

Review of compliance

Aikmo Medical Limited Peregrine House	
Region:	Yorkshire & Humberside
Location address:	48-52 Upgang Lane Whitby North Yorkshire YO21 3HZ
Type of service:	Care home service without nursing
Date of Publication:	September 2012
Overview of the service:	Aikmo Medical Limited operate Peregrine House. They are registered to provide accommodation for persons who require nursing or personal care. The home can accommodate up to thirty people who require personal care only. The home is situated on the outskirts of Whitby. The manager of this service is Alison Bedford.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Peregrine House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 30 August 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with three people who lived at the service and two visitors. Everyone we spoke with told us that the staff were knowledgeable and kind. They trusted the staff to give them the correct care and told us that their preferences, complaints and concerns were listened to and acted upon.

What we found about the standards we reviewed and how well Peregrine House was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. The provider has ensured that people receive safe appropriate care that meets their needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. The provider has made suitable arrangements to ensure people are protected from abuse and the risk of abuse.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at the home and two visitors to the service. People who lived at the home told us that the staff involved them in their care. They told us that they were consulted about their routines of daily living and had one to one time with staff who chatted with them about their preferences. Consultation happened on a day to day basis and also more formally in reviews. People told us that staff always explained what they needed to do when giving personal care and asked people for their consent. The people we spoke with told us this was important to them and made them feel valued. Both relatives told us that staff included them in decisions about care.

We spent twenty minutes observing how staff interacted with people in the dining room. We saw staff chatting with people in a thoughtful and kind way and that people responded well to the contact. We observed another member of staff offering people a choice of activities. The approach was well paced and attentive. Staff spoke with people at eye level and people responded in a way which showed they were comfortable with this. Staff were also discrete in their conversations about personal care. This respected personal dignity.

Other evidence

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

The home had systems in place to gain and review people's consent. Where people had been assessed to have capacity, they signed their plan of care. We saw evidence that for people whose capacity was limited, a representative had signed on their behalf. The manager had carried out mental capacity assessments which were kept under review. Those people who required significant decisions to be made on their behalf had 'best interests' decisions recorded. These are decisions which are made by a multidisciplinary team to ensure people's rights and best interests are protected. We saw evidence that future wishes had been recorded for those people who had expressed a preference to discuss this. These people had signed to confirm they had been involved in the discussions.

We saw that staff had undergone training in the Mental Capacity Act 2005 and the Mental Health Act 1983 so that they had information to ensure they could protect people with regard to consent issues. We spoke with three members of staff who understood that capacity could fluctuate and that they must assume a person had capacity unless this was assessed otherwise. They also understood that the person could decide to withdraw consent to care or treatment whenever they wanted to.

Our judgement

The provider was meeting this standard. Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at the home. One person told us that they enjoyed their 'special day' each month, when they chose their activity individually and staff were made available to make sure it happened. We also spoke with two visitors who told us that staff were good at listening to what they needed and that the care they received was good. One person told us 'They are excellent. They really offer first class care. We have no complaints.'

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at four care plans with associated documentation. Needs assessments were completed. These were detailed and ensured staff had the information to develop a care plan to meet people's needs. Care plans covered all required areas and the needs associated with dementia in detail. They included people's aspirations and where relevant, targets for improvement.

Care plans contained a life history of each person which had been completed with the person or an advocate. This gave staff valuable information about the person, their likes and dislikes, their personality and what was important to them including interests and significant relationships. We spoke with three members of staff. They told us these histories were useful as a point of conversation and helped them to give focused and personalised care.

Specialists had been consulted where necessary to ensure people's care was informed by expert advice and knowledge. For example, on one file there was information from a speech therapist, and on another there was an occupational therapy report. The advice from these professionals was written into care plans.

Care plans were regularly reviewed with the person to ensure changing needs were recognised and addressed

Daily notes were detailed and contained professionally written information to help staff monitor people's well being.

Risk assessments were specific to each individual. They covered such areas as falls, skin integrity, nutrition, behaviour and moving and handling. Risk assessments were reviewed each month in line with care plans to ensure staff had the information to minimise the risk of harm.

It was clear from examining daily notes and plans that people were enabled to take part in various activities according to their particular interests. The home employed an activity organiser. We saw written evidence that people had a particular day each month when they were encouraged to make an individual request about what they would like to do. We also saw written evidence of individual and group activities, for example one person had gone shopping with a carer, another had gone out for coffee. On the day of the inspection visit we observed people engaged in craft and art work which they appeared to enjoy. We saw records to show that people played games to assist hand to eye co ordination and increase flexibility. There was an attractive courtyard area on the ground floor where people could sit out and enjoy the warmer weather and people told us they used this. We also saw that people took part in musical afternoons, board games and reminiscence sessions.

The three staff we spoke with told us that they read people's care plans to get up to date information about current care needs. They also told us they attended regular staff meetings where best practice could be discussed. They told us they had regular hand over time between shifts. This was an opportunity to inform staff on the next shift of any significant information to ensure people received the right care.

Our judgement

The provider was meeting this standard. The provider has ensured that people receive safe appropriate care that meets their needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at the home. All told us that they felt safe at the home. One person told us that staff managed any behaviour which could be challenging in a way which ensured she never felt threatened. We also spoke with two relatives of people living at the home. Each told us they felt their relative was cared for safely at the home.

Other evidence

The provider responded appropriately to any allegation of abuse.

We spoke with three staff. They told us they had received abuse, safeguarding and 'behaviour which may challenge' training. Records confirmed this. This ensured that staff had the training to ensure people were protected from harm and the risk of harm.

We saw evidence that the manager had acted appropriately with regard to investigations carried out by the local authority into safeguarding. She had also notified us of safeguarding and other incidents which may affect the welfare of those living at the home so that suitable steps could be taken to protect them.

We saw evidence that staff had criminal records bureau checks carried out before they began work and that any anomalies with criminal records bureau checks had been dealt with appropriately. This ensured that the home did not employ any member of staff who was known to be unsuitable to work with vulnerable people.

Our judgement

The provider was meeting this standard. The provider has made suitable arrangements to ensure people are protected from abuse and the risk of abuse.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

We spoke with three people. People told us that they considered the home to be clean and hygienic. They told us that staff used protective aprons and gloves when giving personal care and that this made them feel that they were cared for properly and safely with regard to hygiene. One person told us 'They always use aprons and the home is always clean.'

Other evidence

We saw training records for staff which showed they had received up to date training in infection control. Staff confirmed they had received this. We spoke to three staff who understood their responsibilities around protective clothing, disposable gloves and aprons to ensure people were protected from the risk of cross infection. We conducted a tour of the building. We saw that the building was clean and that the toilets, bathrooms and laundry had easy to clean flooring in place. The manager told us that the chef had routines for keeping the kitchen clean and hygienic and we saw the latest food hygiene report certificate which gave the home a five star rating.

Procedures were in place for the disposal of clinical waste and we saw evidence of yellow bags in appropriate places for the collection and disposal of this. Hand washing information was displayed in the home as a prompt for staff and we saw that paper towels were used throughout the home. Paper towels are recommended for effective infection control. We also saw that the home had alcohol gel for use around the building.

All cleaning materials, mops and buckets were colour coded to prevent the risk of cross infection. We saw that the home had an infection control policy and procedure. The

manager told us she was familiar with the infection control code of practice for health and adult social care and implemented it's principles within the home.

Our judgement

The provider was meeting this standard. People were protected from the risk of infection because appropriate guidance had been followed.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at the home and two visitors, but their feedback did not relate to this standard.

Other evidence

Staff received appropriate professional development.

We saw the training and supervision records for three members of staff. Staff had received induction and subsequent training in all core subjects. They had also received training in other relevant areas such as dementia. Training was regularly updated to ensure staff had the skills to give care in line with current good practice.

Staff told us they received good support from the manager and the senior members of staff. They also told us they were regularly supervised to ensure they continued to offer good care to people. Records showed that staff had received supervision and that this covered areas which promoted skill development and confidence.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

We spoke with three people who lived at the home about this outcome area. They told us that the manager and staff listened to their concerns, that they were treated seriously and something was done to put things right straight away. One person told us, 'I don't hesitate to tell them if something is not right, they always sort it out. The manager comes to see me straight away if there's a problem.'

Other evidence

We saw that the home had a complaints procedure and that this was clearly displayed within the home. People were informed of the procedure for complaints on admission and the manager told us she encouraged people to voice their opinions on a day to day basis and in resident meetings. The manager told us about a recent complaint and showed us that her actions had been recorded. The actions were appropriate and proportionate to the complaint.

Our judgement

The provider was meeting this standard. There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA