

Parkcare Homes (No.2) Limited

Peacock House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Peacock House provides accommodation and personal care for up to 18 younger adults and older people who are autistic and/or have learning difficulties. The service can also support people who live with dementia or need support to maintain their mental health. At the time of inspection, the service was supporting 13 people.

People's experience of using this service and what we found

There were not always enough staff to support people in line with their care and support plans. Staff did not always feel supported by the registered manager.

Systems did not always highlight shortfalls in record keeping and reporting of notifications to CQC. The registered manager were unable to consistently mitigate risk to people due to low staffing levels.

People told us they felt safe living at Peacock House. One person said, "The staff are my friends." Most relatives were happy with the service and felt their loved ones were safe.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The home was registered to support up to 18 people. This is larger than the current best practice guidance. However, they were able to reduce the impact to people by the way the building was used. Three people had their own self-contained flats, two resided in Peacock house, and there were no obvious, identifying signs it was a care home, such as cameras or industrial waste bins. Staff encouraged people to make their own choices and maintain their independence. Staff would encourage and support people to help make meals. Information was provided to people in different formats relevant to their communication preference. Staff understood safeguarding and how to keep people safe.

Medicines were being administered safely and in line with people's support plans. Infection, prevention and control guidelines were being followed, including risk associated with COVID-19. There were systems in place to analyse incidents and accidents and where trends found, action was taken.

The registered manager encouraged people to be involved in the service. They also worked well with other partner agencies. This included GP's and psychiatrists.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 May 2021).

Why we inspected

We received concerns in relation to staffing levels falling below the safe assessed number. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to required improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peacock House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the registered manager not always having systems in place to highlight shortfalls of recording and reporting at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Peacock House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. Another inspector from CQC used 'talking mats' to gather the views of people using the service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority for feedback. We used all of this

information to plan our inspection.

During the inspection

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

We spoke with four people who lived in the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, operations director, deputy manager and seven care support workers.

We viewed a range of records. This included care and support plans for three people. We also looked at records relating to medicines, health and safety and staff deployment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not always have enough staff to support people. The service assessed how many staff they need on each shift to safely support people. On six occasions between 01 September 2021 and 12 September 2021, the numbers of staff had fallen below safe levels for at least one hour on each occasion. On these occasions there were no negative impacts on people. Staff also told us that on many occasions there would not be the correct amount of staff in the mornings when the shift started. One Staff member told us, "Over the past few months between 7am and 8am there can be just two of us [staff], it's exhausting." There was a risk people's needs would not be met in a timely manner.
- People's needs were not always being met in line with their care plan due to low staffing levels. On two occasions people had become anxious and displayed behaviours that challenged. For example, one person who required 2-1 support wanted to go out but was unable to do so because there was not enough staff to support them and the person became frustrated. On another occasion, a person wanted to stay in the day centre, but was unable to do so because there were not enough staff to support them.
- There were not always enough staff, who knew people well, to safely support people in line with their preference and what made them feel comfortable. Some people preferred routine and familiar faces and could become upset an anxious if there were new and changing staff members. One staff member told us, "We need people with experience." Another staff member told us, "Agency staff will be put on allocation to go in there [persons room] but they cannot go in there, because [person's name] is bothered who comes in their room."
- People were not always supported in line with their care plan. Some people required two staff to support them during the day to keep them safe and help them remain calm. The daily records did not always state how many staff were supporting that person. Staff told us when they were short staffed people were not always supported by the required number of staff in line with their care and support plan.
- The provider had tried a variety of different methods to recruit staff and continued to do so. The provider had used various care agencies to support staff numbers in the service. They also offered financial rewards to help boost recruitment. The provider upskilled two regular agency staff to support people more effectively. The agency staff completed PROACT-SCIPr-UK training to support people when there were episodes of behaviour that challenged.
- Staff had completed training to care and support people. Staff had completed PROACT-SCIPr-UK training. The training uses a person centred, pro-active approach to support someone when there is an episode of challenging behaviour. It aims to support staff to be proactive rather than reactive. By doing this it raises the person self-esteem, empowers them and improves quality of life.

Assessing risk, safety monitoring and management

- People's specific health needs were risk assessed. Staff were given guidance and support when supporting people's specific health needs. People that could display behaviours that challenge themselves and others had specific risk assessment and behaviour support plans in place. For example, one person had a behaviour assessment tool which outlined triggers for different behaviours and how to de-escalate situations of heightened anxiety.
- People's risks around choking, and malnutrition were managed. Guidance was in place for staff to support people who had a modified diet. Staff were able to tell us who had a modified diet and what their requirements were.
- Risks relating to the building and fire safety had been assessed. Regular checks such as fire drills and emergency lighting checks were completed. Staff told us they knew how to support someone in the event of a fire. Each person had a personal emergency evacuation plans (PEEP) in place to guide staff in emergencies.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One relative told us, "I feel he is safe where he is right now." One person told us, "I really like it here."
- People were protected from the risk of harm or abuse. The provider had a safeguarding policy in place. The registered manager followed safeguarding reporting procedures and reported incidents and concerns to the local safeguarding team when needed.
- Staff understood how to keep people safe from harm or abuse. They had completed their safeguarding of vulnerable adults training. Staff told us they knew when to report a safeguarding incident and who to report it to.

Using medicines safely

- People's medicines were managed safely. Staff who administered medicines had completed training and their competency had been assessed. We observed medicines being given in line with people's care and support plan.
- Medicine records were accurate and up to date. Individual guidance for 'as required' medicine was in place to inform staff what the medicine was and when it may be required.
- Medicines were stored safely and in line with best practise. Medicines were stored securely in a locked cabinet. The temperature of the room was taken daily to ensure the medicines were being stored at the correct temperature.
- The registered manager had monitoring system in place to identify any medicine errors or medicine incidents. Regular medication audits and spot checks were carried out. A recent audit noted that people's photographs needed updating and plans were in place to do this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the

current guidance.

Learning lessons when things go wrong

- The registered manager had processes in place to monitor incidents and accidents. Incident analysis looked at trends and what action needed to be taken. For example, during an incident, staff needed to perform an unplanned two-person escort to keep themselves and the person they were supporting safe. The registered manager requested funding for more support hours for this person, which was granted. The persons behaviour support plan was updated, and plans put in place should it be needed again.
- The registered manager provided additional support for staff who did not feel confident. A trend analysis for one person outlined when a specific staff member was supporting them, there were more incidents. The registered manager spoke to the staff member and found they did not feel confident supporting the person. The registered manager arranged for the staff member to shadow other staff for a period until they felt confident to support that person.
- Relatives told us they were kept informed of incidents and accidents. One relative told us, "When there has been an incident, the staff usually phone me."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager did not consistently submit notifications to CQC. The registered manager reported on two occasions when staffing levels fell below safe numbers. On inspection other incidents were identified that had not been reported to CQC. When this was brought to the attention of the registered manager, they immediately started submitting notifications when the staffing numbers fell below safe on all occasions.
- The registered manager did not always have robust audits in place. Shortfalls and gaps in record keeping for daily notes were identified. Daily notes for people were not always completed so the registered manager could not be sure what care and support that person received. For one person, three out of five days no information had been written down.
- The registered manager was not always able to mitigate the risk of potential harm to people due to low staffing numbers. However, they understood the risks and impact on people as a result of staffing levels falling below safe numbers. The home has taken action to try and mitigate risk and improve the care and support they can provide. The registered manager liaised with a number of care agencies in order to try and maintain their safe working number of staff. Plans were being made to support some people to move to services which could better met their needs. This action was seen as a last resort by the home in order to prioritise safe care and support for people.

The registered manager had failed to identify shortfalls in recording and reporting. They were not always able to mitigate risk to people due to unsafe staffing numbers. This was a breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were carried out for infection, prevention and control [IPC]. Audits identified areas for improvements and an action plan outlined set targets dates for actions to be completed. For example, new equipment was needed to comply with IPC. The action plan noted the progress of the action and a deadline date.
- The registered manager ensured staff were following policies and procedures. The registered manager carried out a medicine quality walk around which included observing if staff were supporting people with their medicines in line with their care plan and best practise.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Continuous learning and improving care

- The provider had not always promoted a positive culture. Although the registered manager told us they had a positive culture pledge, staff told us they did not always feel supported by them. Staff also told us the morale was low due to the pressures of low staff numbers. One staff member told us, "We [staff] feel undervalued." Another staff member told us, "There seems to be a lack of support throughout the whole service."
- The registered manager held monthly staff meetings. The meetings gave staff an opportunity to express their concerns. The registered manager told us recent staff meetings had not taken place in order to prioritise care and support to people due to low staff numbers.
- The registered manager ensured they were meeting the accessible information standard. This is a law which aims to make sure people with a disability or sensory loss are given information they can understand. The home had easy to read information including their complaints procedure. The registered manager told us they could also get other resources from the Royal MENCAP Society to support people.
- The registered manager tried to encourage positivity in the service for people and staff. A theme for a meeting was 'random acts of kindness'. This was to encourage staff and people to get involved in kind gestures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour. This meant following an unexpected or unintended incident that occurred in respect of a person, the registered manager provided an explanation and an apology to the person and their representative. The registered manager told us, "We make sure we are transparent, we apologise and hold our hands up when we need to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager encouraged people to be involved with the daily running of the service. They held 'voice meetings' so people could discuss menu and activity plans. The registered manager told us some of the activity ideas are on hold because of staffing shortages.
- The service encouraged people to voice their opinions. For example, one person was not happy with their doctor. The staff spoke to the practise manager and made a complaint on behalf of the person. The person then was able to see a different doctor.
- Feedback had been sought from relatives and staff previous to the inspection four months ago. The registered manager had plans in place to seek staff feedback through a staff engagement survey and relative's feedback through a satisfaction survey by the end of 2021.

Working in partnership with others

- The staff worked closely with other health professionals. The service sent referrals to different health services when necessary to make sure people received the support they needed. This included the Speech and Language therapy team [SALT], Psychologists, Learning Disability support team and GP's. For example, if a person was displaying a new behaviour of concern, they would contact their psychiatrist.
- The registered manager had built good partnerships with external professionals. They had named individuals they could go to in order to get support quickly and efficiently. The registered manager also worked as part of a multi-disciplinary team [MDT] to support people. The MDT enabled different health professionals such as Learning disability team and SALT to come together and discuss a person's care and support needs and reach the best outcome for that person.
- The registered manager supported people to be part of their community. One person, who lived with diabetes, was supported to work with the Kent Community Health Trust. The person completed a survey to

express how they wanted to be supported and they were able to get a medical device to help manage their diabetes. The device is a more convenient and less invasive way to measure someone's blood glucose levels.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager had failed to identify shortfalls in recording and reporting. They were not always able to mitigate risk to people due to low staffing numbers.</p>