

Peasmarsh Place (Country Care) Limited

Peasmarsh Place

Inspection report

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Ratings

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

Summary of findings

Overall summary

Peasmarsh Place provides care and support for up to 24 older people with care needs associated with older age. The needs of people varied, some people were mainly independent others had low physical and health needs and others had a mild dementia and memory loss. The care home provided some respite care and could meet more complex care needs with the support of community nurses which included end of life care.

At the time of this inspection 17 people were living in the service. This inspection took place on 28 July and 4 August 2016 and was unannounced.

The service had a registered manager. 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.

The quality monitoring systems needed further development to ensure they were used to ensure best practice and to identify shortfalls and demonstrate effective responses. This included the use of suitable guidelines for medicine administration and accurate records for the application of topical creams to demonstrate staff delivered these in a consistent way. In addition, some care documentation was not completed to record the care required and provided. This could lead to staff not having up to date information on people's needs and care provided.

Organisational policies and procedures and supporting audit systems did not ensure best practice was followed in all areas. For example, satisfaction surveys were used but information gathered from these was not recorded and used in a systematic way to improve the service. This was identified to the registered manager as an area for improvement.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service and the approach of the staff and registered manager.

All feedback from visiting professionals was positive. They told us staff worked with them to improve outcomes for people.

People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people. Staffing arrangements ensured staff worked in such numbers, with the appropriate skills that people's needs could be met in a timely and safe fashion.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided. People were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered an open culture that listened to people and staff views.

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.

Medicines were stored, administered and disposed of safely by staff who were suitably trained. There were enough staff on duty to meet people's needs. .

People told us they were happy living in the home and relatives felt people were safe. Staff had received training on how to safeguard people from abuse and were clear about how to respond to any allegation of abuse.

The environment was well maintained to ensure people's safety.

People had individual assessments of potential risks to their health and welfare. Staff managed these risks properly to make sure people remained as safe as possible.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People had access to external healthcare professionals, such as the GP and community nurses as necessary because staff ensured appropriate referrals were made.

People's nutritional needs were well monitored and they had food and drink that met their needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. Staff knew people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was very positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People told us they were able to make individual and everyday choices and staff responded to these choices.

People had the opportunity to engage in activities and entertainment.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The registered manager and senior staff in the service were seen as approachable and supportive.

Staff and people spoke positively of the management team's leadership and approach.

Peasmarsh Place

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 29 July and 4 August 2016 and was announced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. 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 spoke with the commissioner of care from the local authority before the inspection. During the inspection we were able to talk with eight people who used the service and three relatives. We also spoke with five staff members including the registered manager, deputy manager, two care staff and the chef. Following the inspection we spoke with a local GP and two health care professionals.

We observed lunch on two days in the dining room and a number of people's own room when they ate on their own. We spent time observing people in areas throughout the home and were able to see the interaction between people and staff. We attended a staff handover between staff changing shifts.

We reviewed a variety of documents which included four people's care plans and associated risk and individual need assessments. This included 'pathway tracking' people living at Peasmarsh Place. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records and looked at policies and procedures, and systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People said they felt they were safe and secure and staff availability and response to their needs made them feel safe. One person said "I must be safer here there is always plenty of staff around." Another said "When I have a shower or bath staff are always there to help and make sure I am safe." People said the staff were quick to respond to any of their needs and answered the call bells quickly. We found people had call bells available to them wherever they were in the home with some using pendants to ensure a bell was close even when walking around. Relatives had confidence that people were well cared for and safe in the service. One relative told us "My mother is well provided for in every way. I feel she is much safer living here than at home." Visiting health professionals were positive about the standard of care and level of engagement with them which ensured people were receiving safe care.

There was a safe recruitment procedure in place. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. We found staff records included application forms and confirmation of identity. The recruitment process included a thorough interview and the sourcing of references that informed the provider of staff suitability. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. A system was also in place to re check staff DBS every three years. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

All staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. Records confirmed that systems were in place to ensure any suspicion of abuse was referred appropriately. Senior staff confirmed how they had worked with the safeguarding team and gave examples of how they had protected people against abuse.

The provider had established systems to promote a safe environment. Peasmarsh Place had a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. A maintenance person worked in the home and responded to issues raised by people and staff. This included responding to people's requests like hanging pictures and general maintenance and improvement to the premises. Staff told us any maintenance issue identified was responded to quickly. People and relatives were complimentary about the environment and the standard of cleanliness. One person said "I love my room it is beautiful."

The provider had systems in place to deal with any foreseeable emergency including a fire. Contingency and emergency procedures were available in the home and included what to do if the home had to be evacuated. Staff had access to relevant contact numbers in the event of an emergency with the registered manager and deputy manager living locally and providing on call cover. An emergency alert call system ensured staff were notified of any emergency and to respond by attending the home immediately. Fire

procedures and checks on equipment were in place and emergency information was accessible near the front door of the home. This included Personal Emergency Evacuation Plans (PEEPs) used to direct staff and emergency services on safe removal from the service, and important information on each person in case people needed to be relocated.

Risks to people's safety and care were identified and responded to. Records confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. People had equipment to assist them when walking and this equipment had been provided on an individual basis taking account of individual need and any risk. This supported people in moving around the home freely and safely.

People told us they thought there was sufficient staff working in the home to meet all their needs during the night as well as the day. One person said; "The staff come when I need them and are always checking on you." However, one person felt they had to wait as they needed two staff to attend to them. This was raised with the registered manager who confirmed the needs of this person were high and they were moving to a more suitable placement.

There were enough staff to provide safe care. Staff told us there was enough staff to meet people's needs and minimum staffing levels were always maintained, this included three to four staff during the day and two waking staff at night. Staff told us additional staff were provided when individual needs were high and agency staff were used to cover annual leave and any vacancies. For example, when people were receiving end of life care extra staff were provided to provide one to one care. The management team assess the staffing levels and told us they remained flexible to any changing needs and took account of risks associated with emergencies in the service.

Medicines were administered to people safely. There were systems in place to ensure the safe storage and administration of medicines with organisational medicine policies and procedures in place for staff to follow. People told us they received their medicines when they needed them. For example, one person told us; "I have to have one medicine at a specific time, staff always come when it is due." People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely. However, some records relating to topical creams were not fully accurate. This was raised with the registered and deputy manager to review the systems for recording.

All medicines were stored in locked cupboards with the keys held securely. People's individual medicines were stored in locked cupboards in their own room. . Stock items and those requiring refrigeration were locked in an allocated fridge within an office area. Both had suitable temperature monitoring in place. Medicines were only administered by care staff who had undergone additional training and competency checks. when administering medicines, staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed. The supplying pharmacist provided training for staff and undertook an audit of the medicine management in the home.

Some people were on variable dose medicines and medicines that needed to be given at specific times, these were well managed. For example, some people had health needs which required a change to the medicine dose related to specific test results. These were accurately reflected on the MAR chart and we found medicines were given in accordance with any changing requirements.

Is the service effective?

Our findings

People told us the staff were well trained and were considerate in their approach. People had confidence that staff had the skills to care for them. One person said; "I am very well cared for, they could not do more for me." Another said; "Staff are all very well trained, staff did not last if they are not suited to this sort of work." A relative told us; "They understand my mother completely and look after her beautifully." Feedback from visiting health care professionals about the skills and competence of the staff was positive. They said care workers were very willing to provide a high standard of care. People were complimentary about the food and how they were provided with choice and variety.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. New staff received a comprehensive induction programme that took up to twelve weeks to complete. This included working alongside senior staff in a shadowing role and the completion of essential training and competency assessments. The registered manager told us when agency staff were used staff who had been to the service before were requested. She confirmed with the agency that staff supplied had completed essential training and had been subject to a thorough recruitment process. No agency staff were allowed to administer medicines and always worked with a staff member from Peasmarsh Place.

Staff and training records confirmed that a programme of training had been established and staff were completing essential training throughout the year. This included health and safety, infection control, food hygiene, safe moving and handling, dementia awareness and safeguarding. Staff training was co-ordinated and reviewed by the deputy manager who took a lead on training in the service. When staff were falling behind on their training the deputy manager had a system to remind them and to promote relevant completion.

Additional skills training was also available to staff and included specific care training for example end of life care and looking after people living with diabetes. We found the training programme was varied and reflected the needs of people living in the service and ensured their care needs were met. Systems were in place to support and develop staff. Staff told us that they felt very well supported and had the opportunity to develop their knowledge and skills. The provider was committed in developing staff at all levels throughout the work force. Two senior care staff were being supported to complete diplomas in health and social care and the deputy manager was being supported to seek a recognised end of life training to develop the Gold Standard Framework for care in the service.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were constantly asked for their agreement and were given choices throughout the day. For example, a wide choice of meals was offered to each person on the day the food was provided. People were able to spend time where and with whoever they wanted to.

We were told that everyone living in the home had capacity to make decisions about their care and daily life. Staff were aware that mental capacity assessments would need to be completed if there was any concern around people's capacity. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and would include appropriate representation for the person concerned and this was reflected within the care documentation. The registered manager and deputy manager told us they had recently applied to the local authority for DoLS in respect of one person who was being cared for in bed with bed rails. These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. Consideration had been given to the restrictions placed on this person's liberty and if this was in their 'best interest'. Family and the local authority had been consulted and a meeting to discuss these issues and to assess this person's capacity had been planned.

People were supported to have enough to eat and drink. People's nutritional needs had been assessed and regularly reviewed. Risk assessments and close staff observations were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment. Staff asked for professional advice if people lost weight or showed signs of difficulty with eating. On the day of our inspection a Speech and Language Therapist (SALT) was assessing one person who had been referred by the registered manager. Where a need had been identified staff monitored how much people ate and drank each day to ensure they received appropriate nutrition. Associated records were completed and included fluid charts that recorded fluid offered and taken.

Staff had a good knowledge of people's dietary choices and needs. The chef had assessment information completed by the care staff and worked closely with staff to respond to people's needs and preferences. They were new to the service and talked about meeting individually with each person for a review of their needs. They were well aware of who was on special diets including diabetic and fortified meals and those who had nutritional supplements.

We observed the midday meals and in the dining room and people's own rooms. The dining room provided a pleasant environment with people able to choose where they sat. The table was attractively presented and people had accompanying drinks according to preference including wine and fruit juice. The mealtime was a pleasant social experience for people. Staff chatted with people about the food and choices available. People mostly ate independently and staff were discreet in any support they provided that included encouragement to eat a balanced diet independently.

All feedback from people, relatives and staff was very positive about the food and choices available. People told us "The food is very good and suits what I want" and "The food is catered around what you want it is very good and you can have what you want." A relative said "There seems to be plenty of choice and they always get food that you particularly want. People were asked to complete satisfaction surveys on food. Feedback within these was used to change and adapt the menus. This had recently resulted in the provision of more mushrooms. One person had requested a Chinese meal which was provided individually and as an option for people.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted to and were supported in attending hospital appointments. Two

people told us they were arranging to see a dentist and staff were supporting them in arranging these appointments. The local GP attended the service routinely and when requested. On the day of the inspection a GP attended one person who had increasing health care needs that needed close monitoring. Relatives confirmed health care support was regular and appropriate. They were kept informed of any health changes in accordance with people's wishes. This was often completed by e mail as well as contact via telephone. Visiting health care professionals confirmed staff liaised effectively sharing information about people's needs and health appropriately. For example and skin injury was reported to the district nursing team for them to review and provide a treatment plan.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives were very positive about the caring nature of the staff at Peasmarsh Place. People told us staff were kind, friendly and always willing to help you. Comments from people included "I am perfectly happy here staff are so very caring, very friendly and pleasant" and "The staff are all wonderful look after you well and you can take the mickey out of them." A relative said "Staff do anything to keep people happy, nothing is too much trouble." Another told us how impressed they were when their family member was ill and a staff member stayed with them all night holding their hand to comfort them.

Visiting professionals were also positive about the caring approach of staff and how they put people they cared for at the centre of the service provided. One professional said, "The staff provide a person centred approach to care they really 'care' about the residents."

Staff were kind and attentive to people and used positive encouragement. Staff always approached people in a friendly and happy way. When staff spoke with people it was meaningful and staff made it an important interaction with staff taking a genuine interest in what people were saying. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to assist if required. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. For example one person wanted to see and be part of the garden when they were very ill. Staff adapted a ground floor room with double windows out to the garden to accommodate their bed to allow them to be as close to the garden as possible as they had wanted. Care and support was provided with true compassion, good humour with staff and people enjoying each other's company.

All staff had a good knowledge and understanding of the people they cared for. They were able to tell us about people's past life's and personal interests and choices. For example, staff knew what flowers one person liked and made sure they had a small bunch in their room picked from the garden. Each person had a named keyworker. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs. Staff told us this helped them relate to people as they had an allocated responsibility and were involved in the planning of their care.

People's bedrooms were seen as people's own personal area and staff respected this, only entering with permission. Signs were available on people's doors to ensure they were not disturbed if they wanted privacy and time in private. We found each person had a separate pigeon hole for their post. They were able to collect this themselves or staff took it to their rooms. People always received consultations with professionals in private and visitors were supported to see people where they wanted to. For example, a small private room was available if people wanted to dine in private. People's rooms were individual and contained items that made the room reflect each person as an individual. This included items of furniture, pictures and photographs. People liked their own rooms and told us how much they appreciated the view from the windows and having their own important possessions around them.

People told us there was respect for their dignity and they were comfortable with all staff. Comments included; "They help with showers and baths as you wish in a way not to embarrass you," and "They like to check on you at night but ask you first if you are happy for them to do this." Staff understood it was important to encourage people to maintain their independence and people told us they wanted to do as much as they could for themselves. One person retained their own medicines and kept these in their own room.

People were supported to maintain regular contact with family and friends and staff understood this was important to them and their relatives. Relatives could use spare rooms in the service to stay close to people when they were ill. Peasmarsh Place was seen as people's own home and they could invite relatives and friends for meals and to spend time in the gardens. People and visitors told us they could visit at any time with no restrictions and were made to feel very welcome. One relative said, "Whenever you come staff are pleased to see you and make you feel welcome offering you a drink." Another said "You can come at any time and stay as long as you want."

Staff understood the importance of maintaining people's confidentiality and to maintain professional boundaries. They received regular training on both. Records were kept securely within locked cabinets. Staff knew information about people was not to be shared outside of the home.

Is the service responsive?

Our findings

People were confident that the care they received was focussed on them as an individual and reflected their individual choices and preferences. Everyone was treated in a person centred way that promoted their individuality. People told us "We are able to do as we wish," "I can have a bath or shower whenever I want staff will always be there to help you." Staff responded to people's choice and accepted them. For example, people chose how long they spent in their own company. This was important to people who enjoyed time on their own or did not enjoy company they could decide how they spent their time and this was respected. One person said; "I like to be in my room best." Another person chose to start their day later and often stayed in bed until midday. People felt their care and health needs were well attended to. For example, one person told us they had fallen and staff had attended to them quickly with medical attention being summoned. Staff monitor this person closely with a sensor mat in place to ensure they are aware when they are getting out of bed. This demonstrated that staff were responsive to people's changing needs.

Staff had a good understanding of the support people needed and this ensured a personalised approach to care was maintained. Communication systems between staff were well established which maintained an up to date understanding of people's needs. This included a regular discussion and a formal handover between staff when changing shifts. The handover focussed on care and support provided and planned. Information sharing between all staff ensured people were well attended to. For example, one person was being moved to another service by ambulance. Staff communicated with each other and the catering staff to ensure an early lunch was provided to this person.

Visiting professionals told us staff were knowledgeable about people's needs and responded to any recommendations that they made to improve health outcomes. For example, when people were at risk of skin damage through pressure staff implemented care to minimise any damage. This demonstrated that staff responded effectively to people's changing needs in consultation with health care professionals.

People had a full needs assessment before they were admitted to the home. This was undertaken by the registered manager or deputy manager. This was completed in consultation with people and their representatives, and was used to establish if people's individual needs could be met. The assessment process included information about people's likes and dislikes, beliefs important to them and how they would like their care provided. Records included life histories that give staff an insight into people's background and history encouraging them to see people who have a past and future.

Everyone was admitted on a trial basis and plenty of time was given to people to make important decision about how long they wanted to stay in Peasmarsch Place. The registered manager told it was vital for people to have as the opportunity to make this important decision themselves and not to feel under pressure. People and their relatives appreciated this approach and one relative said "The manager has not tried the hard sell. I feel very comfortable about the financial arrangements and having time for my mother to make a choice about staying." Assessment information was used to write individual care plans to guide staff to provide individual care. These were reviewed on a monthly basis.

People and relatives told us there was an opportunity to join in with entertainment in the home if people wanted to. Staff facilitated people to be involved in activities that interested them. For example, one person had a great love of animals and staff had responded to this interest ensuring they had contact with animals whenever possible. People's care plans included a section on social interaction and these were used to reflect important occurrences and to reduce the risk of social isolation. For example, contact with family was supported with many staying for meals and birthday celebrations were seen as an important event with everyone being included. There was a schedule of events and entertainment provided within the service that included visiting musicians and time for quizzes. A clothing store visited on a regular basis to enable people to purchase clothing for themselves. People were also able to buy cosmetics from a visiting sales person. However, there was no dedicated staff member or staff time allocated for the promotion of activity for people. This was discussed with the registered manager and deputy manager who recognised further activity and entertainment would benefit people along with more outings and further use of the garden.

People said that they would have no problem in raising any concern or complaint at Peasmarsh Place if they needed to, and expected that they would receive a positive response from staff. Most people said they would raise any concerns with the registered manager who was available and well known to everyone in the service. There was a complaints procedure in place which was accessible to people. We found a copy of a complaints procedure in people's rooms. People's comments included, "This is a top class place here I have no complaints, I am lucky to be here," and "I have never needed to make a complaint but I would." One relative said "If there is any problem they jump to it straight away." There had not been any formal complaints made and so no records to review how complaints were responded to. The registered manager maintained regular contact with people and their relatives and often sought them out to gain individual feedback.

Is the service well-led?

Our findings

People and relatives were consistent in their positive feedback about the management of the service. They were confident the registered manager had a good overview of the service and managed it well. The registered and deputy manager had a high profile in the home, and were accessible to people, their relative and staff. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere. People's comments included, "We generally deal with the manager she is marvellous," and "The management are really on the ball." Visiting professionals were also positive about the management of the service which they felt met people's needs well and promoted a friendly atmosphere.

Whilst all feedback about the management was very positive we found the leadership of the service was not effective in all areas. We found management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. For example, records relating to topical creams were not always accurate. The provider could not demonstrate that these medicines were always delivered in a consistent way. We also found some care documentation was not completed in a consistent way. For example, when people had more complex care needs they were not always clearly reflected within the plan of care. We found one person who had specific mouth and pressure area care did not have this fully recorded. This could lead to incorrect or out of date information being used when planning and caring for people. However we did not find that these areas impacted on people's care because staff had a very good understanding of people's individual needs. These areas were identified as requiring improvement. The registered and deputy manager were aware that records in some areas needed to be improved and were looking at a new computerised records system.

We also found organisational policies and procedures and supporting audit systems did not ensure best practice was followed in all areas. For example, satisfaction surveys were used but information gathered from these was not recorded and used in a systematic way to improve the service. This was an area of practice that requires improvement.

There was a clear management structure in place at Peasmarsh Place that staff were familiar with. This included a registered manager and a deputy manager who were supported by a general manager who visited the service each week and reported directly to the provider.

Staff were very positive about working at Peasmarsh Place and told us how much they enjoyed their work and felt supported and encouraged in their roles. Staff talked about how approachable the registered manager and deputy manager were and how they could speak to them at any time. Systems to ensure staff received regular meaningful supervision and appraisal had been implemented. Staff felt the supervision process was useful for individual development and was used to reinforce the values of best care and to support staff in completing all essential training.

Staff felt they were listened to and that their views were taken into account. If they asked for anything from the owner this was provided without question. . The team spirit and willingness to work together for the

benefit of people was strong throughout the whole team.

Information on the aims and objectives of the service along with its philosophy of care were recorded within the 'statement of purpose' which was available to people, staff and visitors. The main aim was to provide an environment that people regarded as their 'home.' One relative told us "My aunt truly looks at this place as her home now." It also recorded the provider's commitment to developing the skills and education of its work force. Discussion with staff and records confirmed this commitment was well established and reinforced by the management team. This provided a motivated and skilled team to deliver care. The culture in the home was open and both staff and people able to say openly what they thought about services and care provided.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.