Inspection Report

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

Peacehaven

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Tel: 01926422079

Date of Inspection: 07 November 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Christadelphian Care Homes
Registered Manager	Mrs. Linda Prain
Overview of the service	The service is registered to provide accommodation and personal care for up to 21 older people who may experience dementia or a physical disability.
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 carried out a visit on 7 November 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff and reviewed information sent to us by commissioners of services.

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

Two people we spoke with told us they liked living at the home. They told us the staff were, "Alright." Most of the people who lived at the home were not able to tell us about their care and support, because of their complex needs. We observed how people responded to the care and support offered by staff. We saw that staff were kind and understood people's individual preferences.

One person we spoke with told us, "Staff ask me what I would like to do." In the two care plans we looked at, we saw that people were involved in discussing and agreeing how staff should care for and support them. We saw that people, or their independent representatives, had signed their consent to care. The manager checked that senior staff regularly reviewed people's needs and abilities to make sure people's care plans met their current needs.

We found that the provider took measures to prevent and control the risks of infection, because they followed the Department of Health guidance.

Care staff we spoke with told us they felt supported by the seniors and manager. They told us they attended training that helped them to meet the needs of people who lived at the home. Records showed that staff had regular one-to-one supervisory meetings with their line manager. Care staff told us they discussed their personal development at one-to-one meetings.

The provider's quality assurance system included asking people who lived at the home whether they were happy with the quality of the service.

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

Consent to care and treatment ✓ Met this standard

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

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.

Reasons for our judgement

During the day of our inspection, we saw that people who lived at the home were supported and encouraged to make their own decisions about their care and support. Care staff were friendly and courteous in their interaction with people. We heard staff ask one person, "Would you like to come for a walk?" The person responded with a smile and left the room with the member of staff.

We found that people moved around the home, joined in activities and ate when they wanted to. Care staff we spoke with knew people's preferences. When one person came down for a late breakfast, staff knew what they would like to eat. Care staff told us that X always preferred a late breakfast. Care staff knew which people would join in the morning's activity with enthusiasm and which people preferred to listen and watch.

In the two care plans we looked at, we saw that people or their relatives had signed to say they consented to be cared for and supported by staff. We saw that staff regularly reviewed people's care plans with them, to make sure they agreed with any changes. One monthly review of care was marked, "X nodded/shook head." This meant that people were regularly asked for their on-going consent to care.

In the staff office, we saw that several people's care plans had recently been reviewed and updated. The updated care plans were ready for people, or their relatives or representatives, to read and sign. This meant that before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Everyone who lived at the home shared the same faith. We saw that people were supported to maintain their beliefs and practices. People we spoke with told us they had regular bible readings. Just before lunch, we saw that staff read aloud from the bible to people who lived at the home, because this was a custom of their faith. We found that members of the church regularly visited to check that people were happy with their care and support. On the day of our inspection, two members of the church came to encourage people to take part in some physical exercise. We saw that people enjoyed this activity and took part enthusiastically. This meant that people were supported to maintain their links with the community.

In the two care plans we looked at, we found that people's needs were assessed before they moved into the home. The manager told us they visited people in their own homes to discuss their needs and abilities. We saw that the manager identified risks to people's health and well-being. The manager assessed risks to people's mobility, nutrition and skin condition, for example. People's care was planned to minimise their identified risks.

People's care plans explained why and how people needed care and support to maintain as much independence as possible. Care staff we spoke with told us the care plans were useful to get to know people. A member of care staff told us, "I read the care plans right at the beginning, when people move in."

People's care plans were translated into daily instructions for staff. During the handover between shifts, we heard that care staff were allocated to support named individuals for each shift. Care staff told us they appreciated this, because they were able to focus on individual people's needs. We saw that staff signed the daily instructions so senior staff knew who supported each person with specific aspects of their care. This meant that people's needs were assessed and care and treatment were planned and delivered in line with their individual care plan.

We found that staff shared information about how people were in daily records and during the shift handover. Care staff we spoke with told us, "We share information with the senior, if a person is unwell for example" and "At handover we are told how people are, how they

have been" and "There is a night care book so we know if people have a good night's sleep or not."

Records we looked at showed that senior staff asked other health professionals to visit when they were concerned about a person's health. In one record we looked at, we saw that staff had asked a dietician's advice when the person was not eating well. Records showed that staff had followed the dietician's advice and the person had begun to gain weight.

The provider might like to note, that the person's weight was recorded in three different places, sometimes in stone and pounds and sometimes in kilograms. The manager agreed that this had caused some confusion about how much weight the person had gained and whether they were currently at a safe weight for their height and frame. The manager told us that, although the dietician was satisfied that the person was regaining weight, they would continue to record the amount of food and fluid the person consumed, until they regained their initial weight. The manager said they would make sure that staff recorded people's weight in the same place and format for everyone in future.

We saw that people's care plans were regularly reviewed by senior staff. When people's abilities changed, their care plans were changed. One care plan we looked at showed that when the person's ability to mobilise had deteriorated, their care plan was updated to make sure the appropriate equipment was in place. Care staff told us that this person now needed support from two staff working together to keep them safe. This meant that care and support were planned and delivered in a way that ensured people's safety and welfare.

Cleanliness and infection control ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

People we spoke with told us the home was always clean. One person told us, "I always have clean clothes in the cupboard and I don't have to do any housework."

On the day of our inspection, we saw that the home was clean and well organised. The communal bathrooms and toilets were well stocked with liquid soap and paper towels. There were posters to remind people about the best hand washing technique. Care staff we spoke with told us there were always plenty of supplies of cleaning products and equipment.

The manager had followed the Department of health guidance for infection prevention and control. The manager had written cleaning schedules for each part of the house, so that staff knew how often they should clean each room and the equipment. We saw that staff initialled the schedules every time they completed a cleaning task. This meant that when the manager conducted their regular checks on the cleanliness of the home, they knew who was responsible for the task.

Care staff we spoke with told us they were trained in infection control. We saw that the manager had planned refresher training for all staff. Care staff told us, "I have had food hygiene and personal care hygiene training" and "I have to change my uniform, gloves and aprons to change from care to kitchen assistant tasks."

We saw that staff consistently recorded the cleaning tasks they had undertaken and the checks that they made. A member of care staff told us, "I do fridge checks twice a day. If the temperature is higher than five, I tell the senior. It is higher more often in the morning because of the number of times it is opened." This meant that staff understood the importance of, and their responsibilities for, infection control.

We saw that the laundry was clean, tidy and well organised. There were blue bins for dirty laundry and pink bins for clean laundry. Soiled linen was kept separately in red bags. There were named baskets with lids for each person's clean clothes.

We saw there were separate sinks for hand washing and for soaking. Mops and cloths

were colour coded for use in different areas of the home. This meant there were effective systems in place to reduce the risk and spread of infection.

Supporting workers ✓ Met this standard

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

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.

Reasons for our judgement

The two people we spoke with told us that staff were, "Alright." They told us that the staff looked after them well and encouraged them to join in the activities. We saw that staff understood people's needs and abilities and supported them appropriately.

The two care staff we spoke with told us they were supported by the manager to deliver the care that people needed. They told us they attended training and had regular one-to-one meetings with their line manager. One member of care staff told us, "I have a national vocational qualification (NVQ) and I have had manual handling and dementia training recently."

In the recent staff team meeting records we looked at, we saw that staff were reminded about practical issues and encouraged to improve their practice. For example, staff discussed time keeping, keeping bedrooms tidy, their shared responsibilities and training. Care staff we spoke with told us they felt well informed. One member of care staff told us, "At handover we are told how people are, how they have been and are allocated to particular people for the shift" and "We can look at the appointments diary, so we know what to expect."

We saw that the manager kept a list of the training that staff attended, so they knew when refresher training was due. The manager had a training plan to make sure that staff knew when they should attend training sessions. Care staff we spoke with told us the training helped them to understand their role and responsibilities. We saw some picture charts which demonstrated that recent dementia awareness training had resulted in the staff team considering how best to communicate with each person according to their abilities.

We saw that the manager had a schedule for one-to-one supervision meetings, to make sure all staff had the opportunity to speak confidentially with their line manager. In the supervision records we looked at, we saw that staff were asked about their personal development plans. Care staff we spoke with told us, "We talk about my performance and any issues" and "They support you. You can say anything here. I can discuss my career, no problem." This meant that staff received appropriate professional development.

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 receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The provider's quality assurance system included regular checks by the manager and independent checks by the provider. The manager's checks included monitoring and analysing complaints, accidents, events and activities. The manager took action to resolve issues. For example, the manager had organised for additional bank staff to be engaged for staff holidays and sickness cover.

The provider had organised a welfare committee that visited the home every month. Committee members checked various aspects of the service and talked with people who lived there, to make sure they were happy with their care and support. We saw that people were supported to complete questionnaires about the food, their personal care, staff, the home and the choices they were offered. People had said they were happy living at the home. People we spoke with told us, "It's alright here" and "The food is good" and "I sleep well. It's not noisy at night". This meant that people who use the service were asked for their views about their care and support.

In the records we looked at, we saw the manager regularly checked that senior staff reviewed and updated people's care plans. The manager's checks included checks that medicines were administered and recorded appropriately and checks that staff responded promptly to call bells. The manager made unannounced checks on night time care. The manager analysed the results of their checks and took action to minimise the risk of a reoccurrence.

We saw that when the manager identified a pattern of falls for one person, they had asked other health professionals for advice. Staff followed the advice they were given, which reduced the frequency of falls for the person. This meant that decisions about care and support were made by the appropriate staff at the appropriate level.

The manager's regular checks included checking that senior staff regularly reviewed people's plans of care. In the care plans we looked at, we saw that senior staff reviewed and changed people's care plans when the person's needs changed. This made sure that

people continued to receive the quality of care they 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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