

Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Pembroke Road Unit - Erith

Inspection report

15 Pembroke Road
Erith
Kent
DA8 1BN

Date of inspection visit:
21 November 2018

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21 December 2018

Ratings

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

Summary of findings

Overall summary

About the service: Peace Manor Residential Care Ltd – Pembroke Road Unit provides care and support for up to five people with mental health needs. At the time of this inspection five people were using the service.

The provider had recently carried out a refurbishment project at the home and had extended the number of accommodation from five to nine; they told us they were in the process of applying to CQC to vary their condition of registration. At the time of this inspection no one had been admitted to use the new facilities.

People's experience of using this service:

- People and their relatives were complimentary about the service and said the service was well-managed.
- People received safe, effective, compassionate and good quality care.
- People received care and support that was personalised to their needs and supported their recovery.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they carried out their roles effectively.
- People were supported to maintain good health and access healthcare services where this was required.
- People's privacy and dignity was respected and their independence promoted.
- Staff understood the Equality Act and supported people without discrimination.
- People were supported to participate in activities that interested them and supported their recovery.
- Feedback from people, staff and other professionals was used to improve on the service.
- The provider had an effective system in place to assess and monitor the quality of the service and had worked in partnership with key organisations to plan and deliver an effective service.

Rating at last inspection: Good (Report published on 22 June 2016)

Why we inspected: This was a planned inspection based on previous rating. We saw improvements had been made since our last inspection and the service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Peace Manor Residential Care Ltd - Pembroke Road Unit - Erith

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: A single inspector carried out this inspection.

Service and service type: Peace Manor Residential Care Ltd – Pembroke Road Unit 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. The provider completed 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 used all this information to plan our inspection.

During the inspection, we spoke with two people and one relative to ask their views about the service. We spoke with four members of staff including the registered manager, the nominated individual and two support workers.

We reviewed a range of records. This included four people's care plans, risk assessments and medicine records. We looked at three staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

At the last inspection we found medicines were administered safely; however, there were some improvements needed.

Improvements had been made at this inspection and the provider had met the requirements of our recommendations.

- Medicines were safely acquired, stored and administered. One relative said, "[My loved one] is much better here because staff are on top of their medicines."
- Where people were prescribed 'as required' medicines there was guidance in place for staff on when they should administer these medicines. Medicines administration records (MARs) were typed by the prescriber and were completed accurately. The amount of medicines in stock matched what was recorded on the MAR. All staff who supported people to take their medicine had completed medicines training and their competency had been checked.

Safeguarding Systems and processes

- The provider had effective safeguarding systems and all staff had completed safeguarding adults training and knew of the types of abuse and reporting procedures to follow if they had any concerns of abuse. The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- People told us they felt safe from harm or discrimination. One person said, "I feel really safe here, no concerns." A relative commented, "[My loved one] is safe here, they are much better here than on their own."

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had appropriate management plans in place to prevent or reduce the risk occurring. Risk management plans included guidance for staff to keep people safe and staff we spoke with understood where people required support to reduce the risk of avoidable harm.
- The provider carried out regular checks to ensure the environment and equipment was safe for use. Emergency plans were in place to ensure staff and emergency services knew of the level of support people would require to evacuate the premises safely.

Staffing levels and Recruitment

- There were sufficient numbers of suitable staff to support people's needs and the staffing rota in place matched the numbers of staff planned for. Staffing arrangements were made based on assessment of people's needs. One person said, "There is always one or two staff available and [registered manager's name] too."

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

Preventing and controlling infection

- The control and prevention of infection was managed well. All staff had completed infection control and food hygiene training and had followed appropriate protocols including the use of personal protective equipment to prevent the spread of infectious diseases. Cleaning equipment including mops and buckets were colour coded and stored appropriately

Learning lessons when things go wrong

- There was evidence available to demonstrate that where things had gone wrong, the registered manager had acted appropriately and had used any accidents or incidents as learning opportunities to improve the standard of the service.

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. 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

- Before people used the service, an assessment was carried out to ensure their needs could be met. People were invited to visit the service to assess whether it was suitable to their needs and to make an informed choice.
- During assessments, expected outcomes were identified and staff supported people in line with best practices. Results from these assessments were used to develop care and risk management plans.

Staff skills, knowledge and experience

- Staff were knowledgeable, skilled and competent in performing their roles effectively.
- All staff had completed a comprehensive induction programme, mandatory training and other training relevant to the needs of people. Staff had opportunity for supervision and appraisals and told us they felt supported in their role and their professional development had also been maintained.

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

- People had choice and access to nutritional food and drinks in sufficient amounts for their health and wellbeing.
- Staff supported people to prepare their food and make healthier choices where possible.

Supporting people to live healthier lives, access healthcare services and support: Staff providing consistent, effective, timely care within and across organisations

- Where required, people were supported to access healthcare services. This included registering with a GP and booking and attending health appointments.
- Staff worked in partnership with other health and social care professionals including the mental health team to plan and deliver an effective service.
- Information was available and shared with other health care services such as hospitals when this was required.

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

- People's individual needs were met by adaptation, design and decoration of the home. People's rooms were personalised to their needs and people could bring in their own furniture of choice. There were sufficient amenities such as communal areas and bathrooms to support people's needs. There were handrails throughout the home to support anyone with mobility needs and home environment was clean without any odours.
- People were involved in making decisions about the premises and the home environment. For example, people were consulted and their consent sought before the refurbishment work began.

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

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 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 the appropriate legal authority and were being met.

- People's rights were protected because staff sought their consent before supporting them.
- The registered manager knew of their responsibility to operate within the principles of the MCA. They told us that people could make decisions for themselves hence there had not been any need to carry out a mental capacity assessment or best interest decisions. There had been no applications for authorisations under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were supported by staff that were kind and compassionate towards them. One person said, "I am happy here and the staff are nice to me." Another person commented, "It is quite pleasant here and I love living here."
- People's life history, preferences including their likes and dislikes were recorded in their care plan and staff we spoke with knew people well and the support to provide.
- We observed that staff respected people and called them by their preferred name and people appeared relaxed when interacting with staff. A relative told us, "The staff are very good here, they are friendly, helpful and supportive."

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

- People and their relatives where applicable had been consulted about the care and support they receive.
- Staff told us people could make decisions about their care and support. Where required they provided people with appropriate information to make informed decisions for themselves and would contact relatives where people wanted their support. Where needed, other professionals were contacted to support people make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights were upheld and they were not discriminated against.
- People had the right to choose how they spent their day without any restrictions.
- Staff treated people with dignity and respect. One person told us, "They [staff] respect me, they knock on my door and speak with me respectfully." A staff member told us, "You must knock on people's doors, wait for them to answer and invite you in. You must give people choice and wait for them to make their own decisions."
- People were supported to maintain relationships that were important to them and relatives told us they were made to feel welcome at the service.
- People's independence was promoted. The registered manager told us people were independent and could attend to their own needs but required promoting from staff. Staff told us people accessed the local community independently and could cook their own meal; however, they ensured it was done safely. One staff member told us, "We enable people to learn new skills and we help them to be able move out and to live on their own."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs. People's needs were met through good organisation and delivery.

Personalised care: How people's needs are met

- Each person had a care plan which provided staff guidance of how their needs should be met. The care plans included people's medical conditions, preferences and the level of support they required.
- Staff we spoke with knew people well and told us of how they supported them and this was in line with information in their care plan.
- People were empowered to make choices and have as much control and independence as possible, they were included in developing their care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- Staff promoted people's diversities regarding their race, disability, sexuality, sexual orientation, religion and cultural backgrounds. People were engaged in relationships of their choice and were supported to practice their faith without any discrimination; those without any religious beliefs had their views respected.
- People were supported to participate in activities that interested them and pursue their hobbies. One person told us they were passionate about reading and writing and staff provided them with the support they needed. People also took part a range of indoor games and were encouraged to access activities in the local community to promote social inclusion and recovery.

Improving care quality in response to complaints or concerns

- The provider had effective systems in place to handle complaints. People and their relatives told us they knew how to make a complaint if they needed to; however, they had nothing to complain about. They told us that they were confident their complaints would be taken seriously and addressed in an open and transparent way.
- The service had not received any complaints since our last inspection. The registered manager told us they would address all complaints and concerns by following their complaint policy and they would use any lessons learnt to improve on the quality of the service.

End of life care and support

- No one using the service required end of life support. The registered manager told us, where required they would work with people, their relative where applicable and other professionals such as the palliative care team and a local hospice to ensure people's end of life wishes were met.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Leaders and managers demonstrated a commitment to provide meaningful, person centred, high quality care by engaging with everyone using the service and stakeholders.
- Leaders and manager empowered people to make decisions about their care and support and acted on any feedback received to ensure individual needs were met.
- Staff told us they felt listened to and were supported by their leaders and managers to deliver an effective person-centred care.

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

- The service was well-led. There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notify CQC of any significant events at the service. They had displayed their last CQC rating both at the service and on their website.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people. Staff told us they felt supported in their roles and that managers were approachable and accessible at all times.
- The service had an effective out-of-hours system in place and managers also took turns to be on-call during out of hours
- The provider had an effective system of assessing and monitoring the quality of the service. The registered manager and team leaders carried out various audits in areas including care files, staff records, medicines, infection control and health and safety. Where issues were identified action was taken to improve on the quality of the service.

Engaging and involving people using the service, the public and staff. Continuous learning and improving care

- People's views were sought formally and informally and people were given opportunities to provide regular feedback about the service.
- People, staff and professionals had also completed a survey about the service and the results were positive. The registered manager informed us the results were checked and analyse to ensure they learn and improve on the service.
- The provider used resident and staff meetings to gather people's views and improve on the service. Minutes of a recent meeting showed people and staff were given the opportunity to discuss topics including Christmas dinner, complaints, the refurbishment work at the service and health and safety procedures. At

these meetings the provider encouraged people and staff to give feedback as these were important to promote service improvement.

- There was a positive culture as the service and staff told us they worked well together as a team and there was a shared spirit of providing good quality service to people.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care.

- The service had good links with other resources and organisations in the local community to support people's needs