

# Aikmo Medical Limited

# Peregrine House

## Inspection report

48-52 Uppang Lane, Whitby, North Yorkshire, YO21  
3HZ  
Tel: 01947 603886  
Website: [www.peregrinehouse.com](http://www.peregrinehouse.com)

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### Ratings

Overall rating for this service	Outstanding	
Is the service safe?	Outstanding	
Is the service effective?	Outstanding	
Is the service caring?	Outstanding	
Is the service responsive?	Outstanding	
Is the service well-led?	Outstanding	

### Overall summary

This inspection took place on 14 October 2015 and was unannounced. There were no breaches of the regulations in force at the time of the last inspection on 11 September 2013.

Peregrine House is registered to provide personal care and accommodation for up to 37 older people. There is a passenger lift to assist people to the upper floor and the home is set in pleasant grounds. The home has a light and airy extension for people to enjoy. The outdoor spaces are made attractive with lawns, raised beds, a summer house and courtyards visible from within the home. These add interest and provide a pleasant aspect.

The home had a registered manager in place. 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.

People told us they felt physically and emotionally secure at the home. The home had a safeguarding champion who ensured that risks to people were well managed. People were supported to live a full and stimulating life, to do what they chose and staff had safeguards in place to allow outings and activities to go ahead. For example,

# Summary of findings

they made sure that people were accompanied by sufficient staff. Risk assessments were kept under close review and the staff approach was very flexible to allow for changes in circumstances.

Staff were trained in safeguarding adults and understood how to recognise and report any abuse. They had regular updates, received talks from the safeguarding champion and held discussions between training sessions so that they could apply their learning to individual people's care needs.

Staffing ratios were excellent and responsive to people's changing needs and preferences. This allowed for people to make full use of all of the facilities the home had to offer, to go out on trips, both as a group and individually, and to experience well-paced and attentive care.

The home had a medicine champion who ensured that people received the right medicines at the right time and that these were handled safely. The medicine champion regularly reviewed and audited medicines to ensure they met people's current needs and the home was proactive in involving health care professionals whenever they felt that changes may be required.

People told us that staff understood their individual care needs extremely well. People were supported by staff who were well trained. All staff received what one member of staff referred to as a "fantastic" induction, which introduced them to what excellent care meant for each individual person who lived at the home. Staff received mandatory training in addition to specific training for people's individual needs. The home had a health and wellbeing champion who ensured that people's changing needs and preferences were clearly understood and that training was well researched and sourced when this was not readily available. The home had strong links with specialists and professional advisors who gave staff high praise for their dedication and care. Staff consistently expressed an enthusiastic commitment to providing excellent care. The home was proactive in seeking professional advice and acting on this.

People's nutritional needs were met, closely monitored and they received the health care support they required. People were regularly consulted about their food and drink choices and were supported to express their preferences for meals and snacks. The cook made sure

these preferences appeared on the menu. When people needed specialist diets these were well prepared and presented. Meals were seen as a special event, the tables were set attractively and people sat in social groups they felt comfortable in. Special meals, themed meals and celebration meals featured regularly on the menu. People also had frequent opportunities to eat out in local cafes and restaurants to vary their dining experience.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care.

Staff had developed positive, respectful relationships with people and were extremely kind and caring in their approach. People's privacy and dignity were respected. People were supported and empowered to be as independent as possible in all aspects of their lives. Staff anticipated people's care needs and attended to people quickly, politely and with warmth.

People had informed staff about the areas of their care they considered most important and care plans reflected their particular wishes, though the details in written plans did not always reflect the high level of responsive service people actually received. People told us that staff concentrated on what was most important to them and made sure that they received the care they needed and preferred.

People were supported to take part in activities and daily occupations which they found both meaningful and fulfilling. People told us that they appreciated how staff had thought of ways to make sure they could continue with daily routines they enjoyed. Staff had also been responsible for encouraging and supporting people with new interests which they enjoyed. The home made a particular effort to make sure that those people whose voices were not always easily heard were consulted and that their views were acted on.

People were very well cared for in their final days. Many families and friends had made comments about the outstanding compassionate care and support they and their relatives had received at this difficult time.

# Summary of findings

People were encouraged to complain or raise concerns, the home supported them to do this and concerns were resolved quickly. The home used lessons learned to improve the quality of care.

People were placed at the heart of the service by strong, caring leadership which promoted an open culture. Since the last inspection the registered manager had achieved the National Care Manager of the Year award at the Great British Care Awards. They had impressed the judges with their dedicated work to improve people's lives in their care. The home was also recognised by other schemes which reward quality practice, for example, achieving Investors in People Gold Award, and the Excellence in

Care Standards award (EICS). The management team respected, supported and listened to staff at all levels to improve the quality of service. There were a number of champions within the staff team who each took enthusiastic responsibility to improve the quality of service in their chosen area. The service acted on staff and people's views and regularly consulted with them about how to improve. Communication at all levels was clear and encouraged mutual respect. The manager had a strong quality assurance system in place. They understood the home's strengths, where improvements were needed and had plans in place to achieve these with timescales in place.

# 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?

The service was safe. People told us that they felt physically and emotionally secure. People had the opportunity to live a full life without undue restriction because of the way risk was managed.

People were sure they received the right medicines at the right time because medicines were managed safely. Prescribed medicines were kept under close review to ensure they were always appropriate for current needs.

There were exceptionally good staffing ratios, which were flexible to respond to people's changing needs and the way they wished to live their lives. Staff were recruited so that only those who were committed to offering excellent care were employed.

The registered manager was proactive in addressing issues of safety so that people were supported to live fulfilling lives.

**Outstanding**



### Is the service effective?

The service was effective.

People's changing needs were well met by staff who had received excellent training. The registered manager supported staff to develop professionally in an atmosphere of respect and encouragement.

People had access to healthcare services when they needed them. Management and staff were proactive in referring to health care professionals and had an excellent working partnership with them.

People were supported to make decisions about their lives in a way which maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were regularly consulted about their meals and their preferences were acted on. Mealtimes were a special occasion. People's nutritional needs were met and kept under close review.

**Outstanding**



### Is the service caring?

The service was caring.

Staff were extremely skilled in clear communication and the development of respectful warm and caring relationships with people, involving them in all decisions. We observed that staff had great respect for people's privacy and dignity.

Staff supported people to build their confidence and to feel reassured. They were exceptional in enabling people to be as independent as possible.

People received particularly compassionate and appropriate care when they reached the end of their lives.

**Outstanding**



# Summary of findings

## Is the service responsive?

The service was responsive to people's needs.

People received particularly individualised and personalised care which had been discussed and planned with them. Staff provided tailored support which met individual needs and preferences.

Staff worked very hard to ensure people's lives were as fulfilling as possible. People's views were listened to and acted upon by staff.

**Outstanding**



## Is the service well-led?

The service was well led.

The culture was exceptionally supportive of people who lived at the home and of staff. Lines of communication were strong and clear and a number of communication methods were used according to people's needs.

Staff understood their roles and responsibilities, they were encouraged and supported to develop professionally and they told us that mistakes were acknowledged and acted on in an atmosphere of mutual respect.

There was a thorough and effective quality assurance system in place. The registered manager and staff team were proactive in seeking out ways to improve. Staff were supported to improve their practice across a range of areas.

**Outstanding**



# Peregrine House

## 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 took place on 14 October 2015 and was carried out by one adult social care inspector. It was unannounced.

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 reviewed the information we held about the

service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

On the day of the inspection we spoke with seven people who lived at the home, four visitors, the registered manager and five members of staff. We attended a staff handover meeting. After the inspection we spoke with four health care professionals and two social care professionals about the service.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, the laundry room and office accommodation. We also spent time looking at records, which included the care records for four people. We looked at the recruitment, supervision and appraisal records of four members of staff, a full staff training matrix and other records relating to the management of the home.



# Is the service safe?

## Our findings

People told us that they felt physically and emotionally secure at Peregrine House. One person told us, "I don't see so well, so they all know to tell me who it is as soon as they come into my room. That's so reassuring for me." Another person told us, "Everywhere you go is nice and level, you can walk around to your heart's content, go outside and you know that everything is planned so you won't trip over anything." Another person told us, "I am completely safe here. I never ever feel anything but that. One person was a bit noisy near me at meal times, and the manager talked it through with me, because they had seen it made me uncomfortable. I sit with people I feel happy with now." One person told us, "They know that if I sit right where the activities are going on I get a bit overwhelmed, but they suggested I sit here where I can watch it all and get on with my (hobby), which I love."

People had written to the service to express their thanks for offering safe care and we saw a sample of these thank you letters from the past year. For example people had written, "A bevy of [staff] is constantly on the flow". "I was impressed by the ...cleanliness." "I know [they] were in safe hands." "Buzzers are heeded without delay".

Staff had received up to date training in areas related to safety such as safeguarding of adults, whistle blowing, working with people who may be exhibiting behaviour which could challenge others, diversity and human rights, risk assessment, infection control and medicine handling. Training was delivered both in house and through external training from the local authority, first aid specialists, community pharmacy, local hospice, and through accredited trainers such as NCFE. (The Northern Advisory Council for Further Education). The service had a safeguarding champion, whose role was to be a specialist in this area, research best practice, support other staff with advice and to give talks in staff meetings. They also liaised with people, their families and stakeholders to ensure people received excellent safe care. Staff told us that they had developed their understanding around safety because of this support.

A relative told us about the care they had witnessed for their relative and others who sometimes exhibited behaviour which could challenge.

"What they do is excellent because they manage such a diverse group of people so well and they fine tune their response to people constantly to make sure they are protected. This means for my [relative] they see when distress is beginning. Whoever is closest is straight there with the right approach because they all know what to do. Because of the wonderful staff, nobody sitting nearby has any idea of what has just been prevented."

Another relative told us about the way the service managed a person's distress, "What they have done is a small miracle. Things that I thought would have been mountains have turned into molehills. All the upset [for my relative] has disappeared because the staff have seen things from their point of view. They have done it through patience and never giving up."

A mental health professional talked to us in relation to the work staff carried out with people who were in distress or who exhibited behaviour which was challenging. They said.

"They follow our advice and have achieved remarkable results with people. They always put the person first and are open to trying different approaches until they find something that works. They also bring a lovely caring attitude and expertise to the meetings we have with them."

Records showed that the mental health of the person they were referring to had improved dramatically since their admission to Peregrine House. We observed that this person who had suffered distressing outbursts on admission was smiling and appeared calm as they sat near to staff and people in a lounge.

Staff told us about the equipment they used to ensure people were moved safely. They had received training in this and it was up to date. Staff told us about taking time with people so that their independence was promoted when they were moving, for example, supporting a person to bear their body weight while transferring while also keeping them safe.

Staff were able to talk about areas of risk knowledgeably and they correctly explained what they would do if they witnessed or suspected that abuse had taken place. Safeguarding notifications had been sent to CQC as required and social care professionals told us that the staff were open and communicative about any safeguarding concerns or events associated with the service.



## Is the service safe?

Written risk assessments were detailed for each individual and had a clear emphasis on supporting people to have as much freedom as possible. We saw risk assessments for such areas as physical care needs, clinical care and mental health. Staff understood the needs of individuals who lived at Peregrine House and the strategies which had been agreed to protect them from harm. For instance, they gave examples of when they had assessed the risks associated with going out on trips and what they had put in place to ensure people were supported to enjoy freedom and a varied experience. They explained how they supported one person to visit a friend who lived in a difficult to access village location some miles away. They accompanied them to support their safety in and around the house. They told us how much both the person who lived at the home and the friend enjoyed this.

People told us that they had been consulted during the risk assessments and these were regularly updated so that there were no unnecessary restrictions. We saw for example that one person had been at risk of falling because they had a temporary infection and were weaker than usual. Risk assessments reflected these temporary changes, with extra support and vigilance written into the documentation. When the risk reduced, the risk management strategies changed to reflect this.

Relatives and visitors also commented about the assessment of risk, for example:

“We recently came in to chat about [my relative’s] risk of falling and hitting [their] head. The manager had arranged adaptations to the room I am very happy with, and I am completely relaxed about leaving [my relative] here and know they are safe.”

One social care professional told us, “People are supported to live their lives to the full. The way they assess risk is excellent. They really understand how to balance the risks with the benefits of doing interesting things.”

Risk assessments for the environment had been drawn up and were regularly reviewed with the changing needs of the people who lived at the home in mind. There were no obstructions or risks to people moving about the home. The manager collated information on untoward incidents and accidents and used this information to plan for future care. All incidents were recorded and an outcome based plan was included to minimise the risk of future occurrence. Each person had a personal emergency

evacuation plan (PEEP) in their plan of care. This gave guidance to staff to ensure people’s safety was protected during the evacuation of the building in the event of fire or other emergency.

People were encouraged to raise concerns about their safety in regular resident meetings and in individual consultations with support where necessary. This ensured that everyone regardless of their needs or the strength of their voices was supported to have their say.

Staffing levels were flexible so that if people needed extra support due to illness or to take part in their particular interests there were staff available for this. We saw an example on one rota where staffing levels had increased beyond the usual ratio to support staff to care for a person who needed temporary extra care.

People told us that they regularly went out when they chose to. During the day of our visit we saw people going out for a walk locally and strolling in the grounds accompanied by staff. People also used the facilities available in the home, such as the tea rooms, the summer house and the snug. There were sufficient staff to take people to these places and to stay with them so that these areas could be enjoyed.

A visitor told us, “There are staff everywhere, in the lounge, in the corridors, always unobtrusive; you just have to think you need help and someone will appear.”

People’s medicines were handled safely and according to the home’s own policy and procedure. The service had a medication champion whose role was to research best practice in medicine handling and to offer advice and guidance. Staff had received up to date training in handling medicines and were able to tell us about safe practice. They also understood what certain medicines were prescribed for, the effect they had on people and the importance of keeping medicines under review.

People’s medicines were stored securely in individual rooms and people told us they liked this. Some people managed their own medicines and where they did this a risk assessment was in place which was kept under close review. The registered manager gave an example of when a person had become ill and that they had discussed and agreed with them that it was better for staff to manage their medicines temporarily. When they recovered they resumed managing their own medicines to a certain extent. The



## Is the service safe?

process had been risk assessed all the way through. We saw the risk assessment and the agreed changes to how this person's medicines were handled. The manager told us the person enjoyed having this autonomy.

Medicines which were not prescribed, such as simple linctus or other remedies which people preferred were recorded on administration with risk assessments in place. GP advice was sought about whether these medicines were safe to take with other prescribed medicines. A GP told us, "They are fabulous, they never seek to control people's behaviour with medicines, they are always looking at the least restrictive alternatives and put the time in to understand people's health needs well."

A relative commented on the way the service handled medicines, "They are quick to consult with the GP about reviewing medicines, they discuss the smallest changes in health with [the person] and us, and consider whether the medicine is right. A small change in dose or type of medicines makes all the difference, and they are straight onto things like that here."

Controlled medicines were stored centrally in a medicines cupboard within a staff room. We checked that recorded totals corresponded with actual medicines stored for a sample of people. We found there were no discrepancies. The home had a medicines champion whose role included regular audits of medicine handling. The service had regularly consulted with external pharmacy specialists. We saw a recent external pharmacy audit, and a sample of internal audits. There were few recommendations from the external pharmacy audit and these had all been implemented. The service had fed back recommendations to staff in group and one to one meetings to ensure staff understood any necessary changes.

The home had an infection control champion, whose role was to research best practice and to advise and support other staff to achieve safe infection control practice. Staff explained how they used protective wear such as aprons and gloves to ensure people were protected from the risk of infection. Staff understood their responsibilities around minimising the risk of infection. Each person's room had disposable cartridge soap dispensers and paper towels, which is recommended good practice for infection control. Toilets and bathrooms were easy to keep clean and we did not see any damage to surfaces or flooring which would be an infection control risk. Each person had their own private wet room and toilet so that the risk from sharing services was reduced. A cleaner told us that they worked to cleaning schedules, which included regular and frequent pulling out of furniture in rooms and high level cleaning. The service had this year achieved a level 5 in food hygiene from the environmental health service, where 5 is the safest score. The home appeared very clean and smelled fresh throughout.

The service focused on how it could continually improve safety for people in a way which emphasised supporting each person to live a fulfilled and meaningful life. Staff discussed this in team meetings and handovers, where all staff views were respected and encouraged. They discussed safety with people, their families and visitors and people told us that they felt they had been fully engaged with over their safety within the home. We sat in during a handover and heard staff discussing individual people's risk levels. Management listened to and respected all staff views on how to promote independence while maintaining safety.



# Is the service effective?

## Our findings

People told us that they received care which supported them with their health and wellbeing. One person told us, “The meals are something I look forward to, they come round to ask what you prefer beforehand and there is always choice. The food is delicious, it’s better than at home.” A relative told us, “They spent so much time and effort working with the GP to find out what may have caused a medical problem for [my relative]. They were just incredible.” Another person told us, “All the staff know what they are doing. There isn’t one of them who isn’t skilled in their job.”

We spoke with an external advisor who visited the service at least twice a month to offer support and guidance. This person had worked with the manager to introduce core values to the service. These were described as; Compassionate, Appropriate, Respectful, Empathetic and Excellent. (CAREE). They told us that induction and training had been organised around these core values. Staff had received induction where they were introduced to these core areas and where they shadowed experienced staff until they felt confident to care for people unsupervised. Staff told us that the induction was “amazing” and introduced them to the individuals who lived at the home so that they understood each person’s needs and preferences in detail. Staff also received training in all mandatory areas of care and this was kept up to date. In addition, staff told us they were regularly consulted over which training they might find useful to offer tailored care for people with specific care needs. All new employees were trained in the Care Certificate which gave them a knowledge and understanding of how to offer the best care to people across a range of areas. It also had the benefit of allowing anyone already in the care sector to look at any areas they felt they need to refresh or would like to update their knowledge on. The registered manager had set up training in areas such as nutrition, dealing with challenging behaviour, and care for people who were reaching the end of their lives.

The Registered Manager and Deputy Manager had recently embarked on a twelve month training programme run by the University of Bradford. This was with the aim of becoming a “Centre of Excellence” for dementia training. This training aimed to provide staff with a more nuanced and effective understanding of how to manage the

problems related to different individual dementia issues. As a consequence an evening shift had been added to the rota to manage the effect on people who experienced this as a more difficult time of day.

The service had a health and wellbeing champion who told us that training was delivered in different ways depending on which was the most suitable. For example, some training was delivered by an online computer course, other training such as moving and handling, was delivered face to face, other training was delivered by external trainers. The registered manager told us that they supported staff to learn in the way which was useful to them, for example, if they found online training a challenge they were supported by an experienced member of staff to understand the way this worked. Staff confirmed that they received support and encouragement in their training. The provider went out of their way to provide extra top up training and they attended other training which they had sourced themselves and requested, such as recognising pain, medicines associated with Parkinson’s disease, and the uses of physiotherapy.

The health and wellbeing champion told us that they consulted with people who lived at the home and those people who were significant to them to help shape their training programme. “We regard the person as the expert in what excellent care should be for them. We often use people’s expertise to help train our staff.” One visitor told us that staff had received training in their relative’s specific medical condition which had relied on the person’s own testimony about what worked best. This meant that people had a direct contribution to training.

Staff told us that they were rewarded for completing training and that they enjoyed the way induction and training was delivered. One member of staff told us, “We are encouraged to ask questions and to share our knowledge. They are quick to recognise enthusiasm and willingness to learn and they support you to develop confidence and skills.” The registered manager told us that they were planning further training in techniques for managing behaviour which may challenge others, catheter care and diabetes awareness as part of their on-going improvement plan and to support staff who had expressed an interest in these areas of care.

The health and wellbeing champion told us that staff were encouraged to develop professionally and to improve the knowledge of colleagues through taking the responsibility



## Is the service effective?

to research a particular area of care and to give a talk on this to the rest of the staff team. Staff told us they had recently given talks on skin care, diabetes and specialist diets, so that staff would have up to date information about these areas of care. Staff told us this gave them something to work towards and meant that every member of staff, no matter what their experience had the opportunity to get involved and to progress their skills for the benefit of people living at the home.

People told us that staff were knowledgeable and skilled in their role. One person told us, “The registered manager and senior staff noticed something I hadn’t and they wondered if it was the beginning of a medical condition [my relative] had suffered before. They were straight on to the doctor, and they were right. I was so impressed.”

There was a proactive support system in place to support staff to develop and deliver very good care. The registered manager told us that they had begun a new way of supervising staff which emphasised working in partnership with them. Supervision had been renamed as a ‘two way feedback’. Staff told us they received a two way feedback every six to eight weeks. They said that their views on their own professional development were respected and acted on and they felt they were all working together for the benefit of people who lived at the home. Staff told us they owned the process as they worked in partnership with management. Records of these meetings showed that staff views were valued and acted upon. Staff set their own personal goals in a personal development plan. Staff told us this increased their commitment to and enthusiasm about improving people’s quality of life. It was clear from speaking with staff that they showed strong commitment and that this really was a two way process. Staff also received annual appraisals of their work; these were known as contribution agreements. In these staff assessed themselves against the core values, and entered into an agreement about what they would stop, start and continue doing to offer excellent care. We saw that annual appraisals were detailed and reflective about practice. Staff agreement around their professional development was included. Staff consistently expressed a desire to offer the best care possible, and to always look for ways to improve.

The registered manager and staff had placed people at the heart of care around their health support. Recording confirmed that people were involved in their reviews, and their views on their health care were acted upon. Staff told

us that they were open about the potential for people’s health to improve, so that no matter how complex a person’s needs were there were always goals they could work towards. We observed one member of staff talking with a health care professional and they showed their detailed understanding about the person’s medical history and the presenting problem. The member of staff discreetly assisted the person to the privacy of their room for their medical consultation.

Care plans contained detailed information from health specialists, sight and hearing, pressure care and mental health professionals. The health and wellbeing champion told us that they had regular liaison with these professionals, both for advice on individual care, and general advice about each specialism, to support staff to further their knowledge for people’s benefit. Health care professionals confirmed that the service consulted with them appropriately and one told us that they were “impressed by staff understanding of people’s health needs”. Another health care professional confirmed that staff were, “Always looking for ways of reducing people’s discomfort and they never give in until the person is comfortable and improving. They have a brilliant knowledge of health conditions and individual staff contact us for advice, a chat or to suggest something which is well thought out and often perceptive.” They agreed that the service was proactive in getting them involved and often asked for advice.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people’s best interests. The registered manager told us that a number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place. They told us that those people who they assessed as under constant supervision and who would be prevented from leaving the service if they attempted to do so had been referred to the local authority. At the time of inspection seven DoLS were in place.

Training records showed that staff had received detailed up to date training on DoLS and the MCA. Care staff were clear on the process for DoLS and mental capacity assessments as well as best interests decision making and the implications of lasting power of attorney. The registered



## Is the service effective?

manager told us about an example Best Interest decision which had been carried out appropriately with the person, their family and a multidisciplinary team. Each member of staff had a MCA prompt booklet which outlined the main five areas of the MCA and how this could affect care. Staff understood that people's capacity to make decisions could vary and that it was important to approach people at a time which was right for them. Staff spoke about supporting people to make decisions through using prompts such as pictures, large print, family support and advocacy where necessary. They understood the implications of the recent Supreme Court ruling which had clarified the notion of deprivation of liberty for people in a care home setting. This meant that people could be protected regarding their mental capacity.

People had mental capacity assessments on file when required. The detail on these did not always reflect the level of care people received in this area. However, detailed records of discussions around capacity were included in daily notes and handover records. People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and that they waited for a response. When people declined, staff were respectful and returned to try again later if necessary. Care records also showed that people's consent to care and treatment was sought. Staff told us how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. They told us that they referred to people's life history books, to help them understand the decisions people may have made before their capacity was impaired. The manager told that they were in the process of accessing an advocate for a person who had a DoLS in place but no significant person who could support them with decision making. This meant that the home consulted people about their care.

One person told us, "At home I was used to walking for miles on my own. I do realise that I need support now though. I agreed to someone coming along with me when we had a chat about it with the manager and my family."

Care plans included information about how people were involved in decisions about their meals and drinks. People had been involved in drawing up the menu and choices

were regularly adapted in line with their preferences. Those people who did not choose from the menu were offered alternatives. An emphasis was placed upon maintaining a healthy diet.

People's nutritional needs were assessed and when people were at risk strategies were written into care plans, such as providing fortified foods or pureed diets. Referrals were made to the dietician, diabetes nurse and the Speech And Language Therapy (SALT) team where necessary and advice was incorporated into care plans. If people were reluctant to eat or drink, or felt unwell and were at risk of not receiving sufficient fluids or food, staff completed charts to monitor progress in this area. Examples of charts were completed in detail and action points were included as necessary in care plans when people's intake was limited. Care plans showed how staff were to stay with people to support and encourage them with their eating and drinking when needed. A health care professional told us that the home consulted with them around people's nutritional needs and their advice was followed. Care planning documentation and charts complemented one another so that it was clear how people's needs were met in this area of care. Reviews and decisions made about nutritional care were clearly recorded.

A member of staff told us, "We discussed one person's care when they were losing weight. We got the dietician and doctor in, we tried different approaches, and then we realised what the problem was. We introduced fortified food and sat with them at meal times to encourage them and they are fine now."

The provider told us about one person who had been admitted with low weight and a diagnosis of depression. Within six weeks this person's weight had increased to a healthy level due to staff following the care plan which included ensuring this person received a suitable diet. Also staff addressed the core cause of the depression. Through compassionate listening and valuing the person as part of the community, the person rekindled an interest in knitting and took on a guiding role with other people living at the home to help them to knit too.

We observed people in communal areas during a lunch time. During the day we saw jugs of water and juice were readily available, and also that people were regularly asked if they would like something to eat or drink. Staff showed that they understood people's preferences and they listened and acted on what people asked for. We noticed a



## Is the service effective?

member of staff who was assisting a person with their meal in an exceptionally caring and kind way. They sat with the person and were focusing all their attention on their task, they gave good eye contact and the person was clearly feeling secure and contented, smiling and holding the member of staff's hand. Lunch was a sociable and pleasant time, with people sitting wherever they preferred, in the dining room, lounge or their private rooms. Some people had chosen to sit in social groups they felt comfortable with at tables which were set attractively with table cloths, napkins and flowers. There were sufficient staff to serve people, spend time with them and chat with them while they ate. Deserts were taken around on a trolley so that people could see and smell the choices that were available to them. Staff offered people a taste of foods when they were unsure of choices, so that they could decide what they preferred. Soft background music was playing to add to the relaxed atmosphere. People appeared relaxed, happy and expressed their appreciation of the food on offer. People told us that staff regularly accompanied them to local cafes and restaurants to vary the dining experience.

One person told us "I absolutely love the food. They are exactly the sort of meals I prefer."

A relative had written, "Meals are always interesting and healthy." Another relative said of the person who lived in the home, "They haven't had such good food in years, it is excellent."

The environment was designed with the needs of people with memory and sensory impairments in mind. For example, there were large easy read pictorial menus written on a chalk board, a large easy read clock on the lounge wall and pictorial signs on important doors such as toilets and bathrooms, and identifying photographs in people's rooms when they had agreed to this. The communal rooms were full of interesting objects, pictures on the walls and statements written about affection, admitting mistakes, saying sorry and valuing each person's individuality. The design of the home had taken account of the needs of people living with dementia, and the provider had consulted with dementia care specialists to advise them when they planned an extension. The result was a very well-lit home, arranged around a central hub of activity in the main lounge.

A plain carpeted, sweeping corridor led away from the lounge, and was filled with photographs of people enjoying life at the home and other objects of interest. This brought people naturally back to the lounge. We observed a number of people who walked around the corridor often. If they appeared lost or upset staff were immediately on hand to reassure them. There were attractive areas where people could look out on water features, the gardens and courtyards. This all provided stimulation and an environment which encouraged exploration.

Upstairs were a snug and a tea rooms which people used often and told us they enjoyed. The provider told us about one person whose relative was unable to take them out as often as they liked. The relative reported that they found the use of the Snug area very beneficial. They can have "quiet time" together without having to sit in the bedroom or main lounge where there is lots of activity. They reported that this room has the feeling of giving them their own living-room.

The café area was also used and people reported that they enjoyed this, "I enjoy using the café and having afternoon tea served in the lovely bone china crockery. As we are no longer able to go out as often as we would like to, it gives us the opportunity to sit in a different environment and have a natter." The home also had a sweet shop specialising in sweets from previous decades which promoted reminiscence and gave people an incentive to visit this area of the home.

The home also had an outdoor 'Celebration House' which focused on celebrating the lives of people who had lived at the home and which could also be used as a place of quiet reflection.

People's rooms were light and bright, with recently added windows to improve lighting in some upper rooms. All rooms had ensuite toilets and wet rooms. The rooms were well decorated and made homely with people's possessions. The outside space had been beautifully landscaped and was accessible with hand rails and ramped access.



# Is the service caring?

## Our findings

People told us that all the staff and the registered manager showed them exceptional compassion and empathy and that staff gave them time and listened to them. For example, one person told us,

“I can’t explain how wonderful they are. They are just everything; kind and helpful. They can make anything happen.” Another person told us, “They are kindness in action. They think ahead and imagine what it’s like for me. They all mean the world to me.”

Care plans included guidance for staff on how to approach people with care and compassion and these were regularly reviewed, to ensure staff understood when people may need more support and attention.

We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. People were comfortable and happy around staff and there was laughter between them as they chatted. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. Those people who were in discomfort were attended to with kindness. Staff gave the impression that they had plenty of time and spoke with people who were sitting so that they were on eye level with them. Staff also talked with people about the goals they had set for themselves and how they had progressed towards them. For example, we heard staff talking with a person about being able to walk a little further each day, and another person about their dancing hobby. When we asked about the way staff spoke with them one person said, “They are just right. We love them.” Staff were skilled in communicating with people, anticipating needs and making people aware of what their choices were. They interacted well with people who we observed were more withdrawn and treated everyone as though they were special and worthy of attention.

We observed a morning ‘Zumba’ activity. This included fifteen people who were in the lounge. Staff were on hand to encourage people to get the most out of the exercise, and everyone was clearly enjoying the actions which accompanied this, many people were laughing and smiling. One person decided that they wished to get up and dance to the music, and staff assisted in this so that the person was able to kick their legs and move their arms. We

saw them laughing as they had their photograph taken. We learned that this person was almost 100 years old. This did not deter staff from supporting them to join in and to have fun.

Later we observed staff sitting chatting with people at a calmer more reflective time. We saw staff skilfully reassuring a person who was tearful. They showed that the person they were with was most important and that they were focused on them entirely. We observed that staff were talking with people about their lives, who and what mattered to them and significant events.

Staff told us they understood and were signed up to the core values of the home (CAREE). The home had achieved the Investors in People Gold Award and had maintained this award for a number of years. This meant that the service treated staff with the same care and empathy that they offered to people who lived at Peregrine House. In the Provider Information Return the registered manager told us that.

“[Our] approach encourages staff to think differently, moving away from a task orientated approach to outcome focus thinking about actions and the effect on the resident. ...We have a strong person centred culture.” They pledged “To always demonstrate kindness to every resident, and to families, professionals, visitors and colleagues. To always display a genuine interest in every resident through updating and reading their life story books, listening to residents, understanding their needs, recognising change and responding to ensure the safety and wellbeing of every resident at all times. We also have a dignity pledge displayed in our staff room.”

The service had a policy and procedure to guide staff around ensuring people were not discriminated against on the grounds of a wide range of diverse needs. Staff told us that they had received training in equality and diversity and that they were enthusiastic about finding ways to positively support people’s wellbeing in this area. For example, plans contained guidance around ensuring people received care from the gender of staff they felt most comfortable with, and protecting people from the discrimination which other people at the service may display towards them.

The service had a champion whose role was to ensure staff treated every person with dignity. We observed that people were treated with great respect and regard to their dignity.



## Is the service caring?

Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. The registered manager, provider and staff made special efforts to make sure these people's views were heard and acted on. For example, staff told us they spoke individually to those people who were not comfortable speaking out in a group. Staff told us that people who were tired or unwell were consulted at other times when they were most comfortable. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and/or consulting with those who were close to them. The registered manager had organised for people who needed them to have communication aids to assist with expressing their wishes. For example, people had regular optician and hearing tests, and the staff used pictorial and photographic prompts to help them where appropriate.

Staff told us that they were praised and rewarded by management and the providers for displaying compassionate care and that they felt their caring attitude was appreciated and acknowledged. They were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about making sure people did not suffer loneliness and understanding when people may feel particularly sad or in need of extra attention. One member of staff told us, "We all have down days and it is our job to be present with people in whatever mood they are, showing them that we care, being with them whether they are sad or happy and sharing those feelings with them." Staff told us they responded to each person's need for love and affection. The registered manager told us that the home set out to care for people "in the same way that we would look after the most loved member of our own family". This statement was part of the philosophy of the home and was recorded on their website. Our observations confirmed that people were treated in this way.

We spoke with staff about diversity and human rights. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. The home had regular religious services and encouraged visits from priests and ministers of differing religious backgrounds.

One person had written a heartfelt thank you for a poem staff had written for them on the occasion of a special birthday. Relatives had commented on how moved they had been that staff had known this person, their interests and personality so well.

Staff told us that each month every person had a special day, which meant they were supported to do anything they wished. The registered manager told us that people had chosen for example, trips out for ice cream, a special fillet steak meal, attending a show and a visit to a friend who lived in the community. People told us they looked forward to 'their day' and that staff were creative in the way they accommodated what they asked for, for example, arranging for extra support so that a person could visit an old friend safely. They told us that activities gave people a sense of continuity with the life they led before coming to the home. Some people helped staff with cleaning, folding laundry and baking, they were introduced to new interests, or supported to revisit previous interests such as water colour artwork.

Visitors told us they were welcomed at all times into the home and that they were given a key so that they could let themselves in, "as a member of the Peregrine House family". This has been risk assessed. We observed several visitors being warmly welcomed by staff who were able to update visitors on what had been happening for each person. When necessary, staff supported people to explain what they had been doing and what news they had.

People and staff told us that when a person passed away they had agreed it would be fitting to develop 'Celebration House' which was a peaceful building within the grounds of the home. This was a place they could go to remember people who were sadly no longer living at the home. Celebration house had a book of remembrance where each person who had passed away was acknowledged with affection. One member of staff told us "We belong to a community and Celebration House confirms this."

People had Advanced Plans in place which were well documented. (Advance Plans record people's preferences when they near the end of their lives). Some people had Do Not Attempt Resuscitation (DNAR) forms in place, and where we saw these they were correctly completed and regularly reviewed.

We saw letters written by relatives of people who had passed away, thanking the staff for the loving care and



## Is the service caring?

attention given during the person's last days. The home's statement of purpose included an assurance that people would be cared for at the home for as long as this was safe and people wished to remain there. Examples of comments were:

"You have an unbelievably caring team who were with us every step of the way." "Mum was always made to feel so special and worthy of your care." "We will never forget all the comforting and kindly words and actions." "Peregrine House is just a wonderful place to be, the love and care that emanates from you all is truly outstanding." "Many thanks for your exemplary compassion and care." "Your staff are very special individually and as a collection, unbeatable."

A relative told us, "They are very good with people in the later stages of life. Staff are always in their rooms, always cheerful and always working with professionals to make things comfortable."

Staff told us about the way people were cared for in their final days. The service had an end of life care champion whose role was to ensure that each person who died when a resident at Peregrine House had a dignified death. They emphasised the need for close liaison with end of life care professionals, attentive monitoring to ensure people did not suffer pain and how important it was to ensure people had company at their bedside. Staffing was flexible so that people were not left alone at this time. Staff also spoke about the importance of supporting relatives, the people who lived at the home and each other at this difficult time. We spoke with a health care professional who told us. "The staff are exceptional, all of them. They are wonderful when people are unwell. They really do treat people as well-loved family."



# Is the service responsive?

## Our findings

People told us that the service involved them at every step of their care. They felt they were placed in the heart of care and that they lived interesting and fulfilled lives. One person told us, "I've started up a hobby I haven't enjoyed for years. They got me all the equipment." Another person told us, "They know me really well." One person told us, "I go out all the time; the staff come with me because it isn't safe alone. There is rarely a time when I can't go whenever I choose." Another person told us, "They see things from my point of view." A relative told us, "When we have voiced our opinions they have acted straight away." They described how when the recent extension was being planned they suggested that an alteration was made to create a large double room for a couple. The registered manager and provider listened to them and changed the plans at their own expense to create a room which was larger than planned for the relative's parents to share, which they loved.

We found that staff gave care in a personalised way. In the PIR the registered manager told us:

"All our residents have a personalised care plan that is reviewed on a regular basis responding to their needs. Our core values ensure that we ... listen to residents, understand their needs, recognise change and respond to ensure the safety and wellbeing of every resident at all times. Activities are actively promoted and are meaningful and appropriate for all our residents."

Staff told us they followed the home's CAREE core principles to ensure people received care which was focused on excellent outcomes rather than on tasks. People told us that they had been involved along with the registered manager and senior staff to draw up their care plans. Daily notes and activities records were very detailed and provided information about care which was responsive to individual needs.

Care plans were complemented by life history books, which were completed with people and their relatives. One relative told us that this had been a great source of reminiscence and that it had brought them closer together as a family because they shared memories they had never shared before. Another relative told us that they had not been ready to share details of their shared life with their spouse and staff had not pressed for more information.

They told us staff, "Got it immediately. They really understood that it was my life too." Staff told us the life history books gave them an excellent overview of people's lives, their interests and those people who were important to them. Relatives and other significant people were also consulted to assist staff build a picture of each person across the whole of their lives. Staff were clear to point out that the books were not just about the past but were a document about present and future plans too. Specific goals had been identified in agreement with people and these were recorded. For example, one person had resumed attendance at a day club after they had identified this as a goal, and another person had begun to attend dancing lessons.

People, staff and relatives told us that plans were regularly reviewed with people's involvement, though written review records were not always explicit about how people had been consulted or how they had made their views known. The registered manager and staff told us they were striving to improve the way in which care plans reflected people's preferences and life goals.

Staff were responsive to people's expressed wishes. For example, staff told us about a person who had been unhappy at meal times, and that after consultation with them they joined a table of people they felt more comfortable with. Staff told us about a person who lived at the home who had been a painter and decorator and who had expressed a desire to work alongside staff to carry out the redecoration of the new snug area. Staff told us that this person had enjoyed this work greatly and had regarded staff as his 'team' who supported him to get the job right. They had done this to great effect and people told us how much they enjoyed sitting in this area. A visitor told us with pride about how the administrator encouraged their relative to assist them with welcoming visitors and managing non confidential paperwork.

Staff responded to people's changing needs. For example, one person had a diagnosis of dementia, and who appeared to be unhappy and unsettled for much of the time. However, after treatment for an infection, and one to one attention from staff a relative told us that the person was "transformed" they were contented and smiling for most of the time. A member of staff told us about a person who was often unresponsive to conversation and who appeared very withdrawn with little eye contact, and who preferred to remain in their room. After a few weeks at



## Is the service responsive?

Peregrine House they told us this changed. A visitor told us, “You wouldn’t believe they were the same person. The staff have spent so much time talking with them kindly and not giving in. [My relative] is happy and choosing to go into the lounge. They chat with everyone now all day long.”

People told us that they had an identified member of staff who was allocated to them, and that they could approach this person for any particular help they needed. They told us that all the staff knew them very well and that they supported them to do the things they enjoyed.

The home regularly held meetings to gain people’s feedback and also often asked for the views of relatives and other visitors which were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. The registered manager told us how people’s views had changed the menu choices, the type of entertainment invited to the home and the way in which some organised activities were offered.

The home had a varied and interesting programme of activity and entertainment on offer. This included exercise each morning where people were invited to a ‘wake up, shake up’ session. People had suggested this in a recent resident and relatives meeting. They also could choose to take part in Zumba, Motivation, hand eye coordination games such as large drafts or connect four, film events, afternoon tea, pampering sessions, and music. In addition to organised activities the home consulted with people about their interests and supported them to run clubs specific to these such as poetry, walking, reading, gardening, Scrabble and singing. People told us that these clubs were run for them by each other, but that staff were always nearby to support them and to join in when invited.

The garden won a silver award from the Whitby in Bloom competition this year and the gardener had included people in keeping the garden attractive. The home also put on special events recently such as the longest reigning monarch celebration tea, visits from a birds of prey specialist and a ‘pat the pony’ event. We saw photographs to mark these events. The service regularly used the local Disability Action Group transport to take people on trips of their choice around the local area. People had suggested that these outings carried on through the winter months and the registered manager had arranged for this to be an option.

The registered manager told us that the activity organisers explored the potential benefits of each activity and then evaluated them with suggestions for improvement. People’s feedback was used to help with future planning. We saw photographs of people on outings and engaged in interesting pastimes. The home had two activities champions whose roles were to research appropriate activities, consult with people about individual interests they wished to pursue and to audit and monitor how the activities met people’s needs and preferences.

The staff and people we spoke with told us that the home encouraged visitors, and that the staff supported people to maintain their relationships. Those people who had relatives and friends who lived away from the home used the home’s skype service to keep in touch. This was particularly important for people whose relations were living abroad. This made communication direct and meaningful for people who may sometimes find using the telephone difficult.

People from the community were regularly invited into the home and the registered manager encouraged apprentices who were supported and trained so that they could offer appropriate support. We spoke with a health care professional who told us that they often heard about trips to interesting places in their regular visits to the home. They told us, “They do some great things here. It’s always happy and supportive. There is often a real buzz when you come in here.”

People told us they were encouraged to express any concerns or complaints they might have and gave examples of times when they had discussed some area of concern to have it resolved quickly and politely. For example one visitor told us they raised with the manager about a person who wanted to leave the building when they were leaving. They told us that staff quickly diverted the person’s attention as they were not safe to go out unaccompanied. Other visitors told us they had never needed to complain because they worked with staff to resolve issues as they occurred. We saw that the service had a complaint procedure and that people’s concerns had been quickly dealt with and recorded, along with any learning points for future care.



## Is the service well-led?

### Our findings

The people we spoke with confirmed that the service heard and acted on their views. There was a strong sense that the lines of communication between people and management were open, enabling and supportive. One person told us, “[the registered manager] is absolutely wonderful. She is always walking around the service asking us how things are going. She joins in with all the activities, and really cares about the staff.” A visitor told us, “The manager is very open and honest about what is going well and not so well. We feel we have a true account of what has been happening.” One person had written, “The manager is a delightfully approachable, nearly constant presence and no doubt largely responsible for the positive outlook [of staff]”. This showed us that the registered manager had a track record of being an effective and visible role model at all levels. It meant they were responsive and proactive in supporting staff and people who used the service when needed. This approach also demonstrated that the registered manager promoted an open and transparent ethos within the service. This enabled people who used the service, those that mattered to them and staff to make their views, ideas and concerns known.

One relative described how the registered manager had listened to the person and their family to really understand what made their life enjoyable and fulfilled. This included understanding when they were vulnerable and working with their knowledge of dance terminology to maintain and promote their daily living skills. We observed this person clearly having a wonderful time interacting with the registered manager and staff team who were reinforcing this person's strengths. This showed how the registered manager actively listened and acted on people's views and those that mattered to them. In addition, this also demonstrated how the registered manager was constructive in a motivating way through outlining the action others needed to take to promote the wellbeing of people who used the service.

One person said, "There is no doubt in my mind that this home shines because of its exceptional leadership. We see this every time we visit. The manager is always around, they know every person inside out and make it possible for

[my relative] to fulfil their potential and have lots of fun. This is in stark contrast to how things were before they came to live here. We could not be happier with how well the home is managed."

Another person told us that the leadership was "truly exceptional, they ask us questions I would not even think to raise and then act on what we say immediately."

One person told us how the service had researched a person's connections from home and had arranged for them to visit a "dear friend" who lived in a rural and isolated area. This was made possible through getting to know the person in regular chats and encouraging one to one feedback from them when they did not raise their wishes in meetings.

Another person told us, "The manager found out what I liked to do, just by coming in and chatting. They gave me such a beautiful treat. What a difference going on that trip made, and just for me, no one else came along. It was really special."

These examples demonstrate that people received highly personalised care that focused on their individual's strengths and preferences. It celebrated the person, their life experiences and showed how the registered manager strived to set out in detail how the person's current requirements and personal aspirations should be met through positive individualised support.

There was a registered manager in post who had been in post for over ten years and who had been working at the service for sixteen years. The deputy managers and many of the senior carers had also been working at the home for a number of years. The registered manager had the required qualifications and experience and was competent to run the service. When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us they worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on inclusion, fairness, equality and diversity issues. This showed us that people who received care and support benefited from a management team that had a positive sense of direction, strong leadership and a



## Is the service well-led?

sustained track record of delivering good performance and managing improvement. Where areas for improvement emerged, the service recognised and managed them very well.

People told us how helpful it was to have the registered manager or a deputy manager on duty seven days a week. People told us this was particularly reassuring if they could only visit at the weekend because there was always someone on duty who could give them a full update on their relative's care. "You never have to wait until Monday morning to find out what has been going on." This showed us that relatives felt appreciated and were listened to, supported and that the registered manager showed concern for their wellbeing.

The home had a low staff turn-over and a core of care staff who had been working at the home for a long time. Staff told us that they felt extremely well supported by the management team and each other. They clearly demonstrated respect for and pride in belonging to what they called "The Peregrine House family". One member of staff told us, "They encourage you to take on new responsibility and they believe you can do it. I have gained so much confidence since I started to work here."

Another member of staff told us, "Mistakes are openly shared and used as learning points. There is definitely not a blame culture here." People and staff also spoke with respect and warmth about the providers who they felt cared deeply about providing excellent care and who supported and encouraged the development of improvements throughout the home. One member of staff said, "You know that [the provider and registered manager] will go to the ends of the earth to make just one small difference to improve people's lives. It makes me happy to come to work." We found job satisfaction was high. This demonstrated how the provider and the registered manager was constructive in a motivating way. They outlined the action staff and others needed to take to promote the wellbeing of people who used the service. This included the wellbeing of the staff team.

The registered manager explained how an external adviser was a regular visitor to the service to offer advice and support around the on-going improvement and monitoring of the service. The external advisor carried out regular staff surgeries which the registered manager felt would support staff to raise any issues with someone who was not part of the management team. This meant staff received positive

advice and support that was focused on delivering improved outcomes for themselves and for people who used the service. Staff told us this was useful and that it was good to have an overview provided by someone who was not directly connected with the day to day running of the service. The external advisor also attended the resident and relatives meetings so that people could speak about any concerns or pass on any compliments. People told us that they used these surgeries to mention anything which was bothering them or to offer suggestions. One person told us this had resulted in them setting up a special themed event. Staff had embraced this event and almost all had attended to make the event a success. This showed how the service used innovative ways to promote continuous improvements.

The service had strong community links, involving local churches, choirs, 'war weekend' visitors and representatives from other local interest groups to provide stimulation for people who had expressed interest in these areas. One person told us how reassuring it was to know that they did not have to make the effort to go to the registered manager to make any comments, "Because they come to us. They often think of things that can be improved before we do." This showed that the service enabled and encouraged people that used the service and those that mattered to them to provide feedback about their interests, ideas, preferences and things that were important to them. This included their individualised care, treatment and support.

The registered manager sought people's feedback informally through chatting with people and more formally through surveys, reviews and regular meetings. Stakeholders were regularly asked for their views in line with the five key areas of safe, effective, caring, responsive and well led. This encouraged stakeholders to consider the service's performance across all five areas and had led to comprehensive and extremely positive feedback which had been useful to the service in its plans for improvement. People's views were recorded and actions plans were drawn up to address any identified points for improvement.

The home published a regular monthly newsletter which provided information about individual resident's achievements or celebrations and details of new staff and those who had left a welcome to those people who had moved into the home and farewells to those who had left



## Is the service well-led?

or passed away. Activities, outings and events were reported upon with encouragement for people to share their ideas for future entertainment with the staff team. We saw evidence that people's suggestions had been acted upon and that outings had been arranged to nearby attractions as a result.

For those people whose relatives lived a distance away the activities champion made regular individual e mail contact when people wanted this and required support to do so. The service had links with advocacy when needed to promote people's involvement in their care. The registered manager had embraced technology to promote communication between people who lived at the service and those they cared about and also to support people to use the internet. Everyone who showed an interest was supported to use Skype and to improve their computer skills on their own or the home's computer. One person told us how the registered manager had supported them to order items online, another person told us about browsing for favourite music. This showed that the registered manager was innovative in their approach to supporting people to keep in touch with people they cared about and to pursue their interests

Since the last inspection the Registered Manager had been entered for Care Home Manager of the Year run by the Great British Care Awards and had achieved both Regional and National recognition, being awarded the National Care Manager of the Year Award. The registered manager told us that they had been interviewed by a panel who had asked them questions about what made an exceptional manager and the panel had agreed that they demonstrated the qualities of an exceptional manager.

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had sustained outstanding practice and improvements over time and had achieved a recognised quality assurance accreditation system, for example, the home was the first in the region to achieve the Investors In People Gold award on first assessment, an award which it has retained for a number of years. The framework is a performance model that provides a pathway towards future progress, and a journey of continuous improvement. We found the registered manager was highly committed to this model by supporting and managing staff well to achieve sustainable

results. They told us, "This has created a culture of appreciation where staff are motivated to perform at their best." This was reiterated when we spoke with staff. In addition, the registered manager and provider had put the home forward to take part in the pilot for the new Excellence in Care Standard (EICS) and was the first in the United Kingdom to achieve this award. This award was achieved following a rigorous assessment and we saw examples of the evidence for this which had been submitted. This included details of the registered manager's outstanding commitment to improving the quality of life for every individual living in the service. Peregrine House website contains a short movie of the day the award was presented in which the director of EICS explains and gives details about why the award was so well deserved. This demonstrated that the service had sustained high standards and strived for continuous improvement over a period of years.

The registered manager told us they were expected to be a role model and they told us they had a genuine passion about providing the best possible service. The service had a strong emphasis on treating everyone with regard to their needs around equality and diversity. Staff confirmed that the management team promoted a culture which supported people to live as fulfilled and meaningful a life as possible. We found the culture of the service was positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service.

Health and social care professionals told us that the management team regularly consulted with them and asked their views on offering the best care possible. They did this when professionals visited the service and through surveys and e mail communication. This showed that the registered manager included collaborative ways of working to develop and source best practice to achieve positive outcomes for people who used the service. The service worked proactively with other key organisations to support care provision and service development. They strived for excellence through consultation and reflective practice. This contributed to evidence that they sustained their outstanding practice and improvements over time.

The home had introduced the role of champions from January of 2015. The registered manager described the champion role as the expert in a particular area, keeping up to date with legislation and good practice and sharing



## Is the service well-led?

this with all staff for people's benefit. The newsletter explained how champions were there to provide advice, guidance and support to people, their friends and family. Developing effective champion roles provided evidence that management were committed to providing an outstanding service.

Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They understood that they worked to Key Performance Indicators (KPIs) which gave them clear guidelines for achieving quality in their performance. They told us that they were supported to meet these KPIs by the registered manager and the provider and that these goals were regularly reviewed. This showed how the provider supported and resourced the service to enable and empower staff to develop their skills through training and personal development and this in turn helped to drive improvement. Staff told us they were highly motivated and supported by the way the service was managed.

Staff told us they knew who to go to for support, seek advice and put forward suggestions and when to refer to the registered manager. Staff told us they knew what was expected of them because enabling processes were in place for them to account for their decisions, actions and performance. This showed us that the service actively consulted with staff. They took on board the suggestions that staff made to improve the lives of people who used the service.

The registered manager told how they kept their own practice up to date with training courses in care practice, that they researched best practice and that they received regular bulletins from organisations with a focus on improving people's self-determination and on improving the quality of care. This showed the service used recognised models of best practice and resources and support to develop and drive improvement. We found the registered manager had a sustained track record of delivering high standards of performance and managing improvements. She had a high commitment to promoting dignity, a focus on valuing people's diverse needs and embracing innovative approaches to practices within the service. This indicated that there was a culture of continuous improvement within the service and good use made of research projects carried out by expert bodies.

The provider told us how they updated their knowledge and practice with information from organisations

recognised for advising on best practice. For example, the service was following the principles of the Social Care Commitment, which is a voluntary agreement about workforce quality. They followed the Gold Standard Framework (about giving the right person the right care, in the right place at the right time, every time). This had contributed to the personalised approach to care planning in which staff supported people to express their needs and to receive the care they preferred. Notifications had been sent to the Care Quality Commission and to other required bodies by the service as required.

We saw that the home had a comprehensive system of audits and checks in place which focused on outcomes for people. People's comments were recorded around a range of quality checks. Monitoring was carried out by the registered manager and other designated senior staff, and also by the external advisor. Any shortfalls were identified and plans were in place to improve where this was necessary. Improvements focused on outcomes for people and were checked against an agreed timescale to ensure that they were put into place in a timely way to improve people's quality of life. In addition, an annual business plan clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided.

The registered manager and staff told us that the results of audits were discussed in staff meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. Staff and people we spoke with told us that identified improvements were implemented immediately. Plans for improvements and progress towards achieving them were also openly shared with people who lived at the home in meetings and in the newsletter. People told us they were kept informed, up to date and consulted and agreed that they had a strong influence on the way the service was delivered.

Overall we found the registered manager had proved to have substantial strengths and had a sustained track record of delivering high standards of performance and managing improvements. They embodied the core values of the service. For example, they had a high commitment for promoting dignity, a focus on valuing people's diverse



## Is the service well-led?

needs and embracing innovative approaches to practice within the home. We found that the providers and registered manager worked together to deliver exceptional leadership within the service.