Care Quality Commission

Tamaris (South East) Limited

Peartree House Care Home

Inspection report

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Ratings

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

Overall summary

Peartree House is a care home that provides residential care for people living with dementia. It is registered for 55 people but at the time of this inspection there were 33 people using the service. At the last inspection on 12 July 2013, the service was meeting the legal requirements. This inspection was unannounced and was carried out over two days on 27 January and 9 March 2015.

Systems to check and maintain the safety and suitability of equipment and the building were not always done or followed up in a timely way. People told us they felt safe using the service. Staff were knowledgeable about the safeguarding and whistleblowing procedure. Risk assessments were in place which informed staff how to support people safely. There were enough staff to meet people's needs and recruitment checks were carried out for new staff to keep people safe. People's medicines were stored, managed and administered safely.

Staff received training to support them to carry out their role effectively. People consented to the care they received and were supported to make choices in line with

Summary of findings

the Mental Capacity Act 2005. The service referred people to health professionals as needed. People could choose what they wanted to eat and drink from the menu and special requests were catered for.

People were treated with dignity and respect. Staff had a good understanding of how to promote people's independence, offer choice and maintain their privacy and confidentiality. We observed caring interaction between staff and people using the service.

The service carried out assessments of people's needs and care plans were in place that were regularly reviewed. The service had arrangements for staff to follow when dealing with foreseeable emergencies. The manager responded to complaints in line with the complaints policy.

The provider had systems in place to monitor the quality of care and support in the home and to obtain feedback from people using the service, their families and representatives. The acting manager was supported by other home managers and higher management within the organisation. Staff told us the manager was approachable and supportive to them and they felt comfortable raising concerns.

At the time of our inspection there was no registered manager at this home. 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of The Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe for staff, visitors and people who used the service. Checks and maintenance of equipment and the building were not always done in a timely way.

There were enough staff to meet people's needs and safe recruitment checks were carried out for new staff.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

Risk assessments were carried out which included plans to minimise risks.

Medicines were stored safely and staff had received training in the management and administration of medicines.

Is the service effective?

Good

The service was effective. Staff received training and were knowledgeable about the core areas of care.

People were able to choose the food and drink they had and the service catered for special dietary requirements or requests.

Staff had received training in the Mental Capacity Act and the service had made applications for deprivation of liberty safeguards in line with legislation.

People were referred to health professionals as required.

The service obtained consent from people before delivering care.

Is the service caring?

Good

The service was caring. Staff had developed good positive relationships with people and had a good understanding of their needs.

People were treated with respect and their privacy, dignity and confidentiality were promoted.

The home had a calm, relaxed and pleasant atmosphere.

Staff encouraged people to maintain their independence and offered choices.

Is the service responsive?

Good

The service was responsive. People had comprehensive care plans and these were regularly reviewed.

There was a range of activities on offer which people could take part in.

The manager responded to any concerns, issues or complaints that were raised by staff, people using the service or their representative.

Summary of findings

The service had an emergency plan and staff were aware of how to respond to foreseeable emergencies.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was no registered manager in post at the time of inspection.

Staff told us the acting manager was supportive and approachable.

The service had systems in place to monitor the quality of care and support in the home. There was a system in place to obtain the views of people using the service, their families and representatives.

Staff had regular supervisions and annual appraisals.

Peartree House Care Home

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 inspection was unannounced and took place on 27 January and 9 March 2015. The inspection was carried out by two inspectors and a specialist nurse advisor on the first day and one inspector on the second day.

Before the inspection we reviewed notifications received at the Care Quality Commission (CQC) and the previous inspection report where the service was found to be meeting the regulations checked. We asked the provider in August 2014 to complete 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. However, the provider did not return a PIR so we obtained the information during the inspection instead.

During the inspection we spoke with five people who lived in the home, one relative, two district nurses, one social worker, eleven staff and two managers. We observed care and support in communal areas, spoke with people in private and looked at care and management records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed three staff files and four people's care records during the inspection. We also reviewed training records, quality assurance records, policies, staff duty rotas and maintenance records.

Is the service safe?

Our findings

The environment in which people were provided with care was not always safe. On the first day of inspection, we found the flooring in the kitchen was torn forming a trip hazard. We saw this was identified by the manager during her monthly checks in January and when we raised this with the manager, she confirmed new flooring had been ordered. We saw the kitchen flooring had been replaced on the second day of inspection. We also noted during the first inspection day that the water temperature checks were not being done regularly and we raised this with the maintenance person who told us "the boiler needs sorting." We checked the hot water taps in the bathroom and found the water was tepid. The water temperature was warmer on the second inspection day.

We saw access to one section of the building was blocked off because it was unsafe to use. The manager explained that the building's lease was due to expire in two years and the landlord was deciding whether to renew the lease and carry out the required renovation works to make it safe. However on the second day of our inspection, the manager told us there were now plans to convert the bathroom into a shower room and to change one of the vacant bedrooms into the bathroom. We also saw from the records there were plans for the maintenance staff to decorate the lounge and purchase new furnishings and fittings. The manager told us there were plans to replace the old windows. When asked about the environment one person told us "it's not Buckingham Palace but it's alright" and a visiting social worker told us "It's not terrible."

Staff told us "we need new wheelchairs, there are missing footplates and brakes don't work."

We checked the wheelchair stock and identified a missing footplate on one wheelchair and a brake not working on two others. We brought these issues to the attention of the manager who took immediate action to remove them.

Lack of adequate checks and maintenance of the premises and equipment potentially puts people at risk. This was in breach of regulations 15 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of this inspection nobody required the use of a hoist. The home kept two hoists for emergency use and these were in working order. We saw a service plan for them. Records showed window restrictors (which reduced the risk of people falling), the nurse call system, light fittings, extractor fans and washing machines were serviced during December 2014. We saw that checks for legionella and of fire safety systems, including the fire doors and emergency lights, were carried out in December 2014. The fire extinguishers were serviced on 5 March 2015. There was a system in place where staff could report repairs needed in a maintenance book. The maintenance staff signed these off when completed.

People told us they felt safe. One person told us, "It's okay here, I feel safe." A relative told us they felt their family member was safe at the home.

We saw from staff training records that staff had up to date training in safeguarding adults and whistleblowing. Staff were knowledgeable about recognising signs of abuse and the relevant reporting procedures. One staff member told us, "any abuse in here, report it to the manager, regional office, social worker or the police". Another staff member told us they would "tell the manager, put it in writing, copy to head office, regional manager and CQC". We reviewed the safeguarding and whistleblowing policies and found they gave clear guidance to staff and were up to date. Staff told us they felt comfortable to raise concerns.

We saw from people's care records that risk assessments were done and included risks associated with moving and handling, falling, pressure wounds, malnutrition, choking and emotional well-being. The risk assessments detailed the level of risk and measures in place to prevent and minimise the risk of harm. These were reviewed monthly and were up to date.

The home had effective arrangements in place for storing and administering medicines for people. Medicines were stored in a medicines trolley inside a locked room and the area was kept clean. At the time of inspection there was no covert medicine being administered and nobody was administering their own medicines. Two people were prescribed controlled drugs which were appropriately stored in a separate cupboard and recorded in a book. We checked the controlled drugs book and found all entries were signed by two staff to show the medicines had been administered, and it was up to date.

Is the service safe?

There was an up to date policy in place for the management of medicines and staff showed a good understanding of safe and effective administration of medicines including controlled drugs.

Training records showed all staff had completed e-learning for medicines administration. Staff designated to handle medicines also received annual training from the supplying pharmacy. The manager and staff told us before staff were able to administer medicines unsupervised they were assessed by a qualified nurse.

We observed staff giving the lunchtime medicines and found this was done accurately. Each person's medicine record sheet had their photograph so staff could identify who should receive each medicine. The staff member responsible for administering the medicines wore a tabard with the words "Do not Disturb" so they would not be interrupted. This ensured that the risk of medicine errors was minimised. We heard the staff member explaining to each person what their medicines were for.

Daily checks on the medicine stock were done by staff when administering. The manager also did a monthly medicine audit to check medicines were stored appropriately and the medicine administration records were completed accurately. We found these records to be detailed and enabled the manager to identify what corrective action needed to be taken and the date of completion. These checks were up to date and no issues had been identified in January or February 2015.

Safe recruitment checks were made. We looked at the recruitment records for three staff and found that all pre-employment checks had been carried out as required. Staff had produced evidence of identification, had completed application forms with any gaps in employment explained, and had a disclosure and barring service (DBS) check. Where appropriate, there was confirmation that the person was legally entitled to work in the UK.

There were adequate numbers of staff available to keep people safe. We reviewed the rota and saw there were six members of staff on shift during the day which included a senior member of staff. At night there were three members of staff on shift including a senior staff member. The manager told us they did not use agency staff but used the provider's bank of staff to cover staff absences. This was confirmed when we checked the rota and staff told us there enough staff on duty. We observed that people were not left waiting for assistance and call bells were responded to in a timely way.

Is the service effective?

Our findings

People told us they liked the food. One person told us, "The food's okay but then I'm not fussy." Another person told us, "The food is good but you have to wait for it." A relative told us they thought their family member liked the food.

The chef told us they followed a rolling four week menu. People made their choice of main meal the day before and staff would pass the list to the kitchen staff. We saw evidence of this and saw there was a board in the kitchen detailing who required special diets, for example vegetarian, halal, diabetic, low salt. The chef showed us the allergy folder which showed whether people had any food allergies. Food was stored appropriately with all opened food covered and labelled with the date of opening and use by date. We saw from the fridge and freezer temperature records that these were recorded twice a day and were correct and up to date.

Staff described how they ensured people had enough to drink. A staff member told us everyone was offered three meals with snacks in between, and people were given choices of food and drink. We saw people were offered more when they had finished. Another staff member told us they completed food and drink charts to monitor people's intake and they "monitor weight for changes and check if skin is very dry."

We saw evidence that people were weighed monthly and when there were concerns about a person they were weighed weekly. We saw from care records the GP prescribed supplements for people and referred to a dietician when there were concerns about weight loss. The manager told us they carried out daily random checks of food, drink and weight charts and spoke to people during mealtimes to check they were enjoying their food. We spoke to two visiting district nurses who said they had no concerns and the home had a good relationship with district nursing service.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the managers who were able to explain what this was. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their needs to be deprived in their own best interests. At the time of this inspection, eighteen people using the service had Deprivation of Liberty Safeguards (DoLS) applications in process because they needed a level of supervision that may amount to deprivation of their liberty. DoLS assessments were being completed in partnership with the London Borough of Waltham Forest and the home was awaiting the outcome.

We saw evidence that people, their families and representatives had consented to care plans. We also saw assessments had been carried out for all people using the service in accordance with the Mental Capacity Act 2005. This showed in which instances people were not able to make important decisions and the decision reached by the multi-disciplinary team was clearly written. One staff member gave the example where people's bedroom doors are never locked but if a person wanted their room locked the mental capacity assessment would be reviewed and there would be discussion with the multi-disciplinary team.

We reviewed staff training records and found these were up to date. The home used a computer system to record staff training which flagged up when staff were due to do refresher training. We saw that staff had received mandatory training in the core areas of care including infection control, food hygiene, fire safety and first aid.

Is the service caring?

Our findings

People told us staff were caring and one person said "They're kind to me." Another person said, "Yeah, me happy man." A family member told us staff were "Very caring, not seen one who is uncaring." This family member also explained to us how since moving to the home, the quality of her relative's life had improved, " A totally different person, talks more, has made friends and laughs more." A social worker told us the person they were visiting had improved since coming to the home for a short stay and was "Now happy and wants to stay here…the family also want [person] to stay."

Staff we spoke with had a good understanding of people's needs and told us how they developed positive caring relationships with people using the service. One staff member explained they got to know people "Through their care plan, discussion with family and those residents that can, will speak to us." Another staff member said "Good communication, they tell me what they need. I've been working here some time and get to know their needs." The manager told us good staff retention was the key to providing a caring environment as this enabled continuity of care and consistency. We noted at the time of the inspection there were no staff vacancies.

The service had a "resident of the day" system. The manager and staff explained that once a month each person was made to feel special. We were told this system meant people had their bedroom deep-cleaned, they were able to have their favourite food, their family was invited to visit and the person could choose to go out. The manager also told us that care plans were updated once a month for each person when it was their turn to be "resident of the day."

Staff told us how they ensured people's privacy and dignity was respected. One staff member said "Confidentiality, I would not talk about their personal stuff outside, I close the door and shower curtain when giving personal care." A staff member told us they "Always explain to [person] what we are going to do and talk to them whilst doing intimate tasks." This member of staff also said they maintained people's dignity by "Not treating everybody the same, treat them individually."

We spent time observing care practices in the communal areas of the home. Throughout both inspection days we saw and heard staff knocking before entering people's bedrooms. We saw staff knelt or sat down when talking with people so they were at the same level. Staff took the time to speak with people as they supported them. We saw people responded to staff positively and there was a calm and relaxed atmosphere.

Staff were observed during lunchtime to offer people a choice of where they would prefer to eat and what drink they would like. Some people ate in the dining rooms and others chose to stay in the lounge. There was a pleasant atmosphere and people were given the time they needed to finish their meals. We observed warm and respectful interactions between staff and people.

We asked staff how they ensured people had choice and maintained their independence. Staff gave detailed examples of how they offered choices and encouraged people to do tasks for themselves. For example, one staff member said they "Encourage use of frame and not use a wheelchair when [the person] can walk themselves." Another staff member explained that one person sometimes became agitated if they did not want support when it was offered and told us "We will wait until they calm down, give a cup of tea and send a different member of staff."

Is the service responsive?

Our findings

During our visit, we observed people enjoying a music session with an organ player and two residents were knitting. The staff member responsible for organising daily activities described different music and games sessions people participated in, including "name that tune" and indoor bowling. This staff member told us they were planning outings and day trips to take place over the coming months and described a plan to offer more activities to people who chose or were unable to leave their bedrooms.

Staff explained how they got to know people's needs. One senior staff member told us they "Involve the person when writing the care plan." Another staff member told us that when a new person came to the home they "Try to get as much information about the person so I know how to tailor it [their care] to their needs."

We reviewed people's care files and found they were comprehensive. They contained a needs assessment which included communication, mobility and nutritional needs. We also saw people's favourite foods and dislikes were documented and in the personal care section people could express gender preferences. People's care files contained a section for the recording of communication with professionals and relatives which included multi-disciplinary discussions and GP contact. We saw evidence that care plans were updated monthly and reviewed annually.

The service had a complaints policy which gave a definition of a complaint and detailed the procedure that must be followed. We saw the complaints procedure was displayed on noticeboards in the home and was contained in individual service agreements. Staff demonstrated an understanding of how to deal with complaints. One staff member told us if anybody wanted to complain "They can put it in writing, or the person can tell me and I will pass to the manager." A relative told us they had "Not had to complain", but if they needed to complain they would "Go and sit down and talk to the manager about it."

We reviewed the complaints book and looked at six complaints that had been made since the last inspection. We saw that these complaints were investigated and responded to within the timescales outlined in the complaints policy. For example one complaint had been made on the 31 October 2014 and a written response had been sent with an action plan on 1 November 2014. It was noted that the complainant was satisfied with the response.

Staff demonstrated their ability to deal with foreseeable emergencies. One staff member told us if they saw a person had fallen, they would "call for help, assess the person and if necessary call the ambulance or if the person is okay, help them up and talk to them." The manager and staff told us there were seniors on duty at all times and they could access an on-call system if managerial support was needed. All staff confirmed they had access to the on-call rota with contact telephone numbers.

Is the service well-led?

Our findings

We found that the service was not consistently well-led. There had not been a registered manager in post since April 2014. This was a breach of regulation 5 of The Care Quality Commission (Registration) Regulations 2009. At the time of this inspection an acting manager was in post to oversee the service and was being supported by the registered manager of another Tamaris (South East) Ltd home. We were told that a new manager had been appointed and would be registering with CQC. The manager told us they received peer support from other home managers within the company and they had managers meetings every two months. The manager also told us they received support from the regional manager, managing director and their human resources department.

Staff told us they felt able to raise concerns or issues with the acting manager. One staff member said the acting manager's "Door is always open, one hundred per cent approachable." Another staff member said the acting manager was "Fully supportive, can approach her any time." Staff meetings were held every two months. We saw the topics discussed at the staff meeting held on 6 November 2014 included safeguarding, deprivation of liberty, whistleblowing and training. Staff we spoke with confirmed they attended these meetings.

Staff confirmed they received supervision every two months and we saw evidence of this in staff records. These records showed the topics discussed included performance, caring skills, communication skills and action points. We also saw staff had received an annual appraisal during November 2014 which included a discussion about what the staff member had achieved during the year and goals for the future.

We saw the local authority carried out an annual monitoring visit and gave recommendations where appropriate. The most recent monitoring visit report on 12 August 2014 showed there were no major concerns.

The manager carried out monthly checks on food safety and nutrition and we saw these checks included the date they were done with actions identified. We saw the manager also carried out monthly checks on infection control, care plans, pressure care, falls, mobility and safe use of bed rails. We found these checks were up to date with actions required. We saw evidence the manager carried out spot check night visits every two months and these were documented with the outcome. The manager explained they did daily floor walks which gave them the opportunity to observe how staff worked and check if staff had any concerns.

We saw evidence the provider carried out quality monitoring visits on a quarterly basis and these were up to date. These visits were documented and detailed actions identified and who was responsible to ensure these were completed before the following monitoring visit. We saw the checks for 30 December 2014 included medicines management, quality dining, care plans, health and safety, home environment and staffing.

The home had regular meetings with people and their relatives and we looked at the documentation of a meeting held in October 2014. We saw the topics that were discussed were the plans for refurbishment of the home, increased activities, and the complaints policy.

The provider asked people and family members for feedback on customer satisfaction in June 2014. We reviewed the report on the results of the survey which had a thirty per cent response rate. We noted there was satisfaction with the staff, communication, housekeeping and the building exterior. We saw some respondents had indicated they would like more choice of activities, entertainment and outings. The provider had responded by employing another activities co-ordinator to increase the number of choices, entertainment and outings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises and equipment because of inadequate maintenance systems. Regulation 15 (1) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 (Registration) Regulations 2009 Registered manager condition There was not a registered manager in place and this is a condition of the provider's registration in respect of carrying out the regulated activity. Regulation 5 (1).