort people for their appointments where required and we

observed this to be the case. On the day of our inspection, we found that one person was prompted to attend a health appointment which they went for. People's care records also included information on hospital appointments and attendance where they required specialist treatments.

Is the service caring?

Our findings

People were complimentary of the service they received. One person said, "It's great here, staff are always kind and good to me." Another person said, "Everything is good here." People told us they were 'happy' living at the home and staff were 'lovely' and a 'godsend'. One person commented, "If you have been in the mental health system for a long time you will appreciate it here." We observed positive interactions between people and staff and we saw that staff had good relationship with people. We noted people knew the staff including management team by their names and staff also called people by their preferred names when speaking with them. One person told us both staff and management team are very supportive and they "Couldn't have asked for a better place." Staff we spoke with aware of people care and support needs. One staff member told us, "We provide a very caring and homely atmosphere but the boundaries are there."

People were supported to socialise and keep relationships. One person told us they were free to visit their friends in the community and staff did not have a problem with that. Staff told us people could receive visitors in the home as long as they abided by the house rules. We found that some people were supported to spend time overnight with their friends where it had been agreed and planned in advance. We saw a visitor's records book which visiting friends and relatives had signed to demonstrate that such relationships were promoted.

People's privacy and dignity were promoted. People told us that staff respected them and promoted their privacy. One person told us, "Everyone here has respected me." Staff we spoke with knew of ways to promote people's privacy and dignity. Staff told us they knocked on doors and asked for permission before entering people's rooms and would close communal doors when people were speaking on the telephone or had visitors to promote their privacy. We found that people had a key to their room to promote their privacy. The manager informed us as part of the care

planning; staff prompted some people with their personal hygiene to maintain their outward appearance. At our inspection, we observed staff treating people with respect and in a dignified manner.

The provider had systems in place to promote people's independence. People told us they did not need support with personal care and were able to do most things by themselves. Staff told us that all the people who lived at the home were independent. They showed us a weekly rota which included activities and house chores such as cooking, laundering of clothes and shopping. People's care plans also included information on them tidying up their rooms. The manager said their aim was to promote independent living so that people could move into their own home once they had recovered and could demonstrate they could live on their own.

Staff understood people's needs with regards to their race, religion and sexual orientation and supported them in a caring way. All staff we spoke with were aware of people's diverse needs and what they liked and disliked. Staff told us that for example one person did not like anyone to touch their belongings and they told us of actions they took to respect their wishes. They told us some people liked certain types of music due to their religious beliefs and they encouraged them to practice their faith. We found that people were supported to maintain relationships with whoever they chose to without any discrimination.

People who use the service were able to express their views and were involved in making decisions about their care and treatment. People told us they were involved in planning their care and that they could discuss general matters or personal issues with staff and the care plans we looked at confirmed this. One person told us, "They always consult me about everything, and I know the support in place for me." We found that the provider operated a "key-worker" system where each person using the service was allocated to a member of staff to monitor their progress and ensure their overall wellbeing was maintained. Staff told us they met with people at least once each month depending on the amount of support they required to discuss issues that mattered to them.

Is the service responsive?

Our findings

People told us they were happy living at the home. For example one person said, "It is first class mental health...everyone is happy here."

People were given information they needed to know when they began using the service. We found that the provider had a "Service User Handbook" which included the providers aims and objectives, how to make a complaint and terms and conditions. The registered manager informed us that both the provider and people using the service were asked to sign the service user handbook to demonstrate that appropriate information had been shared with them. People we spoke with told us they felt they had access to information relevant to their care and support.

The provider had a complaints policy and procedure in place. People we spoke with were aware of the complaints procedure. They said they would either speak with staff or the registered manager and were confident their complaints would be taken seriously and appropriate action taken where required. However, all the people we spoke with told us they were satisfied with the service they received and did not have anything to complain about. One person said, "There is absolutely nothing to complain about, the staff are really good." They told us that they were aware staff had "The authority to intervene where there are issues, but I've not found any fault with them." We saw that people had access to the complaint procedure in the service user handbook and information was also displayed on notice boards in the communal areas. People had the direct contact details of the management team displayed in their room and could contact them if they were not happy with the service. The registered manager informed us that they had not received any complaints. However, if they did, they would follow their complaints procedure to resolve the complaint and ensure the complainant was satisfied with the service they received. The complaint log we looked at showed that there had not been any complaints made since our last inspection in November 2014.

All four people using the service had a care and support plan in place. Before people began using the service, assessments were undertaken to identify their health and social care support needs and how these needs would be met. People we spoke with confirmed an assessment was

carried out before they moved into the home and people knew they had a care plan in place. We saw that care and support plans were drawn from these assessments to ensure people's needs were met. The care and support plans we looked at were well organised and easy to follow. Where information was not available in the care plans, there were notes to indicate where this information could be found for example on the computer. Care plans included detailed information and guidance for staff about how people's needs should be met. Staff we spoke with were aware of people's care and support needs. People's care and support plans had been signed to demonstrate they were involved in their care planning. We saw that care plans were reviewed to meet the needs of each individual depending on the level of support required. All of the care plans we looked at were up to date and daily care notes showed the care delivery was in line with the care that was planned for each individual.

The provider told us that restraint was not used in the service and that staff had been trained on breakaway techniques in the event where an individual display behaviours that challenge. Staff we spoke with were aware of actions they should take and, they told us they would try to de-escalate the situation first. They told us they would also contact their manager, care coordinators and the emergency service to ensure appropriate support was in place for the individual. As part of people's recovery plans, goals were set to encourage people manage their behaviours and move onto independent living with less support in the community.

People were engaged in various activities to keep them stimulated. One person told us every one using the service got on well with each other. Staff told us that sometimes all the people using the service went out together for a meal in a local restaurant. We saw that people had access to the garden and staff told us that each person had an allocated patch to plant their own vegetables. The garden had a paved area where people kept their gym equipment and there was also the provider's pool table which was used for pool competitions. The manager told us the home organised events such as barbeque parties and people were free to attend any events at any of the provider's other homes. We found that people also attended various activities in the community including visiting the beach, bingo, cookery classes and using the local gym. Staff told us that one person was involved in a voluntary work in the local open market. We saw that another person attends

Is the service responsive?

training at the job centre to improve on their skills. We found that people had computers, mobile phones and other electronic devices in their rooms to engage in activities that interested them.

Is the service well-led?

Our findings

At our inspection on 28 November 2014, we found that the provider did not notify the Care Quality Commission of incidents that had occurred as required under the registration regulations. Following that inspection, we asked the provider to make improvements to their reporting procedure. They sent us an action plan on 07 April 2015. They told us they had updated their CQC notification policy and procedure and would ensure to be proactive and robust in the reporting of incidents. At this inspection, we found that improvements had been made and the provider had notified us of all accidents and incidents as part of their statutory notifications.

There were systems in place to monitor the quality of the service. People told us there was always enough food and that things were fixed when broken and replaced when finished. The provider showed us records to demonstrate regular audits were being undertaken to maintain and improve the quality of the service. The audit records we looked at included areas such as medication, health and safety, fire safety, accidents and incidents, infection control and care files audit. We found that the management team carried out unannounced spot checks at the home to ensure people were receiving good quality care at all times. Where improvements were required, we saw that these were actioned to improve the quality of the service provided. For example at our previous inspection, we found a trip hazard at the edge of the flooring in front of the bathroom. Following our inspection, the registered manager wrote to inform us they had purchased a new carpet. At this inspection, we found that the flooring repair had been completed and did not pose any risk to people using the service.

There was a registered manager in post and people who used the service were aware of the management team. People told us that they could speak to the managers of the service anytime and that they had their contact numbers on their personal phones. One person named the managers and said, "They always come around...they are very professional." We found that the registered manager was responsible for two of the provider's other homes. Staff

told us the registered manager comes to the home every day. They told us the manager was available on-call anytime including night time. Staff said they felt the home was well managed and that they worked as a "family". One staff said, "I can discuss any issues with the managers including personal ones and they would support me." Another said, "They treat me just like family". The management team told us they had an open culture and we observe that the home managers had good relationship with people who used the service and the staff they worked with.

The provider used both residents', staff and management meetings to improve the quality of the service. We saw that these meetings took place on monthly basis to discuss issues that matter to people who used the service and staff. Minutes of management meetings included areas for improvements and actions to be taken to improve on the service delivery. Handover meeting were conducted during change of shift to update incoming staff and promote continuity in the care delivery.

The provider took into account the views of people, staff and healthcare professions to improve the quality of the service. A recent survey undertaken in September 2015 showed three healthcare professions, three people using the service and six staff had completed the survey questionnaires. We saw that the results of the survey were mainly positive and where issues were identified the provider acted to ensure people were satisfied with the service. For example all healthcare professionals stated the management team demonstrated good knowledge and professionalism. They also rated the overall service as very good and would recommend it to others. All three people using the service who responded to the questionnaire stated they were given choice and opportunity to contribute towards the running of the service; they knew how to make a complaint and they would recommend the service. All staff also stated they were given the opportunity to fully utilise their skills and received adequate support on day-to-day basis to perform their roles efficiently. Where issues were identified for example where equipment needed replacing, this was done in a timely manner to ensure people's needs were met.