

Peace Manor Residential Care Limited

# Peace Manor Residential Care Ltd - Waverley Road Unit - Plumstead

## Inspection report

68 Waverley Road  
London  
SE18 7TJ

Date of inspection visit:  
24 January 2018

Date of publication:  
07 March 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

At our last inspection of the service on 27 October 2015 the service was rated Good. At this inspection we found the service remained Good and they demonstrated they continued to meet the regulations and fundamental standards.

Peace Manor Residential Care Ltd - Waverley Road Unit Plumstead, provides care and support for up to four people with mental health needs. At the time of our inspection there were four people living at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the action to take if they had any concerns. Risks to people were assessed and recorded and staff managed identified risks safely. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were available to meet people's needs.

There were processes in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. Staff were aware of the importance of seeking consent from people in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People were supported to meet their nutritional needs and preferences and people had access to health and social care professionals when required.

People told us staff respected their privacy and independence. People were involved in day to day decisions about their care. People were supported to maintain relationships with people that mattered to them. People were supported to follow their interests and hobbies. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered through meetings and satisfaction surveys.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains 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 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.

This inspection took place on 24 January 2018. The inspection was unannounced and carried out by one inspector. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted local authorities who commission the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support being provided to people. We also spoke with two people using the service, one visiting relative and four members of staff including the registered manager. We looked at two people's care plans and records, three staff records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

## Is the service safe?

### Our findings

People told us they felt safe with staff that supported them and they received support with their medicines when required. One person said, "Yes I feel safe. The staff are very supportive. They support me to take my medicines and make sure I am well." Another person commented, "Staff are very good, I feel safe with all of them."

There were systems in place to ensure medicines were managed, stored and administered safely. Medicines were stored securely in locked cupboards that only staff had access to, or individuals whom had been assessed as safe to manage their own medicines. Where people were assessed as safe to manage their own medicines, we saw that medicines were stored safely within their rooms. Care plans and risk assessments recorded the medicines people were prescribed by health care professionals and confirmed medicines administration arrangements for people using the service. Most medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We looked at medicine administration records and saw these were completed accurately by staff and by people who were safe to manage their medicines independently. People's medicines folders documented the names and signatures of staff qualified to administer medicines, staff medicines training and competency records, clinical notes, medicines assessments including self-administration assessments and the provider's medicines policy.

There were local and regional safeguarding policies and procedures in place including the providers whistle blowing policy and staff had a clear understanding of these procedures and actions to take if they had any concerns. The registered manager knew their responsibilities to safeguard people and the actions to take in line with their procedures. Staff received training to ensure they were knowledgeable about how to respond to concerns. We looked at the service's safeguarding file and saw that there were robust systems in place to manage any safeguarding concerns and contact information for local authorities, community mental health teams and the police if required.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals and the police when required. There was an up to date accident and incident policy in place and we saw that notifications to the CQC and referrals to other professional bodies were sent as appropriate.

There were systems and policies and procedures in place to protect people from the risk of infections and to manage emergencies. There were personal evacuation plans in place which detailed the evacuation plan for individuals in the event of a fire. Staff knew what to do in the event of a fire and told us they received training in fire safety and health and safety. One member of staff said, "We have training on a regular basis to ensure we all know how to respond. We also have regular fire drills and evacuations." Throughout our inspection we noted the home environment was clean and free from odours. Alcohol gel and liquid hand soaps were available to protect people from unnecessary infections and infection control checks and audits were conducted on a regular basis to ensure this. Staff were provided with personal protective equipment (PPE) to minimise the risk of infection. The provider had an infection control policy in place and PPE was made

readily available for staff. Staff confirmed they had access to PPE including gloves and aprons when required and had received training on infection control and food hygiene. There were cleaning schedules in place which ensured the home was kept clean and appropriately maintained. Equipment used within the home was maintained and checked, water tests were conducted and electrical and gas appliances were safety tested.

Assessments were conducted to identify and assess risks to people's physical and mental health and well-being. Care plans and risk assessments identified and documented areas of risk to people, for example in relation to medicine concordance, behaviour, self-neglect, and financial or emotional exploitation amongst others. Risk assessments and risk management care plans provided guidance for staff on the support and actions to be taken to minimise any identified risks. For example one care plan documented that if the person had become non-compliant with their medicines then this could lead to an enhanced risk of self-neglect of personal hygiene and self-harm. Staff guidance detailed actions that should be taken including strategies for managing behaviours and for ensuring medicines compliance. Care plans also contained information on organisations involved in the support of individuals such as, community mental health teams, emergency out of hour's duty teams and local GP's to ensure people and staff remained safe at any given time.

There were robust staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment and staff records confirmed this. Records included application forms and interview records, photographic evidence to confirm identity, criminal records checks, references and history of experience and or professional qualifications. People told us there were enough staff working at the home to meet their needs. One person said, "Oh yes, there is always someone around when I need them." Staff we spoke with told us they thought there were enough staff working at the home to support people appropriately and if required extra staff were asked to work if people needed support to venture out or to attend appointments. The registered manager told us that if staff were unwell and couldn't attend work or on holiday then cover from other available staff at other provider locations was sought. We looked at staff rotas and noted there were no gaps in the staffing provision and it reflected what the registered manager told us was the daily staffing ratio.

## Is the service effective?

### Our findings

People told us they were involved in planning and reviewing their care, making decisions about their care and staff sought their consent. One person said, "Absolutely I'm involved. Staff are respectful and always seek my permission, I'm quite independent." There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This provides protection for people who do not have capacity to make decisions for themselves.

Staff were aware of the importance of seeking consent from people but where necessary for them to act in someone's best interests. The service worked within the principles of the MCA and people were supported to make their own decisions about their care and support. Staff told us that people currently using the service had the capacity to make decisions about their own care and treatment. They told us if they had any concerns regarding any person's ability to make specific decision they would work with them, their relatives, if appropriate and any relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

Assessments of people's care needs and preferences were completed before they moved into the home and care plans contained referral information and assessments from local authorities and health care professionals that commission the service. Assessments incorporated referral information and peoples' past histories to develop and implement individual care and support plans tailored to meet their identified needs. Assessment conducted covered areas such as peoples physical and mental health needs, medicines, nutrition and hydration and behaviours amongst others. Care plans documented involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed.

People told us they were supported to meet their nutritional needs and preference and care plans documented the support they required with meal preparation to ensure people's nutritional needs were safely met. One person said, "I am quite independent in the kitchen and buy my own food every week. I like meals that are already prepared but sometimes staff help me cook." Care plans documented individuals nutritional needs and support such as any known allergies and likes and dislikes and any assistance required whilst using kitchen appliances. People told us they were supported to access health and social care professionals when required. One person said, "Staff are very good, if I have an appointment they will take me in the car so that I get there safely. I can see the doctor when I need to." Care plans showed that people had regular contact with community mental health teams, GP's, dentists, opticians and other health and social care professionals when they needed them.

Staff told us they completed an induction programme when they started work, received appropriate training

to meet their needs and received supervision support on a regular basis. One member of staff said, "I had a good induction when I started with lots of training. Training we have is good and it covers all the areas relevant to the people we support. I have been supported to do my NVQ which is good. I get supervision on a regular basis which is good but I know I can speak with the manager at any time if I need to." We saw that there were systems in place that ensured all new staff completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff records demonstrated that staff received supervision on a regular basis and undertook training in areas such as, safeguarding adults, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, medicines administration, mental health awareness, behaviour that may challenge, substance misuse and equality and diversity amongst many others.



## Is the service caring?

### Our findings

People spoke positively about the support they received at the home and told us staff were friendly and kind. One person said, "The staff are very supportive and kind. I enjoy living here." Another person commented, "Staff are very friendly. They support me when I need it." A visiting relative told us, "The staff are so supportive; they have made my loved one settle in so well. They have taken the time to get to know my loved one well and have supported him to get to know the local area and are helping him to access services. I cannot thank them enough."

People were provided with information about the service when they joined in the form of a 'service user handbook' which was kept in people's care plans for their reference. The registered manager told us this was given to people when they joined the service and included information on the provider's aims and objectives, statement of purpose, philosophy of care, living in the home and how to make a complaint amongst other information.

People told us they had been consulted about their care and support needs and records we looked at confirmed this. Records showed that staff met with people on a one to one basis and held keyworker meetings to discuss and understand how individuals wanted their care and treatment to be provided. Key worker's responsibilities included providing individual one to one support and coordinating individuals care with relatives and health and social care professionals where appropriate. Care plans also documented individuals communication needs to ensure staff communicated with people effectively and advocacy services were readily sourced if people required this support.

People told us that staff respected and promoted their privacy, dignity and independence. One person said, "I like to spend time in my room and staff respect that. I am quite independent with most things and staff support me to develop that." A visiting relative told us, "Staff are very respectful toward me and my loved one. They support him to be safe and independent." Staff we spoke with provided us with examples of how they promoted people's independence and respected their privacy. One member of staff said, "I treat people how I would wish to be treated. Our aim is to support people to be more independent and to keep well. I always knock on people's doors before entering their rooms, it's important that people's privacy is respected by us all in the home."

Staff were knowledgeable about the people they supported and had built good relationships with them. One member of staff told us, "It's important we all get to know one another and the people that matter most to the people we support. People that have been here for some time we know well and how best to support them particularly at times of crisis." Staff had a good understanding of people's individual needs and recognised what was important to them. People told us they were able to express their views about the home and attended regular residents and staff meetings that were held. We saw the minutes from the last meeting held in December 2017. The meeting was well attended and topics discussed included, Christmas arrangements, resident's health and safety issues and safeguarding and complaints procedures.

## Is the service responsive?

### Our findings

People spoke positively about the care and support they received from staff and said it met their needs. One person commented, "I like living here very much. It meets my needs and I get the support I need when I need it."

Care plans documented people's needs, preferences, what was important to them and how staff could best support them to meet their needs. For example one care plan documented that the person required support to engage in social clubs for interaction and social inclusion and we saw that staff worked with them and collaborated with health care professionals to provide information and seek local social clubs and voluntary organisations for work. Care plans and risk assessments were kept under regular review by staff and people were supported to attend medical appointments and meetings with mental health professionals when required to ensure their well-being. Staff kept daily records of the support people received and there was a communication book in place that ensured important information relating to people's daily needs was passed onto staff appropriately at shift changes.

Care plans included information about people's histories, culture and lifestyles choices and staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, gender, religion and sexual orientation. Assessments were in place which allowed for people to identify any end of life care needs should they so wish, however staff told us that no one currently using the service required support with end of life care.

People were supported to pursue hobbies and interests and to build social networks to promote inclusion. A visiting relative told us, "Since my loved one has been here the staff have supported him to get to know the local area and have supported him to enrol at a local collage. This is really good for him to get out and to make new friends." Another person told us, "I visit the shops to by my food shopping but I do like to stay home and read books as well." A member of staff told us how they supported people to access community services such as social clubs, leisure centres and gyms and the support they provide to people to access work or educational opportunities. We saw the home had a computer for people to access the internet, a communal television and books and board games.

People using the service were able to communicate their needs effectively and could understand information provided in a written format, for example the complaints procedure and the service user handbook. We saw there was an up to date complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The procedure included information on what people could expect if they raised any concerns, details of the timescale in which they could expect a response, and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that no formal complaints had been made since our last inspection. The registered manager told us that if people have concerns or complaints these are addressed at meetings so action can be taken immediately hopefully resolving people's concerns. People and their relatives told us they were aware of how to raise a concern or complaint. Comments included, "I would tell a member of staff or the manager if needed but everything is good", "I don't have any complaints at all", and, "I would go to staff and the

manager and know they would sort it out."

## Is the service well-led?

### Our findings

People spoke positively about the staff and support they received at the home and told us they felt the home was well managed. One person said, "I like it here. The staff are good and I think it's managed well." Another person commented, "I think it runs very well. I like the people and the staff support me well." A visiting relative said, "They are all very good here. I can tell it's managed well and that everyone gets the help they need."

There was a long standing registered manager in post at the time of our inspection. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. There was an out of hours on call system in place that ensured management support and advice was available to staff when required. One member of staff told us, "The manager is very supportive and is there whenever we need management support day or night. I feel the service is very well run and people are supported very well."

During our inspection we saw that the registered manager made themselves visible within the home spending time with staff and people using the service. We saw that the registered manager and staff put the provider's core principles and values that underpin the service into practice as stated in the service users handbook, "Peace Manor Limited is committed to supporting vulnerable people so that they can continue their lives with dignity and independence and be participating members of their own communities." The registered manager told us, "Our focus has always been to fully support our residents in a person centred way towards independent living where possible. We have over the past three years been working with the local the authorities and the clinical commissioning groups, and have supported five people into low support and independent accommodation."

We saw there were effective lines of communication in place within the home to ensure people were supported appropriately and which provided staff with the opportunity to meet and communicate on a regular basis. Records showed that daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs. There was a staff daily handover check folder in place to ensure effective communication from one staff to another and this included sharing information in areas such as, daily fire checks, daily appointments, petty cash, activities and daily health and safety checks. Team meetings were also held on a regular basis and minutes for the meeting held in December 2017 showed that topics discussed included health and safety, safeguarding, community activities engagement and residents progress.

There were systems in place to ensure the provider sought the views of people using the service through annual surveys that were conducted. People told us they felt listened to and were provided with opportunities to give feedback on the service provided. Comments included, "If there are any issues we can just tell the staff and they sort it out", "We have meetings but we can also just speak with staff at any time", and, "Staff are always asking if everything is ok and if they can do anything." We looked at the results for the

resident's survey that was conducted in July 2017. We saw that results were positive showing that everyone in the home responded and said that the service was either good or very good. We noted there were no comments left by people and no actions were required following the feedback. The provider also sought feedback from staff to help drive improvements and we saw that the staff survey was conducted in July 2017 which was also very positive. Feedback from visiting professionals was also sought from a survey that was conducted in August 2017. Results were positive with one comment noted, "I think they do a very good job under difficult circumstances. I am grateful for all of your support."

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure regular audits and checks were conducted. Records confirmed that checks and audits were completed in areas such as health and safety, maintenance of home environment, infection control, medicines, fire safety, incidents and accidents, care plans and records, staff records, policy reviews and management quarterly audits amongst others. Audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted issues or concerns were documented and recorded as appropriate.