Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Peregrine House

48-52 Upgang Lane, Whitby, YO21 3HZ

Tel: 01947603886

Date of Inspection: 11 September 2013

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Aikmo Medical Limited
Registered Manager	Mrs. Alison Bedford
Overview of the service	Peregrine House is registered to offer accomodation for up to thirty six people who require nursing or personal care. The service cares for people who have dementia related conditions in addition to physical care needs. The home is a light, bright and attractive building with a recent extension offering a large lounge and dining area. The service does not provide nursing care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with four people who lived at the service, five members of staff, one visitor and one visiting mental health professional.

One person told us "I love it here. The staff go out of their way to talk and make everyone happy."

A visitor told us "I can't fault them. They are always looking for ways to make things better"

We found that people were involved in their care, they contributed to decisions about their lives and were enabled to have a voice. We saw that people's care needs were assessed and that care was planned and delivered according to people's needs, including needs related to dementia. We found that people had agreed to the care plans and where this was not possible the home had sought an advocate to agree on their behalf. We saw that specialist health services were consulted when necessary and that risks to well- being were assessed and minimised.

We found the home supported people when they moved to or from hospital or other care facilities.

The building was suitable for purpose, safe and was a pleasant environment for people to live in. People were pleased with how the recent work to extend the property had turned out. One person told us "I love the new lounge and all the space. It's really good to be here."

People were protected by well recruited staff and the service had an effective quality

assurance system. This meant it could identify any shortfalls and put improvements in place for the benefit of people living at the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them.

We spoke with four people who lived at the home and one relative. People told us that they always felt involved in their care and that they were treated with respect. One person told us "There is always someone around to talk to and if you need anything they get it straightaway." A visitor told us "They try their best to involve my relative in decisions about her care. They explain what the doctor has advised and help them to understand what treatment is needed. "

We saw that before people made the decision to be admitted to the home, they were given information to help them decide. We saw a statement of purpose and a service user guide in addition to a brochure explaining about life at the home, the home's philosophy, values and the promotion of choice.

We spent some time observing how staff interacted with people in a lounge and in the dining room of the home during a 'zumba' morning exercise group and a later harvest festival with a local church. We also made some observations during the midday meal. We saw that staff chatted with people in a thoughtful and kind way. We observed several one to one staff interactions and these were positive. Staff made an effort to include all people in activities and people were responding with enthusiasm to what was happening. We overheard people saying that they were enjoying themselves and we saw people laughing and talking with each other. During the meal, staff spent time explaining what they needed to do and gave people options. For example, people were asked their choice of drink and main meal at lunch time and were asked whether they had enjoyed their meal.

We looked at the assessments and care plans for four people who lived at the home. These included people's preferences and showed that where possible, most people had

been involved in drawing up their plans. Each care plan was available to people to read and the senior staff on duty explained that several people read their plans at review.

The home held resident's meetings regularly. We saw minutes of several meetings. The meetings covered such areas as meals, outings and other activities. The manager told us that suggestions were acted upon wherever possible and we saw that requested changes had been recorded in care plans and daily notes. Each month every person had the opportunity to make a special request. We saw, for example, that people had chosen to visit relatives with support in the community, to visit a local garden centre and had chosen a favourite meal. This showed that people were consulted about their care.

Senior staff told us that they promoted equality and diversity within the home, and we saw that staff had received training in this recently.

We discussed with senior staff how the staff promoted people's independence, and they gave an example of how a person had been rehabilitated through physiotherapy to return to living in the community.

We saw that the home highlighted its commitment to treating people with respect and regard for privacy through a clearly displayed mission statement in reception and in statements written on the walls of the new lounge and dining area. People had given their permission for photographs on large canvasses to be displayed around the home showing them engaged in activities and being treated with respect. We saw that the home had a policy and procedure on how to treat people with respect and that this information was given to people when they enquired about admission to the home.

Staff told us that their training had covered how to approach people with respect and that people's views were of central importance to their care. We also observed that staff treated people with respect and regard to their dignity.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We spoke with one relative who was visiting the home on the day of the inspection visit. They told us "They understand (my relative) and are aware of how their ways make it difficult to care for them at times. They are all very patient and understanding." They also told us "They are quick to get a GP when this is needed and always notice if their health changes."

We spoke with a visiting mental health professional. They told us "They are doing a fantastic job with all our patients. The rapport with staff is brilliant. They are quick to contact me if there is any change in mental health and cooperate well with treatment plans."

We carried out SOFI observations during the inspection visit. We saw one person being assisted to walk. Staff spoke with this person to reassure them and to explain what was happening. They waited for the person to respond when they asked a question and carried out the move in a patient way. Another person was assisted to join in with an activity. Staff were encouraging and the person clearly appreciated the positive comments.

We noted that when staff assisted people to eat and drink, they did so from a seated position so that they were able to focus their attention and speak with the person easily. When staff engaged in activities with people they gave their full attention. Staff spent time with all the people in the room, including those who were withdrawn or quiet. This meant that people who were unable to express themselves clearly received the same care and attention as those who could. People were treated with kindness, compassion and were treated as individuals.

Staff told us they had received training in dementia awareness. They had been given specific information about each individual person they cared for so that they could understand how dementia and other conditions had an impact on their needs. They had

read personal histories which had been completed by families to help them understand people's personalities and interests. We saw written evidence that staff had received dementia awareness training so that they could offer the most appropriate support to people.

Assessments and care plans included information about both physical and mental health. They gave staff valuable information about the person, their likes and dislikes, their personality and what was important to them including interests and significant relationships. Staff told us they read care plans and were involved in writing daily notes and making sure the information in care plans was kept up to date. They told us the information in care plans helped them to give focused and personalised care. We saw that daily notes contained information to allow staff to offer people appropriate care.

When we examined care plan records these were on a Standex system. This was prescriptive in the way it required assessed needs to be recorded. We discussed with senior staff the way in which mental capacity, deprivation of liberty safeguards and nutritional needs were recorded (including the use of the Malnutrition Universal Screening Tool (MUST)). It was clear that staff were not always sure how to complete these sections accurately. We discussed the difference between an overall assessment of mental capacity and an assessment of capacity about a particular decision which would need to be made by a multidisciplinary team under best interests protocol. The Standex system led staff to record a general assessment of mental capacity as though it were a best interests decision and it was therefore confusing. The MUST tool had not always been filled in accurately and staff told us this was because it felt over complicated. The provider may wish to note that care plan records in these areas were sometimes not clear. This could have a negative impact on care.

We observed people engaging in the activities taking place. Staff told us that activities were geared towards encouraging people to maintain skills and improve wellbeing. Three organised activities were available each day. One person told us "The craft person has really changed my life. I look forward to my afternoon sessions of jewellery making and other nice things I can give as gifts." Staff told us that the home used a mini bus for trips out. We saw that activities and outings were recorded in daily notes.

Where appropriate, care files showed evidence that specialists had been consulted to ensure people had the benefit of expert advice and knowledge. For example, we saw evidence of community psychiatric nurses involvement, general practitioner visits, district nurses, opticians and chiropodists and a dietician. Professional visits were recorded with advice and outcomes for people.

We saw reviews of care plans on file. Care plans were updated to reflect the changes identified in reviews. Risk assessments were in place to ensure people were protected from harm. These were updated in line with the care plans. This ensured people received the right care for their changing needs.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in cooperation with others.

We spoke with a visiting mental health professional who told us that the service worked well with them and had handled the transition from the community for their patient in a measured and responsive way. A visitor told us "The home chased information from the hospital and liaised well on discharge."

We saw that the service prepared a document to accompany any person into hospital or another caring environment so that other services had good information on which to base their care. This included personal identification details, emergency contact arrangements, assessed needs, prescribed medication (including a copy of the Medication Administration Record (MAR)), any medical needs and allergy information.

The senior care staff told us that the home had a protocol for information sharing with other organisations to ensure people received a streamlined service when they transferred to other care facilities.

We saw that the service had procedures for emergencies both for day and night staff and how to contact medical services to ensure people were appropriately cared for at all times according to their needs.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

A person living at the home told us "It's fabulous isn't it. I just love the way it has turned out. We can sit outside on the veranda or sit in here and look out at the world going by. I love my en -suite bathroom."

A relative told us "This is a lovely place to visit. The rooms are so nice and spacious."

Another person told us "I love all the glass and light."

We carried out a tour of the premises including the new extension which had been completed within the last year. The home was designed to create a light and bright environment for people, with large open spaces for people to enjoy communal activities, dine and to walk around unimpeded. The layout was arranged to include attractive sheltered courtyards with interesting features and a decked veranda with outdoor furniture for the warmer weather. People were able to walk around a bright and interesting outer corridor which took them in a sweeping circuit of the home back to a lounge and dining area which was the hub of activity on the ground floor. Staff told us this arrangement was particularly helpful for people who may have a dementia related condition and who enjoyed moving around the home as part of their daily life. The home was sufficiently warm, well lit and ventilated and provided a pleasant living space.

The outdoor space was well designed with attractive gardens and areas where people could carry out gardening in tubs and raised beds.

People who required a key to their individual room doors had one, while staff at the home could gain access if required in an emergency. This ensured that people's privacy was respected.

Bathrooms were spacious and most were wet rooms, where people could shower or bathe in an environment which was easy to manage. Bathrooms had assisted bathing and

showers so that all people could access the facilities.

We saw that the home had a sensory room, which was laid out with low lighting, fibre optic lights, textured materials and relaxing chairs. Staff told us this was useful for people to come to when they wanted time out to sit and listen to soothing music or to regain a sense of calm when they were distressed and was particularly useful for those people with a dementia.

Throughout the home we saw small lounges and quiet areas where people could sit privately with friends or relatives. Staff told us that people were either seen privately by health professionals in their rooms or in a private room on the ground floor.

We saw that the home had environmental risk assessments which took account of the risks to safety for people at the home; trip and slip hazards, bathing and moving and handling risks. This ensured that people were protected from avoidable risks to their well-being.

The home had a contract in place for the removal of clinical waste and risk assessments were in place in relation to the Control of Substances Hazardous to Health (CoSHH).

The senior carers on duty told us that the service had a security policy and that the person in charge checked the security of the premises regularly. The service had electronically operated doors so that no person could enter or leave the premises without staff knowledge.

The service employed a maintenance worker who completed tasks which were highlighted by staff during their day to day work.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

Staff told us that they had been suitably recruited. They had filled in an application form, had received an interview with set questions and they had references followed up.

We checked the recruitment records for three members of staff. We saw that staff had two suitable references on file which had been received before the person began work. We also saw that staff had been checked with the Disclosure and Barring Service (DBS). DBS checks ensured people were protected from staff who were unsafe to work with vulnerable adults. We saw evidence that staff had a full employment history on their application forms. This showed that the provider had satisfied themselves that staff were suitable to employ in the home.

We saw photographic evidence of identity for all staff to ensure that their claimed identity was genuine.

Staff told us they spent their first few shifts shadowing an experienced member of staff until both they and the manager felt confident they could work unsupervised. This meant that staff were only permitted to work alone with people when their competence to offer appropriate care had been assessed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We spoke with a visitor who told us that the staff at the home regularly asked them if they were happy with the level of care and answered their questions. They told us that if they had any comments then the manager was approachable and did her best to put things right.

We saw that people who lived at the home, their relatives, friends and care professionals were regularly asked about their opinion of the service. We sampled three forms from the latest survey. Only a small number were available as the forms had only been sent out the week before. The senior staff on duty told us that the results of surveys were shared in staff meetings and any complaints or suggestions for improvement were addressed immediately with the individuals concerned.

We saw that the home had regular meetings with the people who lived there to consult them and to respond to their suggestions. We saw that the home recorded when such suggestions had been put in place.

We saw that the home had a complaints policy and procedure and that people's complaints were recorded with actions.

The manager told us about a range of health and safety audits which were carried out. For example, the home carried out regular maintenance checks, portable appliance tests and hot water temperature checks. The manager told us that the fire service carried out an annual visit to the home and that checks to fire fighting equipment were regularly made and recorded. Lifts and other equipment were regularly serviced. We noted that the home had scored five (the highest score) for kitchen hygiene at the latest environmental check. We saw records for regular checks on fire fighting equipment, the nurse call system, fire doors, fire alarm and emergency lighting. All were up to date with records of any repairs or improvements.

We saw that the home carried out a series of other audits. Senior staff told us that they checked medication each month to ensure staff were recording this correctly. We saw audits for infection control, bed occupancy, staff sickness, activities, training needs, untoward incidents and an audit on the number of times each member of staff recorded spending individual time with people which were referred to as 'butterflies'. This meant that the home knew what improvements were needed. Systems were in place to ensure the improvements were monitored.

Care plans were regularly reviewed and updated to ensure that people's up to date care needs were taken into consideration.

Staff told us that they were informed of required improvements in meetings and in daily handovers between shifts. Meetings were also used to canvas staff opinion and ask for suggestions about improvements.

We saw that health care and other professionals were consulted for their advice and that this was incorporated into care plans. This ensured that people benefited from specialist support when this was needed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - 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.

Moderate impact - 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.

Major impact - 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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