

Springmarsh Homes Limited

# Peartree Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Peartree Care home is a residential care home providing personal and nursing care to up to 70 people. At the time of the inspection, there were 61 people living there. The accommodation was spread over four floors. There were communal lounges and dining rooms on each floor and a garden

### People's experience of using this service

People told us they felt safe living in this service and well supported. A person told us "They are nice people, I can't praise them enough".

The provider operated suitable systems to assess risks to people's wellbeing and take appropriate actions to mitigate these. Safeguarding procedures were used effectively to prevent people from abuse and avoidable harm. The service worked with local partners to ensure the safe management of medicines. Staff were safely recruited and deployed to meet people's needs. Managers reviewed incidents to ensure that lessons were learned when things had gone wrong and were open and transparent about their findings.

There were suitable measures to protect people from COVID-19, including the appropriate use of protective personal equipment (PPE) and access to testing and vaccination. The service was prepared to ensure family members could visit safely and used video calling. The service was clean and hygienic throughout, with enhanced cleaning of frequently touched surfaces to protect people from cross infection.

The service engaged positively with people and their family members to keep them informed about changes to the service and to encourage participation in the daily life of the home. The service took account of people's equality characteristics to ensure people were fully engaged. There were improved systems of audit to assess the performance of the service and systems of communication to make sure people understood their responsibilities and share information appropriately. The service had successfully delivered an action plan to address previous concerns and was committed to continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection:

The last rating for this service was requires improvement (published 4 December 2019).

### Why we inspected

We carried out an announced comprehensive inspection of this service on 24 September 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-

led which contain those requirements.

The inspection was prompted in part by notification of a specific incident, following which a person using the service sustained a serious injury. The information CQC received about the incident indicated concerns about the management of risks from equipment. This inspection examined those risks.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peartree Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Peartree Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Peartree Care Home 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

We gave the service 24 hours' notice of the inspection. This was to ensure we understood the provider's infection control protocols and agree what precautions the inspection team would take to reduce the risks to people using the service.

#### What we did before the inspection

We reviewed information we held about the service, including information about serious incidents the provider is required by law to notify us about. We contacted the contract monitoring officers from two local authorities.

#### During the inspection

We made observations on all four units of the service, including looking at infection control and risk

management procedures. We looked at records of care for five people and medicines management for six people. We reviewed records relating to health and safety, engagement with people and their families and records of staff meetings and handover. We spoke with the registered manager, a team leader, the head of business improvement, the Regional Quality & Development Manager and a visiting health professional. We reviewed records of recruitment for five staff members and looked at records relating to health and safety.

After the inspection

On 10 March 2021 an Expert by Experience carried out video calls to eight people who used the service and five of their family members. We made calls to two registered nurses, three team leaders and two healthcare assistants. We spoke with a pharmacist who worked with the service.

We asked the provider to send us information that we could review after the inspection to help us minimise time spent on site. These included records of audit, staffing allocations and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to manage risks to people who used the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

### Assessing risk, safety monitoring and management

- The provider assessed risks to people's wellbeing. Risk assessments covered key areas such as moving and handling, pressure area damage and falls, with appropriate plans to mitigate risk. Staff were prompted daily to record whether there had been any changes to people's wellbeing which may put them at risk.
- There were systems in place to monitor and review risk across the service. Risks to people's wellbeing were discussed in clinical review meetings and reviewed across the service every quarter. Audits were carried out on risk management plans, to check that these were still suitable and in date, but did not always ensure that mitigation measures were in place.
- Staff carried out appropriate checks to ensure the premises were safe. This included regular checks of hot water, gas and electrical safety and checking that equipment was safe. Fridge temperatures were checked regularly to ensure that these were within a safe range and these records were audited by the registered manager.

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

### Using medicines safely

- People's medicines needs were assessed and reviewed. The provider assessed the support people required with medicines and worked with the local medicines team and the GP to review the medicines people took. There were suitable arrangements for storing medicines safely and checking stock levels.
- Medicines were safely recorded. People's medicines were recorded on a medicines administration recording (MAR) chart which was provided by the community pharmacist. We reviewed a number of MAR charts and saw these were completed appropriately.
- Managers checked that medicines had been managed safely. MAR charts were checked at the end of every shift to ensure that medicines were given as planned and that issues were identified promptly. Staff who administered medicines received training in medicines management and managers assessed their competency to do so safely.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People we spoke with told us they felt safe using the service and relatives told us they were confident raising concerns. A family member told us "If we did have any worries

we would have no problem in discussing them with [the registered manager]". Comments from people and their families included "I feel happy and safe, you're never afraid because you've always got that contact" and "They make sure you're safe here."

- The provider operated suitable processes to protect people from abuse. Safeguarding procedures were clear about staff's responsibilities to report suspect abuse.
- Staff were confident reporting concerns. Care workers received regular training in safeguarding adults and told us they felt concerns would be taken seriously. A staff member told us, "I have seen a lot of changes in how safeguardings are managed, we know there are not going to be any problems and [registered manager] will raise it."

#### Staffing and recruitment

- The provider operated safer recruitment measures. Staff were checked for their suitability, including obtaining proof of identification, the right to work in the UK and evidence of satisfactory conduct in previous employment. Staff were checked with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- The provider assessed staffing levels to ensure people's needs were met safely. Staff told us they felt there were enough staff on duty, and that staffing arrangements had been altered to reduce the risk of infection spreading in the building. A staff member told us, "You wouldn't find someone from another floor coming to cover, but there's enough of us that we're able to manage."
- People told us there were enough staff on duty. Comments from people included "I've only got to press my bell and they come", and "I use the buzzer to call them." Staff on duty had clear lines of sight on each floor, which helped ensure people's safety.

#### Preventing and controlling infection

- There were appropriate measures to protect people from infection, including risks relating to the COVID-19 pandemic. Staff and residents received regular testing and had been supported to receive the COVID-19 vaccination. There were suitable facilities to provide rapid testing to staff and visitors to the service. People were supported to self-isolate when moving into the service or in the event they tested positive for the virus. The service had a suitable infection control policy and the registered manager conducted regular audits of infection control procedures.
- The building was kept clean, fresh-smelling and hygienic. This protected people from infection. Due to a recent outbreak the provider had increased the rate of cleaning of regularly touched surfaces to every 15 minutes, and this was checked by the registered manager. The domestic team played a key role in infection control processes, including taking on a role as infection control champion, preparing testing areas and raising awareness of safe waste disposal measures.
- Care workers kept people safe by using protective personal equipment (PPE). People told us that staff used PPE appropriately. Comments included, "I see them wearing PPE", "Sometimes I get videos of music afternoons, and you can see they are wearing it", "They have very strict Covid things in place." Staff received training in using PPE appropriately. Comments from staff included "They're always training us. We get training in properly taking off our aprons, and how to wash our hands." "[registered manager] is going around but we also check each other that we are using PPE the right way. IT would affect us all if we didn't use it properly."

#### Learning lessons when things go wrong

- There was appropriate learning when incidents had taken place. Where a person has sustained an injury due to the use of a hot water bottle, the provider had investigated this and changed policies across the organisation to prohibit the use of bottles and gel packs to reduce the risk of a recurrence. The provider

monitored incidents and regularly checked for trends which might help them improve safety.

- The service promoted discussion of recent incidents. Staff attended meetings to discuss how lessons can be learned. Comments from staff included "If there has been an incident they have offered us more training and if you think you need a refresher course or anything like that" and "We are always learning."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers promoted effective team working in the service. A daily briefing was used to ensure information was shared effectively between heads of department. The registered manager had arranged a poster competition between departments to help raise awareness of each other's roles and responsibilities.
- Care workers we spoke with told us they felt well supported in their roles. Comments from staff included, "Staff were scared, but there were little things they gave us that showed [managers] understood how we felt. I was grateful for the support." "[registered manager] has been amazing, she's always here", and "Anytime I've needed support from a manager it's been good." Staff who were hesitant about receiving the COVID-19 vaccination told us they had the opportunity to discuss their concerns with managers and health professionals to help them make informed decisions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their duty of candour. When concerns were raised about the service, managers were open and transparent about what had happened and engaged effectively with people and their families to review concerns and provide a solution. Senior managers reviewed complaints quarterly to look for themes which may identify where changes are required. A staff member told us "If something goes wrong we have a lesson to learn from our mistakes." A relative we spoke with told us of a time their family member had fallen, and how the service had made changes to their family member's environment to prevent a recurrence.
- The service successfully delivered an action plan to address concerns identified at our last inspection. This action plan identified which areas needed to change and who had responsibility for these and ensured that changes were delivered within reasonable timescales.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems of quality assurance checks had improved. There was a schedule for audits and assurance checks which were carried out by a senior member of staff. Audits included checks of safety measures, medicines, infection control and premises. Where issues were identified there were action plans in place to address these.
- There were suitable systems for sharing information. This included sharing information about people's

dietary needs and wishes between care staff and the catering team and holding regular clinical risk meetings to consider how people's needs had changed. Management frameworks were used to ensure people were clear about their roles and responsibilities and that managers had clear oversight of the performance of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged positively with people and their relatives. This included with regular residents and relatives meetings, which had been held virtually at an increased rate during the pandemic. Comments from people's relatives included "They've been really, really good, we've been able to have video calls and they've updated us on activities and how Mum's doing. If there's any questions or updates they're done at that fortnightly meeting", "I've attended meetings online and found it useful" and "We get everything via email, we've got peace of mind." "The manager has been phoning me up when they've known it's difficult for us."
- The service considered people's equality characteristics. The provider arranged training for staff to help them understand their duties under the Equality Act, including how to recognise people's protected characteristics. Information about infection control measures was made available in several community languages and in pictorial formats. Staff received training in understanding sexuality and intimacy with people living with dementia.
- The service worked to reflect the diversity of its staff and people living at the service. There were events to mark Black History Month and to celebrate Nigerian Independence Day, and church services took place within the home. The service arranged for managers from different ethnic and cultural backgrounds to hold sessions with staff from the same background to fully understand concerns about the vaccination programme within their community.

Working in partnership with others

- The service participated in local support networks. The provider worked with the GP to exchange information and ensure they were kept up to date before weekly rounds. There were regular visits from a specialist medicines service to review people's needs and improve practice. A visiting professional told us "They're very committed to a multidisciplinary approach."
- The provider worked in partnership with local stakeholders to ensure best practice relating to infection prevention. This included accessing support from the local authority, health services and participating in regular discussion with other care services in the area.