

Aikmo Medical Limited

Peregrine House

Inspection report

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Date of inspection visit:
24 July 2018
25 July 2018
08 August 2018

Date of publication:
01 November 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Peregrine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Peregrine House is situated in Whitby. The home accommodates up to 40 older people or people living with dementia in one adapted building. They do not provide nursing care.

Inspection site visits took place on 24 and 25 July and 8 August 2018. At the time of this inspection, the service was providing support to 39 people.

At the last comprehensive inspection in October 2015 we found the service was meeting requirements and awarded a rating of outstanding. At this inspection we found the registered manager and staff team had continued to develop the service but some areas required improvements to be made. We have awarded a rating of requires improvement.

There was a manager in post who had registered with the Care Quality Commission. They assisted throughout the inspection process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some quality assurance systems were in place but these had not always been effective in identifying shortfalls in relation to medicine management and care planning. We also found shortfalls in relation to the recordings on re-positioning charts, weight management and call bell checks. We found no evidence that these areas were monitored by management to highlight where improvements were required.

The principles of the Mental Capacity Act 2005 had not always been followed. Best interest decisions had not been recorded and consent forms had been signed by relatives that did not have legal authority to do so.

Risk assessments were in place but they did not always identify current risks and how these should be managed.

Medicine had been stored safely. We found that staff had not always accurately recorded when medicines had been administered, offered or refused.

Safe recruitment procedures had been followed. These procedures had been further developed to ensure people were fully included in recruitment decision. Staff had a thorough understanding of safeguarding and how to report any concerns. Servicing certificates were in place where required and regular maintenance

checks were in carried out to ensure the service was safe. We did find that call bells and bed safety rails were not always included in these checks.

There was enough staff on duty to ensure people received the support they required. The registered manager and provider had a flexible approach to staffing to ensure people's needs were met at all times.

A through induction process was in place to ensure new staff were familiar and followed the services core values. Staff were supported through a regular system of supervision and appraisal which focused on performance and personal development. Training had been delivered at regular intervals to ensure all staff had the appropriate skills and knowledge.

Staff were familiar with people who required specialist diets. We found people had not always been weighed in accordance with the directions within their care plans. Professionals we spoke with were confident staff would raise any concerns with them. The service had excellent relationships with health professionals who visited the service on a regular basis.

People and relatives spoke positively about the meals on offer and we observed the dining experience to be calm, relaxed and enjoyable. Food was presented beautifully and people were able to eat where they preferred.

Respect for privacy and dignity was at the heart of the service's culture and values. Life history book had been developed by dedicated staff who understood the importance of learning about a person's life history and the impact such knowledge could have.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff took time to listen to people and respond in a respectful way with compassion. Personal relationships were encouraged.

The service delivered compassionate, person centred end of life support. Memory gardens and a celebration house had been created to allow people to remember people who had passed away.

Care plans were in place but did not always contain the required level of details to ensure person centred support could be provided by all staff. There was a wide variety of activities on offer which considered people's hobbies and interests.

Complaints and concerns had been dealt with thoroughly and promptly. It was clear the registered manager had taken action in a timely manner to resolve any issues.

The services core values were underpinned by everyone who worked at the service. Staff told us they felt proud and privileged to work at Peregrine House. Staff were provided with continuous support from an approachable, honest and caring management team. The service had again achieved Investors in People Gold award in 2017 which demonstrated their commitment to staff. There was a number of champion roles in place to allow staff to progress within their roles.

Staff, people, relatives and professionals spoke highly of the management team and their approach.

People, relatives and staff were asked to provide feedback to allow the service to continuously improve. Management adapted their approach to feedback to ensure everyone was able to contribute if they wished.

We have identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Risk assessments were in place but did not always contain sufficient information.

Medicine had been stored safely. However, staff had not always accurately recorded when medicines had been administered, offered or refused.

Robust recruitment procedures were in place. The provider had a flexible approach to staffing levels to ensure people received the support they required.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service did not always comply with the Mental Capacity Act 2005.

People's weights had not always been consistently recorded and advise from professionals had not always been followed.

Staff received consistent support from management and were encouraged to continuously develop their skills. Extensive training had been provided.

Requires Improvement ●

Is the service caring?

The service was caring.

Respect for privacy and dignity was at the heart of the service's culture and values.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind.

Staff took time to listen to people and respond in a respectful way with compassion. Personal relationships were encouraged.

Good ●

Is the service responsive?

Good ●

The service was responsive.

There was a wide variety of activities on offer which were tailored to meet people's needs and interests.

Complaints and concerns had been managed promptly and efficiently.

Staff were familiar with people and their needs which enabled them to provide person-centred support.

Is the service well-led?

The service was not always well-led.

Effective quality assurance systems were not in place. Recording shortfalls had not been identified by management.

People, relatives, professionals and staff praised the management team and the support, opportunities and encouragement they were given.

Regular staff meetings took place to allow staff to keep up to date with best practice and any changes within the service.

Requires Improvement 

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visits took place on 24 and 25 July and 8 August 2018. The first day of inspection was unannounced which meant the provider did not know we would be visiting. The other two days were announced. The first day of inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection had extensive knowledge of caring for older people and people with dementia. The second site visit dates were conducted by an adult social care inspector and the third was conducted by two adult social care inspectors.

As part of planning our inspection, we contacted Healthwatch and local authority, safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included four people's care records containing care planning documentation, daily records and monitoring documentation. We also looked at seven medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with four people who used the service and four relatives to gain their views on the service provided. We were unable to speak with some people who used the service due to their communication needs. However, we used the Short Observational Framework for Inspection (SOFI) to observe staffs' interactions with people. We also spoke with 11 members of staff including a director, the registered manager, deputy manager, an independent advisor and chef. We also spoke with three healthcare professionals.

Is the service safe?

Our findings

At the last inspection we found the service was exceptionally safe and awarded a rating of outstanding. At this inspection we found the service required improvements.

People told us they felt safe. One person said, "I do feel safe and I feel secure. Staff are always on hand to help me whenever I need it." Another person said, "I am very happy here. The staff make me feel safe." A relative we spoke with said, "I am not worried about my relative at all. I can go home and I know they are safe here and well cared for."

During the inspection we looked at four care files. We found risk assessments did not always contain enough information. For example, one person suffered with behaviour that may appear challenging. The risk assessment in place identified known triggers of such behaviour but did not provide details of how these behaviours should be managed by staff, such as distraction techniques or approaches that were effective in calming the person.

Other people were assessed as being at high risk of pressure damage to their skin. However, risk assessments were not in place to provide staff with details of how this should be managed and what control measures were in place, such as pressure relieving mattresses and regular re-positioning.

We discussed the importance of ensuring risk assessments contained relevant information with the registered manager and provider. They told us they were confident staff had knowledge of each individual, associated risks and how they were to be managed. Discussions with staff evidenced they were familiar with people, and there was no evidence to suggest risks were not being managed appropriately, however, records required improvement.

Call bells were available in all areas of the service to ensure people could request support whenever it was needed. We visited one person who was bed bound. During our discussions they expressed that they had been pressing the call bell but had no response. This was discussed with the registered manager who took action to test the call bell which identified it was not working. It was replaced immediately. We asked the registered manager how they checked to ensure calls bells were working and the frequency of such checks. They told us this was covered during room checks which were conducted by the quality champion. However, documentation relating to room checks did not evidence that calls bells were tested. The last room check completed for this person had been conducted in April 2018. The registered manager assured us staff checked all calls bells each morning and would report any concerns but this was not recorded.

Failure to assess the risk to the health and safety of each service users and doing all that is reasonably practicable to mitigate any such risks is a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

There was a medicines champion who took responsibility for ordering and monitoring medicines as well as conducting competency assessments. We found that medicines were stored appropriately and room

temperature checks were in place to ensure medicines were stored within safe limits. Training records showed that staff had received medicines training and had their competencies assessed on a regular basis.

We looked at seven medicine administration records (MARS) and found these had not always been completed appropriately. For example, one person required a transdermal patch to be applied every seven days to manage pain. The instructions stated the patch was to be applied to alternative part of the body each time it was changed. However, the body maps in place to record this had not been completed by staff so it was not clear if this guidance had been followed. Another person was prescribed paracetamol 'as and when required' (PRN). We observed a medicine round and this person was not asked if they would like this medicine, however, the member of staff had stated on the MAR that the person had 'refused.' This was not accurate. We discussed this with the registered manager who assured us they would investigate this concern.

Another person was prescribed paracetamol 'as and when required' (PRN). The member of staff administering people's medicines told us this person was unable to verbally communicate if they required their pain relief and that staff needed to observe for signs the person was in pain. This observation did not take place and the person was not approached or offered any pain relief. When we checked the person's MAR, the member of staff had stated that the person had 'refused' this medication. This was not accurate. We discussed this with the registered manager who assured us they would investigate this concern.

We discussed these concerns with the registered manager and provider who told us they would take appropriate action to ensure records were accurate. Since the inspection we have been advised that the system of recording has been reviewed and revised.

Failure to provide proper and safe management of medicines is a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff understood, and had received training with regards to safeguarding people from abuse. Staff we spoke with were fully aware of the procedure they should follow if they suspected abuse was taking place. There was safeguarding champions in place at Peregrine House who had attended advanced reporting and alerter safeguarding training. They were then encouraged to share their knowledge with the rest of the staff team. Discussion around safeguarding and the different types of abuse also took place during resident meetings to help people understand and recognise the signs of abuse.

Staff we spoke with told us there was enough staff on duty. Comments included, "I think we are very lucky here to have so many staff on duty each shift", "Staffing levels are really good" and "We have time to chat and don't have to rush. If people's needs change then staffing is always looked at. I am positive we have enough staff."

The provider had a flexible approach to staffing to ensure people's needs were met. Staffing levels were reviewed on a monthly basis to ensure they continued to meet people's needs. We found staffing levels were sufficient. Observations throughout the inspection demonstrated there was enough staff on duty who were deployed effectively throughout the service.

Thorough and comprehensive recruitment procedures were in place which fully incorporated the services visions and values. Since the last inspection the recruitment process had been further developed to ensure people who used the service were actively involved. New staff now completed 'trial' shifts. Following these trial shifts the registered manager sought feedback from people and staff about the new staff's performance.

Appropriate health and safety checks were carried out such as gas, electrical checks, fire equipment, alarm testing and moving and handling equipment. People had a Personal Emergency Evacuation Plan (PEEPs) in place which contained the required level of information. PEEPs provide staff and emergency services with the information they would need to evacuate people in the event of an emergency. Regular fire evacuation practices had taken place to ensure staff were familiar with the process to follow in the event of a fire.

Monthly checks of fire alarms, firefighting equipment, fire doors and emergency lighting had been conducted and recorded. Maintenance staff also conducted monthly checks to ensure water temperatures remained within safe limits.

Accidents and incidents were recorded and the registered manager had a full overview. They also conducted a monthly analysis of falls to identify any trends or control measures that were needed.

The service throughout was clean, tidy and odour free. There was a consistent team of domestic staff and the registered manager told us their aim was 'to ensure the service always looked at smelt fantastic.' Domestic staff also had measurable key objectives to underpin their goals which were consistently monitored by management. Observations showed that staff wore personal protective equipment, had their own hand sanitiser and encouraged visitors to use communal hand sanitisers whenever they entered the service.

The provider and registered manager were keen to learn and develop where ever possible, including methods that would reduce the risk of the spread of infections. They had recently purchased and implemented an air purifier. The registered manager said, "We identified by reading another services inspection report that they had introduced an air purifier. Through close monitoring they had found it had helped reduce the spread of virus's in the service. We discuss the positive outcomes this had and agreed it was something we would implement. It has only been in place a short period of time and we are closely monitoring to see if it has a positive effect." This demonstrated the provider and registered manager were continuously researching and learning of ways to improve the environment and prompt excellent infection control measures.

Is the service effective?

Our findings

At the last inspection we found the service was exceptionally effective and awarded a rating of outstanding. At this inspection we found the service required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and found the provider was not working within the principles of the MCA.

We found no recorded evidence of capacity assessments being conducted. We discussed this with the registered manager who told us most people who lived at the service lacked capacity in some areas. They said, "Social workers do capacity assessments. We don't always get provided with paperwork."

Records relating to decisions made in people's best interests were not in place. For example, one person required their medicines to be administered covertly. The covert administration of medicines should only be used in exceptional circumstances when such a means of administration is judged necessary following a capacity assessment and best interests meeting. We found no evidence that a capacity assessment had been completed or that a best interests meeting had taken place. We did see evidence that the GP and a relative had written to the service to state they agreed medicines should be administered, however the process as detailed in the MCA had not been followed.

Another person who lacked capacity to make decisions had bed rails fitted. There was no recorded information to state the use of bed rails was the least restrictive option and the decisions had been made in the persons best interests. There was also no recorded evidence that a best interest meeting or discussion had taken place in accordance with the MCA 2005.

We asked staff to explain the Mental Capacity Act 2005 and action they would take if they suspected a person lacked capacity to make particular decisions. The responses we received demonstrated staff did not have sufficient knowledge. For example, one staff member stated that Lasting Power of Attorney's (LPA's) were people's next of kin whilst another told us they were not sure who had LPA's in place and what that meant. We also found consent to care and treatment had been signed by relatives who did not have LPA and therefore did not have the legal authority to do so.

We discussed these concerns with the registered manager and provider who agreed they would review their practice to ensure they complied with the MCA 2005.

Failure to act in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 Need for consent

of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We asked the people, relatives and professionals if they felt staff had the skills and knowledge to provide effective care and support. Comments included, "Absolutely. They are all extremely competent and know what they are doing", "Staff are fantastic. They seem to know everything" and "Without doubt they are well trained."

We found examples where staff had failed to follow instructions provided by relevant professionals in relation to people's care and support. For example, one person had developed a pressure sore. The district nurses had visited and requested that the person was re-positioned every two hours and that staff checked during each re-positioning, that the air flow mattress was turned on. Records stated that staff were to record this information on re-positioning charts that were in place. However, we found these contained several gaps in recordings and on numerous occasions records suggested the person had been in the same position for over the recommended two hours.

We discussed these concerns with the registered manager and provider who were confident that although records did not always reflect that repositioning had taken place, staff would have ensured this was completed. They acknowledged this had not always been recorded.

One person had been assessed by a dietician and was prescribed nutritional drinks and a fortified diet as they were of a low weight. The person's care plan stated they were to be weighed monthly to monitor for any concerns. However, records showed this person had not been weighed since November 2017. The information recorded suggested this was due to the person being unwell and in bed and unable to use the weighing scales. However, this change had not been reflected in the person's care plan. We viewed a further three people's weight recordings and found these had been completed inconsistently due to people being too ill to be weighed or refusing.

Although people's weights were not being consistently recorded, visiting health professionals such as the nurse practitioner and GP, had regular discussions with staff regarding people's weights or any other concerns. One professional told us, "Staff are very good. They notify us straight away if they have any concerns. I certainly have no concerns about anyone living here at all. We visit twice per week."

A thorough induction process was in place that focused on the service core values - care, compassion, appropriate, respect, empathy, excellence. Since the last inspection, improvements had been made to this process. All new staff were now allocated a 'mentor' and were required to attend a 'values' training session which was conducted by the registered manager and an external consultant. New staff were also introduced to regulations and how to do things 'the Peregrine way' to ensuring consistency within the service.

All new staff were subject to a probation period and monthly meetings took place to discuss and monitor their progress. Records showed that their colleagues, people who used the service and relatives were also asked to provide feedback on the staff members attitude, abilities and communication.

Supervisions and appraisals were conducted on a regular basis and incorporated the services core values and their 'outstanding everyday' ethos. Two-way feedback was completed and staff were asked to describe how they were meeting each value. These discussions were clearly recorded and appropriate development actions put in place when required. For example, a new member of staff was required to complete training. This was recorded as a development action and had been reviewed at their next supervision.

Extensive and regular training was conducted to ensure staff had the knowledge of current best practice. We

found specialist training had been provided in areas, such as end of life. The registered manager told us, "We gain knowledge of specific medical conditions from visiting professionals and relatives who usually have hands on knowledge of such conditions. If I ever thought staff did not have the relevant skills it would be addressed immediately. We assess people's needs during pre-admission assessments to ensure we can meet people's needs."

There was a wide variety of meals on offer which were created by an experienced chef who had a passion for delivering excellent quality meals and snacks. Discussions with the chef evidenced they were aware of people's specific dietary requirements and committed to ensuring people's needs were met. The chef said, "I have no restrictions on food and there are no budgets. Whatever people want, they get and that is why I love working here." Observations showed that meal times were an extremely pleasant experience. Tables were immaculately dressed; adapted cutlery and plate guards were available to those that required them to promote independence. People were able to sit where they wished and support was available from staff throughout. Meals were of great quality with choices such as lamb or salmon with roast potatoes and vegetables as well as more continental dishes such as curries to allow people to experience a variety of flavours. Finger foods were also readily available for those people who had dementia who may be reluctant to eat at meal times. One person told us, "The food here is the best I have ever had in my life."

Health professionals we spoke with during the inspection spoke with high regard for the service. Comments included, "I think the service is wonderful. Everyone receives individualised care and support. Staff do go the extra mile. We all work together and people are always happy when I visit. I have no problems with communication here and if staff can do anything to help me they will."

The premises had been designed and adapted well to meet the needs of people. Corridors were light and airy and there was no restriction in place so people could move freely around the service. Dementia friendly signage was in place to help people navigate the building. There was ample outdoor space which included a courtyard and an enclosed garden with beautiful flowers and seating areas to allow people to enjoy the outdoor space.

Is the service caring?

Our findings

At the last inspection we found the service was exceptionally caring and awarded a rating of outstanding. At this inspection we found the service was good.

The providers core value of caring stated 'To always demonstrate kindness to every resident, family and professionals, visitors and colleagues' and 'To always demonstrate a genuine interest in every resident.' People and relatives we spoke with confirmed staff complied with this core value. One person said, "Staff treat everyone with the upmost kindness and respect. They are beyond brilliant."

Professionals we spoke with told us, "I have never been anywhere where the staff are so kind, caring and show as much compassion as the staff here. Residents, relatives and even professionals who visited are all treated with the same kindness. You are always met with a smile. This is what care should look like."

Respect for privacy and dignity was at the heart of the service's culture and values. Staff ensured they safeguarded people's dignity and tried to avoid any situations which might cause them emotional discomfort. The registered manager had also introduced 'do not disturb' door hangers that were used whenever personal care was being delivered to people in their bedroom. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the management and staff team were committed to delivering a service that was compassionate and respectful.

Staff had taken time to support people to personalise their own rooms and to be involved in the communal environment. One person told us how they had been supported by management with the sale of their home. They had also arranged for furniture of the persons choice to be moved to the service for the person to continue to enjoy. The courtyard of the service had an impressive water feature which people had chosen. We saw art work had been added to the base of the water feature that had been completed by people who used the service.

Life history book had been developed by dedicated staff who understood the importance of learning about a person's life history and the impact such knowledge could have. They were also used to record a person's journey throughout their stay at Peregrine House. This meant life history booklets could also be used as a communication tool so relatives could see what activities and outings people had participated in. Photographs were displayed along with a description which informed relatives of what activities the person had enjoyed. The registered manager said, "When people move here we say this is the start of the next chapter of their lives and a new beginning. The books are developed throughout their stay and we then present them to relatives when the person passes away."

Relatives and friends were encouraged to be part of people's lives and it was clear that staff promoted personal relationships. Relatives were encouraged to dine with people when they visited, attend trips and outings and stay over at the service when their relative had been unwell. Communication with relatives who may not live local was also promoted. Laptops were available for people to use, with support from staff if

needed, to make video calls.

The service had introduced innovative ways of ensuring everyone was included in resident meetings. People who were unable to attend resident meetings due to illness or preference were given the opportunity to have one to one discussions with management to ensure their views were heard and respected.

We observed staff had excellent relationships with the people they supported. Staff took time to listen and respond in a respectful way with compassion. We observed one member of staff supporting a person who wished to walk around the service. Although this person had no verbal communication, the member of staff was able to recognise when the person wished to stop and when they showed signs of agitation. We saw they responded to this by talking about something of interest to the person and directing them to an area of the home where they felt most comfortable. Another person was seen to engage well with doll therapy and this was promoted by staff throughout the inspection. Using a doll can be an effective way of decreasing stress and anxiety in people with dementia. A relative told us how they had been thrilled with the impact introducing doll therapy had on their relative's level of anxiety.

There was a calm and relaxed atmosphere. Throughout our inspection we saw staff interacting with people in a very caring and friendly way. Staff had time to engage in meaningful conversations and participate in activities and past times that people enjoyed.

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. We observed positive interactions between staff and people during the inspection. Staff approached and responded to people as individuals, tailoring how to do this based on their in-depth knowledge of the person. This meant we observed meaningful relationships based on trust and mutual respect and staff demonstrated a real empathy for the people they cared for.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. Each morning started with a 'wake up, shake up' which was introduced to promote and improve mobility and keep people as active as possible. The initiative had been initially introduced and led by a person who used the service and people were able to choose if they wished to participate.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

At the last inspection we found the service was exceptionally responsive and awarded a rating of outstanding. At this inspection we found the service was good.

People and relatives told us staff were responsive to their needs. Comments included, "If I need anything at all they are on to it" and "Staff are always on hand. Whenever I press my buzzer they are there. If I am unwell, they give me the support I need." Professionals we spoke with said, "If anyone has any individual needs they are addressed to the best of the homes ability. I have no hesitation in saying staff are responsive to people's needs."

The service provided extremely caring support to people at the end of their lives. Consideration was given to all areas, such as preferences with regards to music, funeral arrangements and medical interventions. The service had the ability to facilitate relatives staying overnight so people could spend their final days with loved ones. A peaceful building named 'Celebration House' sat within the ground of the service. This was a place people could go to remember people who were sadly no longer living at the service. Within Celebration House there was a book of remembrance where each person who had passed away was acknowledged. A memory garden had also been created and plaques containing people's names were on display as a sign of remembrance and respect.

Staff received annual end of life training to ensure they kept their skills and knowledge up to date. An end of life champion was also in place who regularly attended conferences to gain knowledge from relevant professionals. The registered manager said, "We try and ensure that everyone has a comfortable and largely pain free death. We work extremely well with professionals to ensure this happens." Professionals we spoke with commended staff and their attention to detail with regards to end of life care. They said, "The relationships we observe between staff and people is heart-warming. Staff here don't just care, they are passionate about what they do and the people they support."

The registered manager told us a new care plan system has been introduced and had been in place for approximately three months. They went on to say the new system was introduced to 'streamline' the process and make care plans easier for staff to follow.

We viewed four care plans and found they did not contain sufficient information. For example, one care plan stated that the person required a hoist to assist with mobility. This person also had a medical condition that would affect their abilities in relation to moving and handling. However, the care plan did not detail how and when the persons should be moved, the type of sling that should be used and how their medical condition and behaviours may affect moving and handling.

Another person had a health and wellbeing care plan in place which stated that the person was prescribed pain relief and staff should report any concerns if the person was showing signs of pain. However, it provided no further details as to what the signs of pain would be.

Discussions and observations of staff demonstrated that, although care records did not contain sufficient person-centred information, person centred support was provided. For example, staff were familiar with where people preferred to sit at lunch time. Another person was seen walking without footwear – all the staff we spoke with were aware of the reasons why and that it was the person's preference.

We discussed care plans with the registered manager and provider and explained the importance of ensuring they contained sufficient information. Following the inspection, we were contacted by the registered manager who explained the action they planned to take in response to our feedback.

People and relatives, we spoke with said staff delivered person centred support. Comments included, "Staff know [person's name] inside out", "They (staff) know what I like and what I don't" and "Staff go above and beyond to ensure everyone is treated as individuals."

Each person had an allocated key worker who took responsibility for conducting monthly reviews of people's care needs. It was clear that people, relatives and where relevant professionals had been involved in such discussion. Monthly evaluation recorded any changes in need, although staff had not followed the review process fully and updated the care plan accordingly.

The service employed two activities coordinators who were responsible for putting together a calendar of varied activities and entertainment. There was an extensive range of activities on offer each day at the service which included outings and visits from outside entertainers and local schools. It was clear each person's abilities and interests had been carefully considered when planning activities. For example, if people were at risk of social isolation, allocated one to one time with the activities coordinator, staff or volunteers was regularly planned to stimulate conversation and movement to maintain mobility. Regular clubs were also in place for areas such as gardening, poetry, history and flower arranging. One person proudly showed us flowers in the courtyard area which they had grown and maintained over the summer.

As well as planned activities, the service had developed a 'special days' program. Each day of the month a person was selected for a 'special day.' The registered manager said, "This is a time when each person gets an extra special treat. It may be a special place they want to go, it may be something special they want for their meal. We try and accommodate as many of their wishes as we can."

The service had strong links with the local community. Local schools regularly visited the service to perform and people also enjoyed visiting local cafes, restaurants and supporting local events.

The provider was keen to respond immediately to any complaints, either formal or informal. There was a thorough process in place which involved an independent advisor investigating individual complaints, reviewing action taken and ensuring the complainant and relatives were satisfied with the outcome. Where informal complaints had been made, evidence showed these had been actioned immediately.

The provider and registered manager understood and followed the requirements of the Accessible Information Standards. People's communication needs were clearly recorded and information presented to them in a way they could understand. For example, the provider's service user guide was available in audio as well as the complaints procedure. The provider was in the process of developing further documents in this format. People's eyesight was also assessed at regular intervals. If any concerns were found they were referred to the appropriate professionals and adaptation to allow them to remain as independent as possible were sourced. People also benefited from visits from a local library service which provided books in large print and audio to ensure everyone was given the opportunity to enjoy reading.

Is the service well-led?

Our findings

At the last inspection we found the service was exceptionally well-led and awarded a rating of outstanding. At this inspection we found the service required improvements.

We found some quality assurance systems were in place but these had not always been effective in identifying shortfalls. For example, we were told that care plan audits took place monthly. However, three months prior to our inspection a new care plan system had been introduced and there was no recorded evidence that care plan reviews had taken place to ensure staff were completing these correctly and accurately. At this inspection we found shortfalls in relation to care plans which had not been identified by management.

We also found shortfalls in relation to recording and found no evidence that these areas were monitored by management. For example, repositioning charts had not always been completed by staff and these documents were not audited despite requests from professionals. We found concerns in relation to medicines recordings. The audits in place to monitor these areas had not been effective in identifying the shortfalls we found. Bed rail and call bell safety checks had not been recorded to evidence they were checked on a regular basis to ensure they were fit for purpose and without any faults. The provider and registered manager had not ensured records in relation to MCA and best interest decisions comply with the Mental Capacity Act 2005 as appropriate governance checks were not in place.

The registered manager and provider had failed to assess, monitor and improve the quality of the service. They had failed to keep accurate, complete and contemporaneous records and did not have effective systems in place to ensure compliance with regulation.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People, relatives and professionals told us that the management team were extremely responsive to their requests and it was clear from observation that the service had developed an open and honest culture. Comments included, "The manager gives 100% all the time. They are always available and I would have no problems approaching them" and "All staff are very open including the manager. They say, 'we are not the bosses, we are colleagues.' I truly believe all staff are seen as equal."

There was a manager in place who registered with CQC in October 2010. Throughout their time at the service they had been recognised for many national awards which commended their contribution to the service. They were dedicated in ensuring they had hands on experience of each staff role within the service so they could understand any challenges staff faced. They had developed a 'day in the life of...' program which involved them working a day in the role of another staff member, for example as a laundry assistant. Following a day in this role the registered manager had identified that the labelling system they had in place was not always effective and introduced a name labelling device to improve this area.

There was a focus on ensuring Peregrine House values were embedded into practice and performance from the day they joined the service. This included five pledges which staff were required to 'sign up' to. These pledges included 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, which would ensure staff were 'outstanding every day.' All staff we spoke with were aware of these pledges, could recite them and understood the meaning. One member of staff said, "We all know these pledges are important to ensure we are delivering outstanding support all the time."

It was clear that the provider and management team strived for excellence through consultation, research and reflective practice. For example, the registered manager had visited a number of services to help other providers and managers improve their practice and develop their service further. They also visited other services that had been awarded an outstanding rating to share best practice and any areas where they could improve.

The service continued to achieve the Investors in People Gold award in 2017 which demonstrated their passion and commitment to create high-performance cultures with smart objectives, making work a more rewarding experience for everyone. Staff we spoke with could not praise the management team and provider enough. Comments included, "You really could not wish for a better employer. They have helped me financially as well as develop within my job role. [Director's name] really does care about staff. I can pick up the phone and speak to them whenever. They have time for us all – day or night."

Discussions with one of the directors demonstrated they were dedicated to ensuring each member of staff could reach their potential. A director told us, "Staff often join us with little self-confidence and self-belief. We try and raise these qualities in staff and help them to achieve things they never thought were possible." An example of this was a member of staff who joined the service with no qualifications. They went on to complete a nationally recognised qualification with the support from staff and management.

The provider and management team had also introduced 'step up' roles. This allowed staff to 'step up' to a senior position and learn more about the role and expectations. They were also encouraged to complete additional training so if a senior position became available, they would already have the skills and knowledge to take on the role.

Awards ceremonies also took place twice annually. These had been developed by the provider. They told us, "It is my way of thanking staff for everything they do." People who used the service were very much involved in these events and were able to nominate staff they felt deserved special recognition. Staff we spoke with said, "I love the awards nights. It is just a lovely atmosphere and makes you realise how valued we all are. I like that we are not just a number to the provider. They make an effort to get to know us personally and we are continuously thanked for everything we do." Another member of staff said, "One member of staff bought a resident two lovely tops from a charity shop as they knew the person didn't have many clothes. They didn't have to do that in their spare time but it was recognised and they got a much deserved award."

Staff told us they were also treated to a restaurant meal, every three months that was funded by the provider. They told us, "Obviously some staff have to work when the meals are planned so the provider buys them a takeaway. No one is ever forgotten."

Regular staff meetings took place. These were used to ensure staff were kept up to date with best practice but also to discuss any concerns or changes within the service. If staff were unable to attend then minutes of

the meeting were made available.

People were very much at the heart of the service and it was clear their opinions really mattered and influenced any changes to the service. One relative told us, "We can suggest anything at all and it is always actioned without hesitation. As a relative I feel valued, listened to and respected by everyone." Regular resident meetings took place and those who were unable to attend due to preference or ill health were approached on a one to one basis to ensure they had a voice. Although any issues raised and action taken was not always recorded, people and relatives confirmed prompt action was always taken.

Annual satisfaction surveys had been submitted by the independent advisor who had taken responsibility for actioning any concerns that were raised. Where concerns or issues had been raised we found that any action taken was not recorded and an analysis had not been completed. The independent advisor told us, "The feedback I received was very specific to each individual and not a 'service wide' problem. The issues were dealt with on an individual basis and I can assure you they were all dealt with immediately." People and relatives we spoke with confirmed this.

The service had developed strong links with the local community often inviting them into the service to enjoy summer fayres and events. The service had supported a number of students with hands on work experience as well as helping others achieve their Duke of Edinburgh award. Thank-you cards demonstrated that many students had valued the experience they had been given at Peregrine House.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider and registered manager had failed to comply with the Mental Capacity Act 2005. 11(1)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to assess the risk to the health and safety of service users and to do all that is reasonable practicable to mitigate any such risks. The provider and registered manager failed to ensure proper and safe management of medicines. 12(2)(a)(b)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to ensure compliance. Accurate, complete and contemporaneous records had not been kept. 17 (1), (2)(a)(b)(c)

