

Peace Manor Residential Care Limited

Peace Manor Residential Care Ltd - Ceres Road Unit Plumstead

Inspection report

12 Ceres Road
London
SE18 1HP

Tel: 02083164297

Date of inspection visit:
17 October 2017

Date of publication:
27 November 2017

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

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 four people.

At our last inspection of this service on 14 September 2015 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet all the regulations and fundamental standards.

People told us they felt safe living at the home. There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. People using the service and staff told us there was always enough staff on duty to meet people's care and support needs. Robust recruitment procedures were in place. Action was taken to assess any risks to people using the service. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People using the service told us they were encouraged to eat healthy meals and cook for themselves. Staff monitored people's mental and physical health and wellbeing and where there were concerns people were referred to appropriate health professionals.

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

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

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 - Ceres 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 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.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. We used this information to help inform our inspection planning.

This inspection was carried out on the 17 October 2017. The inspection was unannounced and carried out by one inspector. We spent time observing the 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, one member of staff and the registered manager.

Is the service safe?

Our findings

People told us they continued to feel safe. One person said, "I feel safe as houses here." There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Training records we saw confirmed that all of the staff had received training on safeguarding adults from abuse. A member of staff told us if they thought a safeguarding issue had not been properly handled they would report their concerns to social services and the CQC. They also said they would use the provider's whistle blowing procedure to report poor practice if they needed to.

People and staff told us there was always enough staff on duty. One person said, "There is always staff around if I need them. I go out a lot too." Another person said, "If I need to go to an appointment they make sure there is a staff member to take me." Staff told us there were enough staff to meet people's care and support needs. They said the registered manager was always around and the provider had staff that floated between this home and the providers other care homes nearby. The registered manager showed us a rota and told us that staffing levels were arranged according to the needs of the people using the service and if people's needs changed additional staff cover was arranged.

Robust recruitment procedures remained in place to protect people from etc. We looked at the recruitment records of the most recent member of staff employed at the home. These records included a completed application form, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification. The home also 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.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on medicines, finances and falls. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. A member of staff told us they knew what to do in the event of a fire and we saw the fire alarm system was checked on a weekly basis. Records seen confirmed that staff also carried out regular checks on the safety of the environment.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. One person said, "The staff support me to take my medicine. They make sure I take it every day at the right time. They make sure that I keep well." The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MAR records had been completed in full and there were gaps in recording. Training records we saw confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Is the service effective?

Our findings

People said staff knew them well and knew what they needed help with. One person told us, "The staff are very hard working and they know how to support me."

Staff had the knowledge and skills required to meet people's needs. A member of staff told us, "I completed an induction when I started work, I am up to date with all of my training and I receive regular supervision and an annual appraisal of my work performance." The registered manager told us that any staff new to social care would be required to complete 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. Training records seen confirmed that the current staff were up to date with training the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, and the administration of medicines. They had also completed training relevant to the needs of people using the service, for example, mental health awareness, substance misuse and the Mental Capacity Act 2005 (MCA).

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. 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). The registered manager told us that none of the people currently using the service were subject to any restrictions of their liberty. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. A member of staff told us, "The people living here can make their own minds up about the things they want to do. They wouldn't do something if they didn't want to do it. We just try to encourage people to be more independent."

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 told us they went shopping with staff on Thursdays. They picked out what they wanted to eat for the week and cooked for themselves. Another person told us, "The staff encourage me to eat healthy meals. They support me to cook some meals but I can do a lot of it for myself." People told us they could make snacks and tea or coffee whenever they wanted. We saw fresh fruit on a table in the kitchen. A member of staff told us, "We try to promote people's independence and we encourage people to buy healthy food and cook for themselves."

Staff monitored people's mental and physical health and wellbeing and where there were concerns people were referred to appropriate health professionals. A person using the service said, "I see my doctor regularly. If I wasn't well the staff would make sure I got the right support from the right people." The registered manager told us that all of the people using the service had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as a GP, dentists,

opticians and chiropodists when required. People's care files included records of all appointments with health care professionals.

Is the service caring?

Our findings

People spoke positively about the staff at the home. One person said, "The staff are caring, I have never ever had any problems with them. If I play ball with them then they play ball with me." Another person told us, "The staff are very good. I would say they are kind and caring. They are nice to me; they treat me with dignity and respect."

People told us they had been consulted about their care and support needs. They had key workers to coordinate their care and they were happy with the support they received from staff. One person said, "It's okay living here. The staff understand what my needs are and what they need to do for me. I have a key worker to talk to if I need to. I also see the community psychiatric nurse (CPN) when I need to." Another person said, "I talk to staff about my health needs at any time. I think everybody is helping me to do things and get better."

People told us their privacy and dignity was respected. One person said, "I can spend time in my room if I wish to. The staff might knock on my door and ask if I am okay. They wouldn't come in unless I said it was okay for them to do so." Throughout 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 people's doors and asked them for their permission before entering their rooms. All of the people using the service were independent and did not require any direct support with personal care, however on occasions they might remind people to have a shower, shave or change their clothing..

People told us they attended regular residents and staff meetings where they were able to talk with staff and the registered manager about what was happening at the home. One person said, "The meetings are good. We meet every four weeks and talk about different things like activities and what we need for the home." We saw the minutes from the last meeting, on 9 September 2017. The meeting was well attended by people using the service and their comments and suggestions had been recorded. A fire drill was held during the meeting. Items discussed included fire safety, different types of abuse, a recent barbeque and people's individual needs.

Is the service responsive?

Our findings

People spoke positively about the care and support they received from staff. One person said, "My needs are being met by the staff here and by the people I see from the community mental health team."

People's health care and support needs were assessed before they moved into the home. Care plans and risk assessments were developed following these assessments. The care files included detailed information and guidance for staff about how people's needs should be met. For example we saw assessments of people's physical and mental health needs and details of health care professionals to contact in the event of a crisis. The care files had been reviewed by the registered manager, staff and people using the service on a regular monthly basis to reflect any changes in people's needs. Monthly progress reports were completed relating to people's physical and mental health needs, medicines, daily living activities and social inclusion. People's placements at the home were also kept under regular review by the referring local authority. It was evident during the inspection that staff knew people well and understood their needs. A member of staff was able to describe people using the services care and support needs in detail. They told us the care planning system was easy to use and keep up to date.

People were encouraged to pursue hobbies and build links with the local community. One person told us, "I do my own shopping and go to some local cafes. I go to bible study on Wednesdays and to church on Sunday." A member of staff told us that another person attended a pool club, a gym and they also liked to go swimming. We saw computers, a television, books and board games 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.

The home had a complaints procedure in place. People we spoke with told us they were confident their complaints would be listened to. One person said, "I have never made a complaint. There's nothing to complain about. I would speak with staff or the registered manager if there was anything I wasn't happy about or I would bring it up at the staff and residents meeting." The registered manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. They 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

People spoke positively about the leadership at the home. One person told us, "The registered manager is here a lot and I can talk to them anytime I want to. They attend the staff and residents meeting too."

The home had a registered manager in post. They 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. A member of staff told us, "We all get really good support from the registered manager. They are always trying to make the service better for the people living here."

Throughout the course of this inspection it was clear from people using the service, the registered manager and staff we spoke with that the ethos of the home was to improve people's ability to live independently. One person told us, "The staff are very good at encouraging me to do things for myself. I am learning new skills so maybe one day I might have a chance of moving to my own place." A member of staff said, "I love working here, I have a passion for caring for people. It's very rewarding when I see people move out of the home into a flat where they can look after themselves. One person who moved from here sometimes visits and it's great to see how well they are doing. It makes me feel good to think that I helped them."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular food safety, health and safety, maintenance, infection control, medicines, fire safety, incidents and accidents, complaints and care file audits were being carried out at the home. We saw reports from regular quarterly management meetings. The minutes from the May 2017 meeting indicated that maintenance records and menu planning was checked and people were shopping and cooking meals for themselves. We saw reports from unannounced internal service audit visits. The last visit was carried out in September 2017 and covered progress reporting, key working and care planning, service user involvement and activities. No issues were identified during the visit. The registered manager said they carried these out to make sure people were receiving good quality care at all times.

The provider sought the views of people using the service, staff and health care professionals through satisfaction surveys. We saw a report from 2017 survey. Only one person using the service had completed the survey and said they would recommend the service to others. Staff indicated they felt valued at work. Health care professionals we spoke with felt that the home was doing a good job and that people using the service had indicated to them that they were happy with the support they were receiving from staff at the home. The registered manager told us that although feedback from the survey was positive they would continue to seek people's views at staff and residents and through further surveys.

The registered manager and a member of staff told us that all of the people currently using the service were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the complaints procedure. This was confirmed with the people using the service we spoke with. The registered manager said that if any person planning to move into the home or

any of the provider's homes was not able to understand this information they would provide it in different formats for example compact disc, different written languages or through interpreters. They told us they were in the process of developing an access to information policy for the service.