

Elizabeth Peters Care Homes Limited

Elizabeth Peters House

Inspection report

22 Newquay Road
Catford
London
SE6 2NS

Tel: 02082440013

Date of inspection visit:
31 January 2018
07 February 2018

Date of publication:
10 April 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 31 January and 7 February 2018. The first day of the inspection was unannounced and we informed the provider of our intention to complete the inspection on the second day. The service was rated as 'Good' at the previous comprehensive inspection in August 2015. We had rated safe, caring, responsive and well-led as 'Good' and effective was rated as 'Requires Improvement.' At this inspection we have rated the service as 'Requires Improvement.'

Elizabeth Peters House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Elizabeth Peters House is a residential care home for six adults with mental health needs and at the time of our inspection five people were using the service. The premises has three floors and five out of the six bedrooms have ensuite facilities. There are communally shared bathrooms, a kitchen, a lounge and dining area, and a rear garden.

The service had a registered manager who was present on both days of the inspection. A registered manager is a person who has registered with the CQC 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.

At the previous inspection we had found that staff were not receiving regular supervision. At this inspection we noted that staff were receiving supervision, with further supervision dates scheduled for the future. The staff we spoke with stated that they felt well supported by the registered manager and were able to discuss any queries or concerns as they arose.

The registered manager had not notified the CQC of events at the service that we needed to be informed about, in accordance with legislation. This meant that we could not effectively monitor the safety and welfare of people who use the service. Improvements were required in the management of medicines, to ensure that people consistently received their medicines safely.

Risk assessments were in place to identify any risks to people's safety and wellbeing. Guidance was provided to mitigate these risks and support people to lead more independent and safer lives. Safe infection control practices were used to protect people from the risk of cross infection.

The recruitment files we saw showed that staff were appointed in a safe manner. We saw that there were enough staff available to meet people's needs during the inspection, although additional staff might be required from time to time in the future if more people using the service wished to be supported by staff to use community resources, for example visit theatres and cinemas.

Staff did not receive mandatory training, and other training about mental health to meet the specific needs

of people who use the service. Staff were provided with individual supervision but there was no evidence that they reviewed their performance each year with their line manager, through the appraisal system.

People were consulted about their wishes and supported to make their own decisions. Their needs were assessed before they moved into the service to ensure that Elizabeth Peters House was a suitable place to live. Individual care plans had been developed, which took into account people's initial assessments, their current needs, and their own views and aspirations. Staff supported people to attend health care appointments and follow any guidance from health care professionals.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We observed that people were asked for their consent before staff provided care and support. Staff were not always clear about the MCA, as refresher training on this subject was overdue.

People and their relatives told us that staff were kind and supportive, and respected their privacy and confidentiality. We saw friendly interactions between people who used the service and staff. People had some community activities but these were limited. We did not find that the provider had implemented a structured approach to encouraging people to engage more with leisure, recreational and educational facilities and groups in their area.

People had received information about how to make a complaint but there was outdated details on the complaints guidance. We noted that records did not evidence that one complaint had not been satisfactorily resolved; however the provider later advised us that appropriate action was taken.

The registered manager was regarded as supportive and helpful by people who use the service, their relatives and staff members. However, we found limited evidence of how the provider supported the registered manager with her role and responsibilities.

The provider had not taken action to address known deficits at the service, including the provision of staff training and appraisals. Although people using the service had been asked for their views through a questionnaire and residents meetings, there were insufficient effective processes in place that demonstrated how the provider monitored the quality of the service.

We have made a recommendation in regards to the provider supporting people to develop meaningful and fulfilling activities. We found four breaches of regulations in this report. These breaches were in relation to the provider not informing us of notifiable events, the need to improve the safety of the medicines system, the lack of staff training, development and appraisals, and the provider's failure to effectively monitor and address the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We were not consistently informed of events at the service that impacted on people's safety, which impacted on our ability to monitor people's safety and wellbeing.

The systems for managing people's medicines were not sufficiently robust.

Risk assessments had been developed to promote people's independence and mitigate identified risks.

There were sufficient staff deployed to meet people's needs at the time of the inspection, although this needed to be kept under review in order to provide more support for people to engage in activities.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not benefit from a structured programme of mandatory training and other training to meet the specific needs of people who use the service. Staff were supported through individual supervision but did not receive an appraisal of their performance.

People were consulted about their wishes and supported to make their own decisions.

People liked the food and were supported to cook with staff.

Systems were in place to accompany people to health care appointments and support them to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that staff were kind, and created a happy and homely environment.

People and staff interacted in a positive manner.

Staff supported people to receive their care and support in a dignified and respectful way.

Is the service responsive?

The service was not always responsive.

People's needs had been appropriately assessed and they were supported to contribute to their care planning.

Staff chatted sociably with people and supported them with developing their independence with household chores. However there was limited evidence of how people were supported to integrate within the wider community, use local amenities and develop skills outside of their home.

People's complaints were ordinarily addressed by the registered manager. However one complaint was deemed to be a separate issue for the provider and satisfactorily presented written evidence was not in place to demonstrate that the provider had addressed the concern.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

We received positive comments about the registered manager from people's chosen representatives and the staff team.

Limited processes were in place for the provider to support the registered manager's development and monitor the quality of the service.

The provider had not taken action to address known deficits at the service, including the provision of staff training and appraisals.

Requires Improvement ●

Elizabeth Peters House

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.

The inspection was carried out on 31 January and 7 February 2018 and was announced on the first day. We advised the registered manager that we planned to return on the second day. The inspection team comprised two adult social care inspectors on the first day and one adult social care inspector on the second day. Prior to the inspection we reviewed the information held about the service, which included the previous inspection report, information we had received from the London Fire And Emergency Planning Authority and any notifications of significant incidents reported to the Care Quality Commission (CQC).

During the inspection we met all five people using the service and had individual discussions with three people about their experiences of living at Elizabeth Peters House. We also spoke with three support workers and the registered manager. We looked at three people's care files, four staff recruitment, training and supervision records, the complaints log, three medicine administration records, and a range of audits, policies and procedures in regards to the management of the service. We joined people for refreshments in the lounge and observed how they were supported by staff.

Following the inspection we spoke with the relatives of three people who used the service. We received comments about the service from the local authority contracts monitoring officer and a fire safety inspecting officer. We contacted two health care professionals and received a response from one professional.

Is the service safe?

Our findings

People told us they felt safe and happy living at the service. Comments included, "I didn't feel safe when I lived on my own. At first I didn't want to live here but it has helped me, everyone is nice and helpful. I would like to move on to somewhere more independent in the future" and "[Registered manager] and [members of the staff team] listen to me, I feel safe with them and will always tell them if I am worried."

The support staff we spoke with understood their responsibilities in regards to protecting people from the risk of abuse and harm. Staff said that they would report their concerns to the registered manager, or the proprietor if the registered manager was not available. We noted that the registered manager had not received safeguarding training since July 2013 and another member of staff had last undertaken this training in August 2013. These findings were discussed with the registered manager, who acknowledged that safeguarding training was overdue and stated that she had brought this to the attention of the provider.

As part of the planning of this inspection, we had noted that the provider had not reported any safeguarding concerns to us since the completion of the previous inspection. At this inspection we case tracked selected care plans for people who used the service and found that there had been an incident when a person using the service had become distressed and behaved in a threatening manner towards another person using the service. Records clearly demonstrated that the registered manager had promptly contacted the relevant medical and healthcare professionals, who had carried out a visit and provided the staff team with guidance about how to support the person who had been distressed. However, there was no evidence to show that the registered manager had informed the local authority safeguarding team and notified the Care Quality Commission (CQC). The registered manager told us that this was an oversight, which they addressed immediately after the first day of the inspection.

We also found that the provider had not informed us about an incident where it was necessary to seek the involvement of the police and an accident which had resulted in the person experiencing a chronic deterioration to their health and well-being. The failure of the provider to notify us of these events meant that the CQC did not have the necessary information we need in order to monitor the safety and welfare of people who used the service.

These issues constituted a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

On the first day of the inspection we had observed that the key for the medicines cabinet in the lounge was placed on a work surface in the adjoining kitchen. The member of staff we spoke with confirmed that this is where they ordinarily placed the key, and they had left this part of the premises unattended during the morning in order to support people to clean their bedrooms and do their laundry. This meant that people who used the service could have accessed potentially harmful medicines. We immediately brought this observation to the attention of the registered manager, who advised the staff member to keep the key with them at all times.

We looked at the systems in place to ensure that people received their medicines safely. The registered manager told us that she checked the medicines on each day that she was present at the service. The medicine administration records (MARs) that we looked at had been properly signed by staff and the quantities of medicines in the cabinet tallied with the MARs, apart from one medicine where the pharmacy label did not match the instructions on the MAR chart. The registered manager told us that they had previously observed this discrepancy but had not reported it to the dispensing pharmacist so that action could be taken to safely address this issue. We also noted that there was a blank space left on the MARs in regards to whether people had a known allergy that staff and healthcare professionals should be aware of. The registered manager told us that she was not aware of any allergies. However there was no recorded evidence that this had been checked with people's GPs, so that it could be noted on their MARs. This could potentially place people at risk of receiving unsuitable medicines and/or other prescribed items.

There was a book to record any surplus medicines sent back to the pharmacy. We observed that only one member of staff signed this book. The registered manager told us that the medicines were collected by a driver from the pharmacy, who did not count the surplus medicines before leaving the care home. We spoke with the registered manager about the need to ensure that two members of staff checked and signed the surplus medicines book, in order to demonstrate a safer and more rigorous approach. There were no arrangements in place for the management of medicines to be audited by a pharmacist or relevant healthcare professional, although the registered manager carried out medicine audits periodically. Her most recent medicines audit was completed in January 2018.

These issues constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider had satisfactory systems in place to identify and address any risks in relation to people's care and support needs. The risk assessments we looked at contained guidance for staff about how to mitigate risks and support people to maintain their safety and independence. We noted that people's risk assessments showed that the registered manager had a clear understanding of people's individual needs and she regularly liaised with their health and social care professionals. For example there was information about the triggers that could impact on a person's behaviour and the actions advised by healthcare professionals to support people to feel reassured and reduce identified risks. We noted that there was a risk assessment in place for a person who managed aspects of their own medicine regime. However, the risk assessment did not contain any information as to whether a health care or social care professional involved in their care had been consulted about this. Through speaking with the registered manager, we found that this was part of a wider multi-disciplinary plan to support the person to gain more independence and had been recommended by an external professional. The registered manager stated that she would record these details on the risk assessment.

Personal emergency evacuation plans (PEEPs) had been developed to provide staff with written guidance about how to support people who used the service to quickly exit the care home in the event of an emergency. The registered manager informed us that she had talked to people about their PEEPs, which we confirmed during our discussions with people. However, we were informed by the registered manager about a person who was at risk due to specific lifestyle and medical factors. The person was given a copy of their fire risk assessment and chose to tear it up. The provider confirmed that the person fully complied with fire drills and the contents of the fire risk assessment.

The staff recruitment records we looked at showed that checks had been carried out before staff commenced working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained. Proof of identity was obtained for each member of staff,

including copies of passports, driving licences and birth certificates. Staff were required to complete an application form, and supply a copy of their Curriculum Vitae (CV) if they had one. The registered manager told us that the local authority contracts monitoring team had checked the quality of the provider's recruitment practices during a monitoring visit in August 2017. The provider had been recommended to audit all recruitment files and ensure any gaps in information were completed, and to ensure that references were verified. The recruitment file for the most recently appointed member of staff was held at head office; so we could not check on whether the provider had implemented a system for verifying references. The registered manager told us that she had undertaken the recommended audit and references for newly appointed staff were now checked for their authenticity by a designated employee at the provider's head office.

Where necessary, staff were required to produce evidence of their right to work in the UK. Staff records also contained interview notes, which showed that the provider sought to identify if candidates had the appropriate knowledge, skills and approach to work at the service. The registered manager stated that she was part of the interview panel for staff allocated to work at Elizabeth Peters House; however, the recruitment process was managed by the provider's senior management team.

We checked the staffing rotas for a four week period and found that sufficient staff were deployed to meet people's support needs within the service. On the first day of the inspection we met a new member of staff who was receiving induction training and noted that they were supernumerary.

People's care plans demonstrated that they were always supported by staff to attend meetings and healthcare appointments, in line with their needs and wishes. However the staffing numbers did not demonstrate that additional staff were rostered when required to support people to develop new hobbies and interests outside of the premises, for example to attend a local gym or adult education class. The registered manager told us that presently some people who used the service were not particularly interested in joining activities or groups in the wider community. Following the inspection the provider informed us that staffing numbers could be adjusted where necessary to support people who chose to take part in activities.

The registered manager understood the importance of ensuring that lessons were learned and improvements were made when accidents and incidents occurred. The registered manager told us about an incident when a person got lost on a bus journey. Following this incident, the registered manager spoke with people who used the service about actions they should take if such an event occurred, discussed the incident with staff to update their knowledge and reviewed people's risk assessments.

The premises were clean and tidy, and free from any offensive odours. Staff were provided with personal protective equipment (PPE), for example disposable gloves and aprons in order to protect people from the risk of cross infection. We saw that people and staff were provided with suitable hand washing equipment. Cleaning schedules were in place and staff told us they encouraged people who used the service to participate in the tidying of their bedrooms.

Is the service effective?

Our findings

People who used the service told us they were pleased with the way staff supported them. Comments included, "They [staff] have helped me with learning how to become more independent" and "Yes, they [staff] are all very good, they know how to support me." One relative informed us, "Due to [my family member's] lifetime of mental health problems [he/she] has always had [different serious anxieties]...the team at Elizabeth Peters House handle [his/her] concerns with skill and understanding." A health and social care professional told us, "I can confirm their [staff's] professionalism and skill in working with my group of service users. The staff are in constant communication with me with regards to the care of service users. They provide comprehensive reports periodically and at care planning approach (CPA) meetings."

At the previous inspection we had found that although staff had received one to one supervision from the registered manager, the supervision meetings were not held in line with the frequency stipulated in the provider's own policy for staff supervision and appraisal. This policy stated that staff should receive at least four supervisions each year and an annual appraisal. We had looked at four staff files and noted that two members of staff had received two supervisions within a 12 months period and had not received an annual appraisal.

At this inspection we found that the registered manager had taken action to address the frequency of supervisions. Care staff were now being supported through regular supervision and the supervision schedule devised by the registered manager demonstrated how they proposed to ensure that staff received a minimum of four supervisions each year. Members of the care staff team confirmed to us that they felt supported by the registered manager and felt able to seek advice and discuss any concerns with her without having to wait for a scheduled supervision session or team meeting. However, we found that annual appraisals for staff were overdue. The provider informed us that they conducted a weekly supervision with the registered manager.

We checked whether staff had received satisfactory training for their roles and responsibilities. The provider's mandatory training programme included a range of topics to support staff to deliver effective care such as safeguarding, food hygiene, medicine administration, moving and handling, infection prevention and control (IPC), mental capacity and first aid. We reviewed four staff records to check that the mandatory training had been completed. We found that staff had not been adequately trained to ensure that they had the correct skills, knowledge and experience to deliver effective care and support. There was no specific training for staff in regards to understanding mental health care needs. Longer-standing members of staff had not been monitored to ensure that they renewed their training in a timely manner. For one staff member that had been employed since 2010 we noted they had last completed IPC training in 2010, and moving and handling training in 2010. Therefore they had not been kept up to date with current guidance and had not had an opportunity to refresh and renew their skills.

The supervision records held in staff folders consistently identified the need to provide mandatory training, but action had not been taken to address this. For example, one member of staff employed in March 2017 had supervision meetings recorded in June 2017 and January 2018. Both of these meetings recorded the

need for the provider to provide mandatory training. There was no evidence of the provider having achieved any progress towards meeting its own mandatory training policy over this period.

The registered manager told us the provider was in discussion with a training service to establish such a training programme, but that it was not yet in place. We were shown a staff training form which was not yet complete. It held details of the names of members of staff against a list of required training, but none of the training had yet been recorded in the form.

We asked the registered manager how they ensured that people's care was delivered in line with current legislation, standards and evidence-based guidance in the absence of a formal training programme. They told us that there were no other systems in place to enable staff to keep up to date with improvements in practice.

The staff records showed that staff who were new to the service underwent an induction period to familiarise themselves with the service and people's needs. We spoke with two, new members of staff. They confirmed that the induction system was in place and had supported them to become familiar with the service.

The lack of a structured staff training and development programme and the absence of annual appraisals for staff had also been identified during a monitoring visit in August 2017 by the local authority contracts monitoring team. The provider had been recommended by the local authority to address these matters by January 2018. Following the inspection, the provider informed us that more than 50% of the staff had at least a level 2 qualification in health and social care, and additional staff had been enrolled.

These issues constituted a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's health care needs were addressed. For example, on the first day of the inspection we noted that a person who used the service was accompanied to a health care appointment. The person told us, "They [care staff] do look after your health" and said that they found it useful to have a member of staff to speak with about what had happened during their health care appointment. The care plans we looked at evidenced that people were supported to access a range of health and social care services. This included referrals to dietitians, dentists, occupational therapists, opticians and physiotherapists. Guidance from external professionals was incorporated into people's care plans and risk assessments, so that staff had appropriate information about how to meet people's needs.

We received positive comments from people who used the service about the quality of the food service. One person told us, "I get asked every day what I would like to eat, nothing is too much trouble for them [staff]" and another person said "They [staff] are encouraging me to eat more healthy foods; it is part of my care plan. They [staff] know I like things that I shouldn't be having and try to help me." People were supported to eat and drink enough to maintain a balanced diet. We looked around the kitchen and lounge areas and saw that healthy food items such as different fruits and low fat crackers were available if people wished to snack between meals. People could cook for themselves if they wished to, and were supported by staff where required. There was also a weekly menu displayed to support people to make choices about what to eat. People chose when and what they wanted to eat; they either asked care staff to prepare the food or were supported to prepare a meal for themselves. There was a tea and coffee making area that people used throughout the day.

None of the people who used the service had particular dietary requirements because of their religious or

cultural backgrounds. Staff could describe each person's likes and dislikes, including the types of food they preferred to eat and they were aware that some people had special dietary needs, for example because they were diabetic. They prompted people about the need to eat in line with their clinically recommended diet, for example by providing sweetener in tea instead of sugar. In accordance with any specific instructions from people's health care professionals, staff kept a daily record of what people had eaten. This information was then shared with relevant health care professionals when people attended clinical appointments, so that people's needs could be accurately understood.

People's needs were met by the design of the premises. The home was laid out over three floors. Each person had their own bedroom and all but one room had its own bathroom. There were also communal bathrooms and toilets. Each person had their own electronic key. This gave them access to the front door and their own bedroom, but not other people's bedrooms. The service took action to maintain the premises, for example, the hallway had recently been redecorated. People were asked if they had preferences about how to decorate their room before they moved in to the house.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that people using the service were presently able to make decisions about their health and welfare needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our discussions with the registered manager demonstrated that she understood how to protect the rights of people who used the service. The registered manager had prior experience of supporting people and their chosen supporters and liaising with health and social care professionals, in circumstances where it was necessary for a best interest's decision to be made.

However, we noted that some members of staff did not demonstrate a suitable understanding of the implications of the MCA and how it impacted on people using the service. Training records for staff showed that MCA refresher training was overdue.

Is the service caring?

Our findings

People told us they liked living at Elizabeth Peters House and thought that staff were caring. Comments included, "The staff are really kind and they have got your best interests at heart. They look after your health and I wouldn't want to move" and "I feel very settled here. I can spend time downstairs chatting to staff when I feel like company and I also like to sit in my room and play my music." Relatives told us, "[The registered manager] and the other staff always communicate with me and [my family member] in a caring and professional manner. I have never had cause to complain but rather have always had cause to praise their input" and "They [staff] are very nice indeed, so patient and helpful. [My family member] likes them and feels comfortable in their presence, and I do as well." A health and social care professional told us that staff were "caring and genuine" and stated they would recommend the service.

During the inspection we observed people sitting with staff in the lounge for a coffee break. We saw that there were positive interactions between people and the two members of staff present. People smiled and laughed, and spoke in an open manner about their experiences of living at the service. For example one person felt sufficiently at ease with staff to tell us that although they were happy living at the service, they hoped to move on to a more independent type of accommodation. Staff responded in a supportive and encouraging manner.

Staff demonstrated a genuine interest in people's interests and hobbies. When one person told us that they enjoyed playing a musical instrument, staff congratulated them on how musically accomplished they had become. Another person told us that they had been thinking about taking a creative crafts course at college. Staff confirmed that they had supported the person to buy craft equipment and worked with them on crafting projects at home to develop their skills and confidence.

People's rights to make choices were respected. For example when people announced that they wished to leave the lounge to go back to their bedrooms, staff reassured them that they were free to choose their own routine. People told us that they got up and went to bed when they wished to. One person explained that sometimes staff encouraged them to get up on days they did not feel motivated and might otherwise have stayed in bed. The person clearly conveyed to us that they understood staff did this to support them to have a healthier and more socially engaged routine, and prevent potential problems such as insomnia.

We noted that residents meetings were held two or three times a year. The registered manager told us that people were not keen on attending 'formal' meetings, apart from the meeting held before Christmas to decide on the festive menu and celebrations. During the inspection we saw that people informally spoke with each other and staff when sitting in the lounge, and staff used these opportunities to chat with people about grocery shopping and menu requests.

People's entitlement to dignity, privacy and confidentiality was promoted by staff. We observed that staff knocked on people's doors and waited for permission to enter. People confirmed that staff supported them in a sensitive, discrete and kind manner if they needed assistance with their personal care. Staff spoke positively about the systems in place to promote people's independence, for example individual key cards,

support with developing cookery skills and the emphasis placed on consulting people about their day to day choices. We noted in people's care plans that they had been asked about their likes, dislikes and aspirations and their views were respected. For example one person had stated that they did not want a television in their room as they preferred to read, listen to the radio and play music. We observed that staff spoke with the person about these interests when they asked them about their plans for the afternoon. People were invited to sign their care plans to demonstrate that they had contributed to the development and reviewing of these plans. One person chose not to sign their care plan and their choice was respected by the registered manager and the staff team.

We had observed that one person's records referred to them receiving 'pocket money'. This inappropriate terminology was discussed with the registered manager as it was not consistent with how the service respected people and supported them to manage their finances.

Is the service responsive?

Our findings

People's care files evidenced that their needs were assessed before they moved into the service. We noted that the provider undertook their own pre-admission assessment, which took into account information within the statutory assessments conducted by health and social care professionals. People confirmed that they had been offered opportunities to visit the service to see if they felt comfortable about moving in for a trial period. One person told us that having an initial visit and then moving into Elizabeth Peters House felt like a very positive decision at the time as they had recognised that they needed 24 hours support.

We noted that people's care plans reflected their identified needs and wishes, as gathered during their assessment. We saw where people's needs had changed since moving into the care home, their care plans appropriately reflected this. The care plans provided staff with suitable information in order to understand people's background, history and interests, as well as their mental health and physical health needs. This meant that newly appointed staff or staff that tended to work more frequently at the provider's other services were equipped with useful information and guidance in order to understand people's individual needs and wishes, and develop more positive relationships with people. The care plans were reviewed at least once a year and more frequently if people's needs had changed.

During the two days we visited the service we did not observe people going out to any community based activities. On one day staff encouraged people to discuss the current affairs on the news and on another day staff initiated general conversations. The registered manager told us that staff had spoken with people about activities such as joining clubs, attending the gym and going to adult education classes. We were informed that people were initially enthusiastic but did not sustain their interest after a short while. People told us that they went to places of worship, met relatives for meals and went out for a walk. The registered manager told us that she had organised day trips in the past but this did not happen in 2017. We asked people about whether they would like to join social groups, or develop their existing artistic or sporting interests at community venues, and found that people felt less inclined to venture out because of the cold weather. The lack of evidence to demonstrate that people were supported to participate in activities was noted by the local authority contracts monitoring team. Following the inspection the provider informed us that they encouraged people to participate in a range of interesting activities, including cookery classes and entertainments that took place at a nearby care home owned by the provider.

We recommend that the provider seeks advice from a reputable source on how to support people to engage in meaningful and fulfilling activities.

There were systems in place to respond to any concerns or complaints from people who used the service and their relatives. We noted that there had been five complaints since the previous inspection visit. Four of the complaints were from a person who no longer lived at the service and were in regards to the food service. We noted that the registered manager had responded in an open and professional way, and had spent time speaking with the person and their relatives in order to resolve the issues that had arisen. The other complaint was from a person who used the service who was not consulted about changes to the rear garden, which was organised by the provider. The person was advised by the registered manager to send a

complaint to the provider. This appeared to us as an extra obstacle for the person to take, given that they had already made a complaint to the organisation. Following the inspection the provider informed us that this complaint had been resolved in a prompt manner. We noted that the complaints guidance for people and their relatives contained inaccurate information about the role of the Care Quality Commission. This was addressed by the registered manager during the course of the inspection.

At the time of the inspection none of the people who used the service required end of life care. The registered manager stated she would support people to express their wishes but people were reluctant to discuss these issues.

Is the service well-led?

Our findings

We received positive comments from people and relatives about the approach and leadership style of the registered manager. One person said, "I think [registered manager] makes sure we are looked after." One relative said, "[Registered manager] is very good, in fact I would say that she is excellent. We are kept informed about what is happening with [our family member] and think she is very committed to all of the residents." Another relative commented on how the registered manager had supported their family member to travel across the country for family reunions and ensured that staff provided support that was respectful and non-judgemental.

Staff stated that they felt supported by the registered manager. We noted that there had been four staff meetings since the previous inspection and two of these meetings were held in 2017. The minutes of the meetings demonstrated that useful topics were discussed. For example at the most recent staff meeting in November 2017, the registered manager spoke with staff about new risk assessments for people who smoked and the need for staff to develop activity plans with the people they key worked. The registered manager informed us that she planned to arrange three staff meetings each year, commencing in 2018.

The registered manager informed us that weekly meetings were held with the provider. The provider owned other local services and the registered manager was offered opportunities to meet with the other registered managers to discuss professional issues. There was no evidence of the provider conducting their own monitoring visits. In these circumstances we were not able to determine the ethos and vision of the provider as they did not demonstrate a visible presence at the service. Following the inspection the provider informed us that the ethos of the service was "a family run business with family values with service users at the centre." We spoke with the registered manager about whether she and/or staff members ever had opportunities to take part in training with local mental health professionals or participate in research projects. The registered manager stated that this had never happened.

The registered manager had developed good working relationships with other organisations, for example we saw that local health care professionals had quickly responded when the registered manager had contacted them for their input. However, we did not see evidence of how these positive working relationships had been used to develop the quality of care at the service.

The registered manager informed us that she had been trained by a local district nurse to check a person's blood sugar levels by using a blood sugar meter and had subsequently trained other members of the care staff to undertake this task. We confirmed that care staff were not carrying out this procedure at present but had done so in the past. The registered manager was unaware that she needed to clarify in writing with the district nursing service whether she was deemed competent to train care staff. The absence of formal supervision for the registered manager restricted her opportunities to seek guidance about her own practices.

We noted that the registered manager had completed an action plan following the visit by the local authority contracts monitoring team. For example, the registered manager was recommended to ensure

that staff received appraisals by November 2017. The action taken by the registered manager was to inform the provider of the need to carry out appraisals. However, there was no available response from the provider so we were unable to ascertain the provider's intentions. We spoke with the local authority contracts monitoring officer and noted that some of the areas for improvement they had identified in August 2017 had not been addressed at the time of our inspection.

The registered manager carried out some quality monitoring. People had completed surveys in 2017 and their views about the service were positive. The registered manager also monitored the safety of the premises. We looked at a range of safety checks which were satisfactory. These included the gas safety, electrical installations, monthly testing of fire alarms and emergency lighting, electrical installations inspection by a competent person, water temperatures and fire drills. We had received information from a London Fire Service safety inspector in 2016 that concerns had been identified. We had written to the provider and were assured that the required actions had been taken. The fire safety officer had returned in 2017 to check that actions had been carried out. The registered manager told us that the fire safety officer had been satisfied with their findings; however, there was no written confirmation of this. We advised the registered manager to contact the fire brigade and seek confirmation, which we also did. The fire safety inspector who carried out the inspections in 2016 and 2017 confirmed in writing to us that they had no concerns about the management of fire safety at the premises. Additionally, we were sent separate information by the provider to demonstrate that the actions had been completed.

We found that some policies and procedures were outdated and had inaccurate information. The service user guide referred to a different care home owned by the provider and the safeguarding policy referred to a regulatory body for qualified nurses that ceased to exist in 2002. We noted that a complaints statement displayed in the ground floor reception area referred complainants to the Commission for Social Care Inspection, which ceased to exist on 1 April 2009. The whistle blowing policy had an obsolete contact number for an organisation that can support whistle blowers, Public Concern At Work. The registered manager updated documents that we brought to her attention; however, the cyclical review of all policies and procedures was clearly overdue.

These issues have demonstrated that the provider does not have a robust system in place to effectively monitor the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of the inspection we observed that the provider had not displayed their ratings in a prominent place, as required by legislation. We discussed this with the registered manager and noted that this issue was rectified on the second day.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The Registered Manager must inform the Care Quality Commission without delay about notifiable events that occurred at the service. Regulation 18(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The Registered Manager must ensure the proper and safe management of medicines .Regulation 12 (1)(2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The Registered Person must ensure that there are systems in place to assess, monitor and improve the quality and safety of the service 17(1)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The Registered Manager must ensure that staff receive appropriate support, training and appraisal to carry out their duties.</p> <p>Regulation 18(1)(2)(a)</p>