

Peacehaven House

Peacehaven

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection of Peacehaven took place on 11 & 12 August 2015.

Located near Southport town centre, Peacehaven provides accommodation and personal care for up to 55 people. Shared areas include two dining rooms, three lounges and a conservatory on the ground floor. A lift is available for access to the upper floors. There is an enclosed garden to the rear of the building and parking to the front. A call system operates throughout the home.

A registered manager was in post. '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'.

People and relatives we spoke with told us they felt the home was a safe place to live.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

Summary of findings

There was a lack of individual assessment around risk of falls and the level of support people required to help mitigate those risks and to protect them from unnecessary harm

People living at the home were not always protected against the risks associated with the use and management of medicines.

Our observations indicated people were supported by sufficient numbers of staff to provide care and support in accordance with individual need.

Recruitment procedures were not robust to ensure staff were suitable to work with vulnerable people. All relevant recruitment checks had not been undertaken prior to staff starting work at the home.

Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal. Personnel files however did not always record this information and it was therefore difficult to affirm how staff were supported safely to undertake their job role. A training plan was in place and some staff required 'refresher' training in statutory subjects.

Staff told us people who lived at Peacehaven were able to make their own decisions about daily life and support. People's consent, or relatives if required, was however not always documented in the care files we saw to evidence their inclusion and to ensure the service was working in accordance with the Mental Capacity Act (2005). We observed staff gaining people's consent before assisting them with personal care or meals, for example.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

Staff carried out personal care activities in private and people did not have to wait long if they needed support. We found staff support was given in a respectful and caring manner. Staff took time to listen and to respond in a way that the person they engaged with understood.

Care records we looked at showed some input from a variety of health care professionals depending on people's individual needs. We found however that the staff did not act consistently on care issues identified and had not sought external advice in a timely manner. People were therefore not supported fully to maintain their health and welfare. People were at risk of not receiving the care and support they need as care was not planned effectively

A process was in place for managing complaints. People and relatives told us they had confidence in the manager to investigate any concerns arising.

We received positive feedback about the management and leadership of the home from staff, people who lived at the home and relatives.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This included the provision of satisfaction surveys and meetings held at the home.

We found the auditing to be inconsistent. Many of the concerns found by us in respect of staff support and staff recruitment, incidents/falls risks, care planning and safe administration of medicines had not been picked up. Therefore the current system to monitor the quality and safety of the service was not effective and had the potential to place people at risk.

You can see what action we told the provider to take at the back of the full version of this report.

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Summary of findings

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 safe.

People we spoke with told us they felt safe living at the home. This view was shared by visitors we met.

Staff were aware of what constituted abuse and told us they would report an alleged incident.

There was a lack of individual assessment around risk of falls and the level of support people required to help mitigate those risks and to protect them from unnecessary harm.

People living at the home were not always protected against the risks associated with the use and management of medicines.

Recruitment procedures were not robust to ensure staff were suitable to work with vulnerable people. All relevant recruitment checks had not been undertaken prior to staff starting work at the home.

Sufficient number of staff were employed to offer support in accordance with people's individual need.

Inadequate



Is the service effective?

The service was not always effective.

Staff did not act consistently in respect of seeking timely external support where a person's care needs placed them at risk.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. This was not always evidenced in people's care files to support the decisions made.

The home was accessible and aids and adaptations were in place to meet people's needs and promote their independence.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal. Personnel files however did not always record this information and it was therefore difficult to affirm how staff were supported safely to undertake their job role. A training plan was in place and some staff required 'refresher' training in statutory subjects.

Requires improvement



Is the service caring?

The service was caring.

Good



Summary of findings

Staff support was given in a respectful and caring manner. Staff took time to listen and to respond in a way that the person they engaged with understood.

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences. This helped to ensure people's comfort and wellbeing.

People's dignity was observed to be promoted in a number of ways during the inspection, for instance, staff were observed to knock on bedroom doors seeking permission before entering and using a person's preferred term of address.

Is the service responsive?

The service was not always responsive.

Staff we spoke with had a good understanding of people's needs and how people wish to be supported. People were however at risk of not receiving the care and support they need as care was not planned effectively.

People who lived at the home and relatives told us they were involved with the plan of care; this was not always recorded to evidence their involvement.

People could take part in various social activities at the home and in the community.

A process was in place for managing complaints and complaints/concerns received had been investigated in accordance with the home's complaint policy.

Arrangements were in place to seek the opinions of people and their relatives, so they could share their views and provide feedback about the home.

Requires improvement



Is the service well-led?

The service was not always well led.

The home had a registered manager in post. We received positive feedback about the manager from staff, people who lived at the home and relatives.

Systems to monitor the quality and safety of the service were not effective. These included checks and audits, feedback systems and the analysis of accidents and incidents.

Staff were aware of the home's whistle blowing policy and said they would not hesitate to use it.

People who lived at the home were able to attend meetings and be involved in the running of the home.

Requires improvement



Peacehaven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 11 & 12 August 2015. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with 14 people who lived at the home. We spoke with the deputy manager, seven care staff and the chef. We also spoke with four visitors including relatives to gain their views of the service.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who use the service who could not talk with us.

We looked at the care records for six people, five staff personnel files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room, lounges and external grounds.

Is the service safe?

Our findings

Prior to the inspection the manager had completed a number of statutory notifications to advise us of incidents that affect people's safety; this was predominately around falls. The manager provided us with a report around auditing falls and how trends, themes and patterns were assessed to reduce the risk of further falls. At this inspection we therefore looked to see how falls and other risks were managed within the home. Staff informed us that the majority of people were independent and able to move freely around the home with or without the use of walking aids.

The care files we looked at showed risks to people's safety were assessed and this information was used to record a plan of care. We saw that not all risk assessments were completed accurately, such as those assessing people's risk of falls. One assessment viewed did not reflect that a person had sustained a number of falls recently and another had not been reviewed since the person began living in the home last year and did not incorporate all risks identified in other areas of the care plan.

When looking at falls, we saw one person had experienced a high number of falls since January 2015. Staff informed us in January 2015 the person had been assessed as requiring 'no further intervention' by the falls clinic. Staff informed us there had been no referral to the falls clinic since that month to assess what further support was needed to reduce the risk of further falls to keep the person safe. The person's falls risk assessment for July 2015 recorded a high score which indicated the need for a GP/falls nurse referral. We were shown a monthly accident statistic report and this reported on falls each month including details about the number of falls for this person. The report dated July 2015 stated 'falls nurse visited and reviewed - no further action'. Staff were unable to find any record of a referral or visit by the falls nurse since January 2015 and therefore presumed this was referring to the January 2015 falls' clinic appointment. Staff later confirmed that there had been no recent referral on behalf of this person. During the inspection we requested this be actioned and staff undertook this. For another person the July 2015 report recorded 'refer to falls nurse'. The staff were unable to confirm whether this referral had been

undertaken as they could not find a record of this. We saw there was nothing in this person's care plan to suggest a referral had been made though the manager following the inspection advised us the referral had been made for them.

The provider had not acted on risks to people's welfare and provided the level of support required to help mitigate those risks to protect people from unnecessary harm.

Not assessing risks and ensuring care and treatment is safe is a breach of Regulation 12(2)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how staff were recruited to the home. We viewed the records for five staff and found that not all safe recruitment checks were always evidenced. For instance, two staff did not have references on file and another had only one character reference in place. Two files did not have evidence that Disclosure Barring Service (DBS) checks had been completed prior to staff commencing in post. DBS checks consist of a check to see if a person has been placed on a list for people who have been barred from working with vulnerable adults and a check on a person's criminal record. This helps employers to make safer decisions regarding recruitment of staff to ensure people's safety. One staff member's file did not contain photographic evidence of identification and another file did not contain evidence that concerns regarding previous employment had been risk assessed prior to the staff member commencing in post. This means that the service cannot be sure that staff are of good character and have the necessary skills and experience to meet people's needs and keep them safe. The deputy manager informed us this had been discussed at interview however staff were unable to show us any record of this. We viewed the recruitment policy for the service and it was evident that this procedure was not being followed to ensure staff were recruited safely.

The provider had not ensured staff were recruited safely to work with vulnerable people.

Not operating safe and effective procedures regarding staff recruitment is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of

Is the service safe?

medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. The majority of medicines were administered from blister packs (medicines dispensed in a sealed pack) and medicines in current use were kept securely in locked cupboards and trolleys in a clinical room. People we spoke with told us they received their medicines when they needed them.

We observed staff administering part of the lunch time medicine round. We saw a staff member prepare a number of doses of medication and sign for it as having been administered prior to the person taking the dose. We also observed the staff member hand a second member of staff the medicines to administer to people. The staff member signed the MAR to indicate the dose had been administered without witnessing the administration. This is considered poor practice and is contrary to national guidance for safely administering medicines. This demonstrates that appropriate arrangements for the safe handling, recording and administration of medication are not in place; this places people living in the home at risk of harm.

We checked a sample of medicines in stock against the medication administration records. We saw a number of medicines had been given as prescribed. In one instance however we saw staff had signed to say they had administered eye drops though the eye drop bottle was sealed and unopened. The deputy manager informed us this was the only eye drop bottle available for this person. For one person staff had not signed to say they had administered a tea time medicine though the blister pack indicated this had been given. We observed staff administering a medicine with food. This medicine gave specific instructions to be administered on an empty stomach or 60 minutes before food. Staff told us they gave it at meal times and not before. The health of people living in the home is placed at unnecessary risk of harm when medicines records are incomplete and/or inaccurate or medicines are not given as instructed.

Although most MARs were supplied pre-printed from the pharmacy, some MARs had been handwritten by staff. These did not evidence two staff signatures to reduce the risk of an error occurring when transcribing the information.

For one person their plan of care recorded conflicting information as it stated the person was not on any

medicines. The person was however self-administering a pain killer and there was no risk assessment or plan of care in place to support the person to undertake this practice safely. The person was also receiving staff support with one medicine. The person's plan of care did not record this support. The lack of recorded information meant there was a risk staff did not have the information they needed to ensure that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person.

Senior staff who administered medicines had evidence of medicine training within their staff files; there was no record of this training for one staff member who we were informed administered medicines. Following the inspection the deputy manager provided us with a medicine training date of 2012 for this staff member; there was no confirmation of a training certificate. We observed a senior staff member dispensing medicines and giving them to a member of the care team, who we were informed had not received medicine training. We were not shown any evidence of staff competency checks to ensure staff had the skills and knowledge to administer medicines safely.

A medicine policy was available in the clinical room for staff referral. The policy was dated 2013. This did not include information around the administration of PRN (as required) medicines so that staff could undertake this practice safely.

The provider had not ensured the safe management of medicines in the home. Following the inspection the manager told us about the actions they had taken to improve the safe management of medicines. This included stopping the practice of using a second member of staff to assist with administering medicines during a medicines round, further medicine training for staff and weekly medicine audits.

Not ensuring the proper and safe management of medicines is a breach of Regulation 12 (2g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at Peacehaven. A person told us, "I feel well cared for and therefore safe living here." Relatives told us they were confident their family member was safe at the home.

Throughout the inspection we observed the staff supporting people in a discreet way ensuring their safety at all times. For example, we observed staff supporting

Is the service safe?

people to walk with the use of aids or supporting them to be independent. Corridors were kept clear from equipment to help ensure people were able to move around freely. Throughout the day staff checked on people's safety ensuring their comfort and wellbeing.

We spoke with staff about safeguarding and steps they would take if they were concerned about somebody and the staff gave appropriate responses. Not all staff were aware of the contact details for the Local Authority however they said they would inform the manager and refer to the home's abuse policy and local safeguarding protocol. Contact details for reporting an allegation of abuse were displayed in the manager's office for staff referral. The staff all said that, in the event of them seeing someone being mistreated, they would inform the management.

We looked at how the home was staffed. Staff told us that there were enough staff on duty to ensure people received the support they needed. The majority of people and visitors we spoke with told us staffing levels were satisfactory. Some felt staffing could be improved over the weekends and at nights as the home could be busy at times.

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistent and there appeared to be adequate numbers of staff to meet people's needs.

When people needed assistance staff support was provided promptly. We observed this when people needed assistance with walking, aspects of personal care and

support with meals. A person told us, "There is always someone around, you ask for help and it's there." During our inspection the deputy manager was on duty with six care staff (including four senior care staff), six domestic staff, a chef and kitchen staff. Two support staff were also available to support people with their meals and social activities.

Staff told us about the on-going support for people who were at risk of falls and the observations carried out to ensure people's safety. We saw staff supporting people safely with their walking with the use of aids during our inspection.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks of equipment and services such as, fire prevention, hot water, legionella and gas were undertaken. The electric certificate and confirmation of the safety checks for the emergency lighting were forwarded to us following the inspection, as they could not be located at the time of our visit. Maintenance work was completed in a timely way to ensure the home was kept in a good state of repair.

We found the home to be clean and this included the laundry room and kitchen. Staff advised us they had plenty of gloves, aprons and hand gel in accordance with good standards of infection control. We saw these in use during the inspection.

Is the service effective?

Our findings

We looked at staff training and support and this included five staff training records and personnel files during the inspection. Training was given in a number of areas such as, fire safety, moving and handling, health and safety, infection control and safeguarding. One training record showed a staff member had not had safeguarding training since 2006 and another staff member 2009. One staff member had not received any medicine training since 2012. Following the inspection we were provided with further information around staff training, this included an 'action training plan' and staff training records. The action training plan from August 2015 to December 2015 recorded staff who required refresher training in areas such as, moving and handling, health and safety, infection control, food hygiene, fire, safeguarding and DoLS. A number of staff had completed this 'refresher' training and the deputy manager advised us they were waiting for further training dates from a training provider to ensure all staff had attended a 'refresher' course. No dates were made available to us for this training during and following the inspection. Medicine training was stated on the action training plan however no staff names were listed as requiring this training. A member of the care team was administering medicines to people during the inspection and they had not received medicine training.

We were provided with a copy of eight staff training records, these had no course details or dates of attendance. The deputy manager informed us these staff had completed their induction and were waiting for their training certificates.

In respect of fire safety, staff told us that a fire drill completed recently could 'have been better' due to staff not responding as quickly as needed and that more frequent training may be needed. We discussed the need to arrange this as soon as possible in light of the information shared with us. We were informed there was no further fire training planned as yet. A number of staff were trained as fire marshals to oversee fire prevention in the home. Following the inspection the manager informed us staff had now attended fire training and staff response had been effective to protect people in the event of a fire.

Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. Staff told us they received some

supervision and received daily support from senior staff. There were inconsistencies however with what staff were telling us and what the records indicated in relation to supervision and appraisal. Three personnel files viewed did not record any supervision meetings; one personnel file recorded supervision in 2013 and one an appraisal in 2012. The deputy manager informed us staff supervisions were held however it was difficult to ascertain when staff supervision was given as this was not always recorded. Following the inspection the manager told us a staff appraisals had commenced along with staff supervisions.

We looked at how staff were inducted into their job role. We saw health and safety and fire prevention was being discussed with a new member of staff as part of their induction during our inspection. They were also being 'shadowed' by a more experienced member of staff to help them familiarise themselves with people's needs and the running of the home. When looking at staff personnel files there was no evidence of a robust induction for new staff. Out of the five personal files, only one recorded a completed tick list around the standards of the Care Certificate and one an environmental tick list. There was a risk that staff had not received an induction to prepare to support them in their job role. The Care Certificate is 'an identified set of standards that health and social care workers adhere to in their daily working life'.

The provider had not always ensured staff had received training and support to enable them to carry out their job role.

Not ensuring staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 18 (2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were well supported with their care needs and had access to external professionals such as district nurse team, GP and hospital appointments. A person told us "The staff make sure hospital appointments are arranged for me and keep me informed of what's going on." Another person told us how the staff escorted them on hospital appointments. Relatives said they were confident a doctor would be quickly arranged should it be necessary.

The care records we looked at showed some input from a variety of health care professionals depending on people's individual needs. We found however that the staff did not

Is the service effective?

act consistently on care issues identified to help monitor people's health. For example, monitoring falls. This meant there was a risk that people may not have the best possible outcomes and their health could deteriorate.

We recommend that the service reviews its assessment procedures for referrals to health care professionals to ensure people receive on-going health care support.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. (DoLS). DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. We were informed in 2014 of one DoLS application made to the relevant external body. Some staff had attended training in relation to Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DOLS) though training records showed this was undertaken some time ago.

We spoke with the deputy manager about how they supported people to make decisions when there was a concern about their mental capacity to do so. The deputy manager advised that nobody living at the home at this time lacked the mental capacity to make their own decisions but that if there was they would refer for specialist advice to support the person. We saw people's mental health had been assessed around decisions about daily life and support.

During discussions with staff they told us they always asked for people's consent and that the service worked on the basis that staff were there to 'support' people to help them live as independently as they could. We observed staff gaining people's consent before assisting them with aspects of daily living and tasks. People's consent (or relatives if required) was however not always documented in the care files we saw to evidence their inclusion. People told us their views were listened to and they were able to make individual choices. A person told us they were not really aware of their plan of care but were happy with everything at this time.

We recommend that the service considers its approach to seeking the consent of people living at the home to ensure it is working in accordance with the principles of the Mental Capacity Act (2005).

We observed the lunch time meal. People attended the dining room around mid-day and there was a relaxed convivial atmosphere. Dining room tables were nicely laid and people were offered fruit juice with lunch and pots of tea following the meal. Kitchen staff provided a silver service and asked people what portion size they would like prior to serving their meal.

We spoke with the chef who provided us with details of the five week menu choice and people's dietary requirements and likes/dislikes. They told us they prepared fortified drinks for people whose appetite was poor and we saw these being served. People were offered a choice of starter, main meal and six desserts from the dessert trolley and everyone appeared to enjoy their lunch. There were plenty of staff available to offer encouragement and assistance to people with their lunch; staff provided support in a calm and patient manner.

People we spoke with described the food as very good and all confirmed they had sufficient to eat and drink throughout the day and their individual food choices were respected by the staff. People's comments included, "The food is very good indeed, so much choice", "I have a special menu and this is always catered for" and "Excellent, too good sometimes." Relatives told us they were happy with the quality of the meals served. We saw people were served snacks and hot and cold drinks at different times of the day and when people requested a drink for example, this was brought to them straightaway. A menu was available for people though people told us they could have something different 'off the menu' if they preferred. A person reported, "The chef will always do something different for you, it's never an issue."

People's dietary requirements, preferences and choices were recorded in their plan of care and known by the staff.

People had access to all areas of the home and aids and adaptations were in place to meet people's needs and promote their independence.

Is the service caring?

Our findings

People told us the staff were polite and caring in their approach. People we spoke with told us they were well cared for, treated with kindness, compassion and that the staff were “Excellent” and “All very good.” People told us they had been asked their preferred gender of staff for providing personal care and staff were respectful when assisting them with personal support. We received some feedback from people which indicated staff did not always listen however the majority feedback was positive around staff acting on their views. Relatives reported the staff were caring and interacted well with their loved ones. They also told us the care was very good. A relative said, “I am very happy with everything they do here in caring for my (family member).”

We observed the support provided by the staff in order to help understand people’s experiences around care. Personal care activities were carried out in private and people did not have to wait long if they needed support. We found staff support was given in a respectful and caring manner. Staff took time to listen and to respond in a way that the person they engaged with understood.

Care plans viewed included some details of a person’s life history and preferences and staff were aware of these. Staff told us that having a consistent staff team helped provide support in accordance with people’s individual needs and wishes. Staff interacted well and demonstrated a good knowledge of people’s individual care, their needs, choices

and preferences. We observed staff offering reassurance when supporting people and ensuring their comfort before attending to someone else. This we saw when staff supported people with their meals, aspects of personal care, social activities and walking. For a person who was anxious we observed staff taking time to reassure them; the staff member sat with them and stroked their hand and only left the person when they felt more at ease. They returned again to the person after a short time to check on their welfare. We observed a person resting in bed and the staff carried out regular checks to make sure they were comfortable and to offer regular drinks. Staff were attentive to people’s needs and this helped ensure people’s comfort and wellbeing.

People’s dignity was observed to be promoted in a number of ways during the inspection, for instance, staff were observed to knock on bedroom doors seeking permission before entering and using a person’s preferred term of address. People were given plenty of time to eat their meals they were not rushed in any way.

There were a number of friends and relatives visiting during the inspection and there were no restrictions on visiting times, encouraging relationships to be maintained. People told us the staff welcomed visitors to the home.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so with or without staff support.

Is the service responsive?

Our findings

We viewed six people's care files. People's care was not always planned appropriately to meet current needs. The care plans were not always detailed regarding the support required by an individual and did not always reflect people's preferences. We saw that not all risk assessments were completed accurately, such as those assessing people's risk of falls. One assessment viewed did not reflect that a person had sustained a number of falls recently and another had not been reviewed since the person began living in the home last year and did not incorporate all risks identified in other areas of the care plan. This meant that people may be at risk as their needs may not be identified and assessed accurately. Care plans were not always updated to reflect changes in a person's needs, such as changes in dietary requirements and frequency of care needs due to weight recent loss. Some identified needs were not always incorporated within plans of care, such as cognitive issues and pain management, despite people receiving treatment for this. One care file evidenced that a risk assessment regarding a person's pressure areas identified a risk, yet there was no plan of care to advise how this risk would be managed. Some care plans evidenced consent from people however this was not found in all care files we looked at.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs. This was achieved through staff handover and reading a book which staff used daily to record aspects of care, health visits or general comments about people's welfare. This book was used for all people and discussions with staff and our observations indicated staff relied on this for information rather than reading people's individual care plans. It was difficult to establish whether referrals to relevant health professionals had been made for advice and specialist support when required, such as dietician or falls clinic. Talking with staff confirmed their knowledge about people's care needs though this was not always clear when discussing referrals for people who were at risk of falls. Following the inspection the manager informed us they were introducing a new document for recording people's care and support, so that information was held in one place and easier for staff to refer to.

The provider did not always ensure care and support was planned effectively to meet people's needs. We discussed

this at length with the staff during the inspection and following the inspection the manager informed us of the actions taken around the control measures now implemented to manage risks to people's safety. This included a weekly analysis of risk management focusing on falls and nutrition and how care plans would contain more detail about people's care and support.

Not planning and delivering care and treatment in accordance with individual need is a breach of Regulation 9 (1) (3)(a)(c) of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people were involved with their care planning. People we spoke with said they were happy with the care they received but were not really involved with their plan of care. A relative informed us they were involved in their family member's plan of care. The majority of people we spoke with told us the staff were aware of their likes and dislikes and preferred routine. A person said, "The staff know what time I like to get up and go to bed, it's always up to me." When discussing staff support a person told us they only had to press the button in their room and somebody (staff member) always came. The person also told us the staff always called a doctor on their behalf if they felt unwell.

People we spoke with told us there were lots of activities. The home employed two activities co-ordinators to cover six days a week. On the whole people enjoyed the activities and were offered a good choice. On the day of the inspection there was a trip out to a local garden centre. Activities were displayed on a notice board and people told us 'there was always someone to talk to' and you could choose if you wished to join in. One person told us they liked to go out most days and staff supported them with this. Everyone we spoke with told us the staff respected their decisions around how they wished to spend their day.

The home had a policy and procedure for managing complaints. Due to recent refurbishment of the reception area the complaints procedure was not displayed. Staff confirmed this would be displayed for people so they had the information they needed should they wish to raise a concern.

Is the service responsive?

People we spoke with told us they felt confident to raise any concerns they may have with the staff and that they would be listened to. They told us they were able to make constructive comments and that generally they got a good response from the staff.

Complaints and concerns were logged and we saw the manager had responded to issues raised in accordance with the home's complaints procedure. Staff told us if concerns were brought to their attention they would inform senior staff straightaway. A relative said they were 'sort of' aware of the complaints procedure but had no need to complain.

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home and for relatives. We were shown a number of completed surveys however these were not dated. Staff told us they were sent out earlier this year. We were not shown any analysis of the findings from the surveys to help assure the service provision. Feedback from the surveys appeared positive.

Is the service well-led?

Our findings

The home had a registered manager in post though they were not present at the time of the inspection. The deputy manager was on duty and they informed us that audits (checks) were undertaken. This involved the manager and senior staff checking on aspects of the home to monitor the quality of the care and standards to help improve practice. Areas audited included safety checks and contracts for services within the environment and for equipment, auditing of care files, incidents/accidents and medicines. The medicines audits were brief, limited in scope and tended to be completed as a stock control check.

The provider did not have an effective system to monitor the quality and safety of the service and this had the potential to place people at risk. We found the auditing to be inconsistent. Many of the concerns found by us in respect of staff support and staff recruitment, incidents/falls risks, care planning and safe administration of medicines had not been picked up. We discussed the auditing process with the manager following the inspection. They agreed that quality assurance needed to be more effective to ensure the safety of people in the home and this included mitigating risks to people, with emphasis on falls. Following the inspection the manager informed us that a full audit of the service was underway. They forwarded an action plan addressing the areas of concern identified during the inspection and actions now being taken to improve the service provision.

Not taking proper steps to ensure effective systems and processes were in place to assess, monitor and improve the safety and quality of the service is a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people living at the home their views of how the home was managed. People told us they would be happy to talk to the manager. Overall, we received positive comments about the leadership and management of the home from relatives though one relative thought it could be better. Relatives' comments included, "I visit (family member) regularly and generally think (family member) is well cared for", "In my opinion this home is well managed and as a result the care is good, the food is good and there is a good range of activities" and "This is an excellent care home and I can't really fault them on anything they do."

We received positive feedback about the manager from staff. Staff told us they were well supported by the management which in their opinion was good. Staff comments included, "Very good, (manager) is always there for you" and "You can speak to the manager when you want." Staff were aware of whistleblowing and they told us they would feel confident in raising an issue. This helps to promote an open culture in the home. They told us the staff worked well as a team and the home has a positive atmosphere.

We saw minutes of staff meetings and staff confirmed these were held regularly. They told us the meetings were used for information sharing relating to the day to day running of the home and staff training. Staff told us communication was good within the team. Staff said they received a handover at the changeover of shifts and this provided them with information about people's needs and the running of the home. The way in which care was recorded did not lend itself to staff being able to confirm information about people's care needs. The deputy manager said they would review where and how information was recorded to ensure it was more accessible.

Relative committee meetings were held and minutes seen were structured and covered area such as, staffing, accommodation and the food. Minutes were available of these. The chef told us about food surveys which were completed on a regular basis. Menu changes were made to accommodate people's requests and celebratory functions held. For example, celebrating VE Day which was enjoyed by everyone.

Quality audits and trustee meetings were held as part of the governance arrangements for the home. Staff informed us about a group called 'Friends of Peacehaven' who support the home to make life better for people.

As part of monitoring infection control, an external infection audit by a local community health team was completed in February 2014 and the home achieved 92% for infection control standards. An Environmental Health Officer visited the home in April 2015 and awarded the home five stars for food, (five stars being the best score) based on how hygienic and well-managed food preparation areas were on the premises.

The manager had notified CQC (Care Quality Commission) of events and incidents that occurred in the home in accordance with our statutory notifications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not assessing risks and making sure care and treatment remains safe is a breach of Regulation 12(2)(a)(b)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Not operating safe and effective procedures regarding staff recruitment is a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Not ensuring the proper and safe management of medicines is a breach of Regulation 12 (2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Not ensuring staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 18 (2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Not planning and delivering care and treatment in accordance with individual need is a breach of Regulation 9 (1) (3)(a)(c) of the Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Not taking proper steps to ensure effective systems and processes were in place to assess, monitor and improve the safety and quality of the service is a breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.