

Aldanat Care Limited

Peterhouse

Inspection report

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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 07 and 12 December 2016 and was unannounced. Peterhouse is a residential care home that provides care and support for up to eleven people who have a learning disability or autistic spectrum disorder. At the time of our inspection there were nine people using the service.

We last inspected this service on 05 April 2016 where a number of breaches were found. These related to a lack of oversight by the provider to ensure the service delivered was of good quality and safe. People's safety and welfare was compromised because effective quality assurance monitoring processes to identify issues that presented a potential risk to people were not in place. Necessary maintenance work to the environment, staffing numbers, cleanliness and measures to limit the risk of cross infection also required attention. Staff training was also insufficient to ensure staff could care for people with complex needs. At the previous inspection in April we had found five breaches of legal requirements in relation to Regulation 12, 15, 16, 17 and 18 of the Health and Social Care Act 2008. We issued a warning notice for regulation 12 which was to be met by 04 July 2016.

Following the inspection in April 2016, we received an action plan which set out what actions were to be taken to achieve compliance. A subsequent inspection on 09 August 2016 was then undertaken to follow up on the progress the provider had made in meeting the warning notice. At this time we noted that the provider had met the requirements of the warning notice and only the domain of safe was inspected in relation to the physical environment of the service which posed risks to people's health and safety. The inspection at this time did not change the current rating of the service. The overall rating and judgement from the inspection in April 2016 was inadequate and the service was therefore placed in special measures. Three domains of 'Safe', 'Effective' and 'Well Led' were rated as Inadequate at that time with two further domains of 'Caring' and 'Responsive' being rated as Requires Improvement.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

At this inspection we found further improvements had been made to meet the relevant requirements, however there were still some areas which required improvement. The service still required further time to ensure improvements implemented were embedded fully and would be sustained.

Whilst we are clear improvements were evident at this inspection we found breaches in relation to regulation 11 with regard to consent and a few continued breaches in relation to regulation 12 with regard to health and safety, and infection control, regulation 17 and regard to continued sustainably, provider oversight of the service and effective auditing, and regulation 18 with regard to effectively trained staff.

The service had a registered manager in post who was also the provider. Since the last inspection the provider had appointed a new manager, who was to take over the day to day management of the service and had been in post since July 2016. We were told an application for registration was to be submitted and the provider was in the process of doing this. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to people. The service still had some areas where the monitoring had not identified risk to people.. This was with particular reference to areas relating to infection control, food safety and the environment. Risks to people were being managed but the service was not always proactive in identifying and assessing the risk.

Recruitment processes were safe and we saw on the two days of this inspection there were sufficient staff on duty to meet people's care needs. Staff numbers had been increased since the last inspection.

The provider had appropriate arrangements to make sure people received their medications safely, Staff responsible for administering medicines had received training and were subject to competency assessments to ensure people's medicines were administered, stored and disposed of correctly.

Training had been delivered to staff, however not all staff had received sufficient training in dealing with people's behaviour which could place others at risk. Training was still not fully of a sufficient standard and detail which would ensure staff felt competent in their role and supported in relation to their responsibilities, to enable them to deliver care and treatment to people safely. We also found the manager's formal supervision programme was not yet fully embedded.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) . Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals and appropriate referrals had been made by the service. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. However care plans did not evidence fully how people made their decisions and a few staff we spoke with were not aware of how the mental capacity act related to the people in the service. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

People's capacity to make decisions was identified, but there was limited information available to show how people made decisions in relation to their care.

People's privacy and dignity was upheld when staff were carrying out care tasks. Care plans had all been reviewed and were written in such a way as to ensure that good care was supported effectively. Where people's health needs changed, external healthcare professionals were consulted and prompt medical attention was sought as required.

There was no comprehensive scheduled programme of activities for people. Activities were provided but this was not at a level which would meet everyone's needs all of the time.

Whilst we acknowledge that improvements had been made with infection control practices these were still not fully in place at the time we inspected and some further work to be completed was noted at this inspection.

Thorough systems for auditing the service were not yet fully effective to ensure that people received care which was safe and of a good quality. Systems and processes implemented required further time to fully embed and show as consistent approach to improving the service delivery. Improvements had been made but there were still a few areas where a lack of oversight did not fully ensure the service delivered was of good quality, safe and continued to improve. Monitoring addressed concerns identified at inspection but was not yet sufficiently embedded to identify further areas of improvement.

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

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 consistently safe.

Arrangements for assessing and managing risks and infection control across the service were not always effective and consistently safe.

Staff were aware of their responsibilities to safeguard people from abuse and were confident to report any such concerns.

There were sufficient numbers of staff available on the day of inspection to meet people's care needs and to keep people safe. However to ensure people's preferences of activity were met extra staff would be required.

Staff were recruited safely

The management of medicines were satisfactory. People received their medicines as prescribed, which helped to promote their good health and wellbeing.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had undertaken up to date training however it was still not fully clear how it effectively linked to the needs of the people they cared for.

Improvements were required so all staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

People's plans of care did not always show that decisions had been made for people in consultation with others. Improvements were needed in how people's consent and decisions were documented.

A varied diet was provided in good quantities and people received enough nutrition and hydration fluids that they needed to keep them well.

People were supported to access healthcare services when they needed them

The environment at the service required some closer monitoring for it to be sufficiently safe for people at all times.

Is the service caring?

Good ●

The service was caring.

People were happy with the approach taken by staff and we observed staff responding to people in a kind and friendly manner and being respectful of people's choices.

Staff had a caring and supportive approach to the care they provided for people. We observed caring interactions between staff and people who used the service.

People were cared for by staff who knew them well and staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Activities took place but a structured programme had not been developed and is an area for improvement.

People's healthcare was properly assessed and planned for, which meant people were not placed at risk from staff who were not properly informed. People's care was personalised.

Care plans guided staff in how people wanted to be supported in accordance with their needs and wishes

Appropriate systems were in place to manage complaints

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Auditing systems were in place to monitor the quality of the service being provided though these did not always identify shortfalls within the service and were not fully embedded yet to show how improvements had been sustained within the service.

Staff members we spoke with felt supported by the provider and new manager.

People were able to share their views of the service provided.

Peterhouse

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 took place on 07 and 12 December 2016 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements had been made by the provider following our comprehensive inspection on 5 April 2016.

Following the comprehensive inspection on 5 April 2016, we asked the provider to take action within a given timescale to make improvements to the physical environment of the service which posed risks to people's health and safety. We followed this up with a focused inspection completed on 09 August 2016. The actions taken were confirmed as completed at that time.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the previous inspector who had liaised with the Local Authority and asked them about their experiences of the service provided to people. We also looked at the action plan supplied by the provider and considered information which had been shared with us by the Local Authority.

We focused on speaking with people who lived at the service who were able to verbally express their views about the service. We also spoke with staff and observed how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people

who could not talk with us. We also observed the care and support provided to people and the interactions between staff and people throughout our inspection. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care and support in the lounge, communal areas and during the lunch time meal

We spoke with three people who lived in the service, five care staff members, the manager and the provider. We also spoke with members of the local authority safeguarding and quality improvement teams. Following the inspection we spoke with two relatives and two healthcare professionals.

We looked at four people's care records, staffing rotas and records which related to how the service monitored staffing levels. We also looked at information which related to the management of risk within the service such as infection control records, quality monitoring audits and checks on the environment. We looked at the premises and reviewed risk assessment and management documentation.

Is the service safe?

Our findings

At our previous inspection in April 2016, we found the service had not taken proper steps to ensure that each person was protected against the risks of receiving unsafe or inappropriate care. Staff were not appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to people safely. The registered person did not ensure there were staff in sufficient numbers deployed to meet all the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found concerns which related to the laundry, unsecure wardrobes and radiators, worn carpets, exposed wiring and outstanding actions to prevent the risks of Legionella in the water supply. We took enforcement action to ensure the provider made improvements to meet legal requirements and protect people from these risks in the form of a warning notice.

An action plan was submitted by the provider to us that detailed how they would meet the legal requirements.

We carried out a follow up inspection on 09 August 2016, we found the provider had complied with the warning notice served with regard to the facilities, equipment and practice within the service which did not protect people from risks relating to health and safety, fire, poor hygiene and infection control systems.

At this inspection some improvements had been made, however, there were still some additional infection control issues which were identified. We found a bathroom with a high level of condensation caused by a lack of suitable ventilation resulting in dampness and an odour. Whilst we note that this was rectified by the second inspection day when a new airvent was fitted. This bathroom had clearly been like this for some time and had a very damp windowsill which had the potential to harbour infection due to not being able to be effectively cleaned. One person's room was also noted to require cleaning and had not been. This person was assessed as at risk of ingesting non edible items. We highlighted some dirty tissue on the floor and the plastic backing of the curtain was also strewn over the floor. Staff were aware of this and told us, "The curtains should have been replaced but we have not got round to it yet." And, "Yes I noticed that this morning and meant to clear it up but have not managed to yet." There was a noticeable odour present in this room. Therefore, the lack of regular cleaning meant that, not only was the room in an unacceptable condition, the person was at risk of ingesting the rubbish from the floor. We were told that the cleaner attended to all of the cleaning matters, however they did not start their shift until the early afternoon.

Records showed, and staff confirmed, that infection prevention and control training had been undertaken by all staff since the last inspection, however we did not see in all cases that staff knew of the actions they should take to help prevent the risk of cross infection. We saw aprons and gloves were available for staff to use. We observed staff using the aprons and gloves appropriately at mealtimes and when delivering personal care. However we also observed staff wearing the same aprons and gloves in the kitchen to go upstairs and other areas of the home therefore increasing the risk of cross infection. We discussed with the provider the need for reference to the Department of Health guidelines for managing infection control within

care homes. They told us they had a copy of the guidance from the Department of Health website, however could not find it on the day of inspection.

During a tour of the service we noted that people's rooms now had stable wardrobes secured to the wall and which did not have any heavy items stored on top of them. This now did not present a risk to people's safety of items falling off the wardrobe or the wardrobe falling on top of them. One tall chest of drawers was however noted to be unsecured in a room where the person presented with challenging behaviours and could throw objects and potentially pull this piece of furniture down on themselves. We discussed this with the provider who told us they would have the furniture secured in the same way as the wardrobes to prevent any harmful risk to the person. We understood this was to be done as soon as possible following the inspection.

Whilst we found that improvements had been made, the provider was still not meeting all of the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

At our last inspection and this one, we found that measures had been put in place to reduce the risk of fire. The laundry facilities had been refurbished which included required fire safety precautions. Actions had been taken to ensure the means of escape from the premises in the event of an emergency could be safely and effectively used. These included a secure ramp for people who use a wheelchair, new emergency lighting and the removal of rust and moss from the fire escape steps to minimise a slip and fall hazard. The laundry facilities were designed to enable effective cleaning and minimise the risk of cross infection to protect people using the service, and staff, from harm. Where required protective coverings had been placed over radiators to protect people from risk of burns. Further improvement had also been made by replacing the stair carpet which ensured fraying did not reoccur and pose a trip hazard for people.

We saw accident and incident forms were completed appropriately and all incidents were recorded in each person's care file. Risk assessments and management plans were reviewed following an incident or accident. The forms were reviewed by the manager and analysed to identify any trends. The manager was aware of recent incidents discussed and notified to us and was able to tell us the actions taken and the outcome.

Staff were able to explain how they safeguarded people living at Peterhouse and who they would report any concerns they had to. We saw staff had received training in safeguarding vulnerable adults; this was confirmed by the staff we spoke with. One staff member said, "I would report any problems of that kind to the manager." Another member of staff told us, "We have had training in safeguarding and I feel confident in reporting any incidents." Staff were confident action would be taken by the manager, if they raised any concerns. We reviewed recent safeguarding incidents that had been reported and spoke with the manager. She was aware of any incidents and had ensured they had been reported to the local safeguarding team. This meant that the systems for reporting safeguarding incidents were in place and helped ensure that the people who used the service were protected from abuse.

Most people who used the service we spoke with, thought there were normally enough staff members on duty to meet their needs. One person told us, "I always get help when I need it." Comments we received from staff included, "We all work as a team and it is better now we have our own staff and the number has increased." And, "We used to have to share staff across here and the supported living service but we don't now and it is better for the residents as they get to see the same faces." From our observations throughout the inspection, we saw staff were busy at key times such as meal times and people did not have to wait for assistance for too long at these times. We saw staff respond in a timely manner to requests for assistance

throughout the day. For example we saw that one person who needed assistance with their personal care during a meal time was attended to with care and dignity as soon as they asked, without disturbing other people. We were also told that people went to bed at varying times so the evening and night staff were able to provide support as required.

On the day of our inspection we noted upon a review of the staff rotas that three care staff had been allocated for nine people alongside the manager who told us they also helped provide support to people. The provider was also in the service on the day of inspection and told us they had increased the time they spent in the service to visiting every day, to ensure an effective management presence. The cook was also noted to be the cleaner but only undertook cleaning duties at the service from 13.30pm when they had completed their kitchen duties. On the day of our inspection one person needed to go to hospital and a member of staff accompanied them. The manager ensured another member of staff came in earlier, and that this did not impact on the care provision provided to the other people.

We asked the new manager about staffing levels at Peterhouse. We were told a dependency scale is used from the pre-admission assessment to establish the staff required for each person. This is reviewed if a person's needs change and if additional support is required this is agreed with the provider and funding authority. We were told two people had additional one to one staff support on pre-arranged days during the week to meet their needs, and that extra staff were rostered accordingly to accommodate this. We were told and rotas we saw confirmed, that agency staff were not used very often at the service. Staff covered shifts when their colleagues were on leave or sick.

We recommend that the provider looks at ensuring sufficient staff are available at all times to provide support for people with their chosen preference of daily activity or outings.

We looked at the procedures in place to help ensure staff were safely recruited. Staff files included an application form, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. This meant that a safe system was in place to recruit staff suitable to work with vulnerable people.

Risk assessments were in place in care plans to provide staff with guidance on how risks should be minimised, however on the day of inspection we saw that staff were not always proactive in identifying the risk proactively to keep people safe. This was with particular reference to a person who was at risk of choking. Where people had been assessed as presenting with distressed behaviour we noted that staff provided a calming approach and diffused the situation using techniques and guidance described in the plan of care. Information in people's care plans and risk assessments showed that staff had details of how to de-escalate situations. For example, by offering people reassurance or using distraction techniques to calm people who may present with distressed behaviours. We saw this happen once during our visit when one person became distressed as another person had removed their clothes and was in a state of undress. Staff attended to this quickly and the distressed person was taken into another area to talk and calm down with a cup of tea. This therefore mitigated the risk of harm coming to the person or other people in the service.

We checked the systems that were in place to protect people in the event of an emergency. We found that personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept in each care plan so it was accessible to staff. These plans detailed if a person was independently mobile, required support from one person or would require two people to evacuate them as they were not mobile. This meant information was available for the emergency services in the event of the building needing to be evacuated.

Records we reviewed showed that the equipment within the home was serviced and maintained in accordance with the manufacturers' instructions. This included the water safety systems, fire alarm, call bell and emergency lighting systems. Records we looked at showed regular checks were carried out on gas and electrical items and the water system. This helped to ensure that people were kept safe.

The systems for checking medicines were effective. People told us they were happy with their medicines and they received their medicines when required. Comments included, "I get my all tablets ok." and "I just have to ask if I need any tablets." The staff received competency observation and training to ensure they administered medicines safely. The manager told us all staff had received updated competency and training in medication awareness since the last inspection. The training matrix shown to us confirmed this and staff also confirmed they had received this training. The service had a policy and a set of procedures to support staff in the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. The staff training programme included medicines management and a competency test. Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately and we saw an in depth audit had taken place in November 2016. We observed staff administering medicines, this was completed in an unhurried way with the staff member telling the person what they were giving them to take.

Is the service effective?

Our findings

At our inspection in April 2016, we found that staff training and development was ineffective and insufficient to ensure that people's needs were met.

We found at this inspection there was still some more work to do to ensure that staff were supported with effective training and development to ensure they were able to deliver care and treatment to people safely and to an appropriate and required standard. Whilst we acknowledge that a lot of training had been completed since the last inspection and staff training was up to date, training had still not been completed in all of the areas identified at the last inspection. The provider's statement of purpose stated that the service is predominantly aimed at providing support for people with complex needs and behaviours, some of the people had very complex needs and training was still required in areas such as challenging behaviour management and positive behaviour support. This was vital for people who may experience difficulties in communicating or managing their emotions and may use challenging behaviour as a way to express themselves. Training in these areas would support staff in preventing situations that may be challenging to others.

Our discussions with staff highlighted a lack of knowledge around the different types of complex behavioural conditions. For example some one person suffered from a specific autistic spectrum disorder and staff told us they had completed a basic course, however they did not feel this equipped them fully with the knowledge about autism and the different types. One staff member said, "It is ok but the training is basic. I would like to learn more." Another staff member told us, "I can communicate well with the people here as you get to know them but have not done any specific additional communication training or courses of that kind." Therefore it was still not fully clear how the training provided effectively linked to the needs of the people they cared for. As a result the staff could not fully demonstrate they had the skills necessary to support people fully.

Whilst we found that improvements had been made, the provider was still not meeting all of the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

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 the person lacks the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager carried out a mental capacity assessment at the first visit to a person, prior to

admission to determine people's ability to understand their care needs and to consent to their support. Then these were regularly reviewed especially if people's capacity fluctuated. The provider or the manager told us they met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests. The manager understood when applications should be made and the requirements relating to MCA and DoLS. The registered manager told us about the applications that had been made under DoLS to the relevant supervisory body, to make sure that any restrictions were lawful. At the time of our visit there were six people subject to a DoLS.

Care plans identified people's capacity to make decisions, but there was limited information in some about how people made decisions in relation to their care. Some of the plans of care we saw did not evidence consent had been sought from the person concerned or a significant other as there were no documents which showed that people had consented to the care provided and agreed to the contents of their care plans. We did not see in all care plans we viewed evidence that consultation with people or their representatives about health and welfare issues. For example one person was seen being assisted with a walk in the garden but required constant one to one supervision. We were told they chose to do this wearing no shoes as they refused footwear. Staff told us this is how this happens all the time however no thought had been given either to the comfort implications of this for the person and it was a cold, damp day. There was no clear guidance or rationale for staff in the care plan regarding the management of this either or that this was their choice or preference and the service had taken into account people's capacity and ability to consent. We discussed this with the manager at the time of inspection who confirmed they would address this and follow up any plans where consent was not evidenced effectively, They also told us they would look at how they can use a more inclusive approach to enable people to be more involved with this.

Staff knowledge and understanding of requirements of the MCA was found to be insufficient in some areas. Some staff recalled undertaking training in relation to the area but were not able to tell us how the MCA or DoLS were considered or implemented at the service. One staff member commented, "I find DoLS difficult to understand to be honest. I don't think anyone here has a DoLS, but I am not sure." Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). And most staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted, however some staff we spoke with were not so familiar and told us they had only completed basic e-learning which meant they may not be fully aware of current legislative requirements regarding people's consent to their care and treatment.

We identified this as a breach of the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent.

People's care plans included their medical history and detailed any health care support they required. Care plans also provided evidence that staff at the home worked positively with external professionals, such as GPs and mental health workers to ensure people's needs were met. Records showed that people were supported to access community health care and staff were able to identify when such referrals were appropriate. People were also supported to access routine health care, such as hospital appointments and dental services. We viewed the care plan of one person who had been taken to hospital on the day of inspection and had had experienced some deterioration in their health. We saw the manager and staff had been proactive in ensuring the person received prompt, appropriate health care support from medical professionals.

Systems were in place to ensure people who required a higher level of observation for example, food and fluid intake or physical health observations, were carefully supported. Records viewed of such observations

were well detailed and easy to follow, so that any patterns could be identified quickly. For example whilst observing the lunchtime meal we saw that four people were at risk of choking. Staff were seen to be alert to these needs and ensured people did not eat too fast and were supervised appropriately.

People's nutritional health was assessed and any risks they faced in relation to malnutrition or dehydration were well managed, where appropriate with community professionals, such as dieticians and speech and language therapists (SALT). We found good evidence in people's care plans that staff understood and responded to fluctuating nutritional risk, for example due to someone's mental health or general wellbeing. Four people had been assessed by a Speech and Language Therapist (SALT) as requiring supervision with meals and/or to have their drinks thickened to assist them with their swallowing because they were at risk of choking. We observed staff supporting these people with their meals and encouraging them to eat slowly and not too fast in one person's case. This was recorded in the person's care plan.

People enjoyed their meals at the service, and our observations corroborated this. People's nutrition and hydration needs were closely monitored to ensure they maintained good health. A review of care records evidenced monitoring of people's weight and support for people assessed as at high risk of malnutrition. The service appropriately assessed people's nutritional status and used the Malnutrition Universal Screening Tool (MUST) to identify anyone who may need additional support with their diet. People had been weighed regularly and where necessary referrals had been made to relevant health care professionals for issues related to swallowing, or specific dietary requirements.

We spoke with people who used the service about the standard, quantity and variety of food provided. The feedback we received was good. One person said they felt the choice of food was great and said, "We always get fed well here." Another person said, "I eat very well, I always like my meals and I can have more if I want it." We were told people were able to enjoy snacks and drinks throughout the day but that no person who used the service was allowed to enter the kitchen. Staff told us people had been individually assessed as to whether or not they could enter the kitchen safely. We found people had individual risk assessments relating to kitchen safety in their care files.

The manager was aware of the National Institute for Clinical Excellence (NICE) guidelines in relation to caring for people with learning disabilities. Each person had a file which contained documentation which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me' and 'Things that are important to me'. The manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support. We saw that one person attended a hospital appointment on the day we visited and that this process was followed. Each person was also offered an annual health check which looked at all aspects of their health and well-being. Records showed each person had regular access to other health professionals including dentists, opticians, GPs and hospital specialists to ensure they were as well as possible. Where guidance had been sought from healthcare professionals this was clearly recorded on people's care records.

Is the service caring?

Our findings

People who we spoke with told us they were happy with the service and with the approach taken by staff. The service was caring. One person who used the service said, "I like it here they (the staff) are like my friends really." And, "I am happy here, it's good. I like [staff member] as I can talk about anything." One healthcare professional told us, "The staff are always polite and know the people well." A relative also added, "The staff have time for people and that's important."

During our visit, we observed staff responding to people in a caring and considerate manner and we observed good relationships between people and staff. Staff interacted with people warmly and with respect. Where people were not always able to express their needs verbally, we saw that staff responded to people's non-verbal requests and had a good understanding of people's individual care and support needs. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility in overseeing their care and support.

We saw the atmosphere was calm and relaxed in the service. Staff were supporting people and carrying out their jobs without rushing. The staff team told us they felt more settled and they knew who to go to if they needed help or advice.

From our observations and from our discussions with people, we found staff had a good understanding of people's needs. We noted calls for assistance were promptly responded to and staff communicated well with people. It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate and clothing choices. One person said, "I like to stay in my room sometimes and get up later."

During our inspection we observed staff speaking with people in a kind, caring and respectful manner. We were told visitors could visit when they pleased and that they were kept informed of things that happened to their relative. Regular staff clearly knew people and visitors well. Staff we spoke with enjoyed working at the home and supporting people who used the service. One staff member told us, "I look forward to caring for the people here. Each day can be different but I do my best to keep the people here happy." We saw staff sit down next to a person and spend time talking to them. We saw their interaction was warm and respectful. We heard staff speak with people in a kind and caring way whilst supporting them to eat and also when offering a choice of meal and drink.

People were supported to make choices and decisions about their daily lives. We saw care files contained information about their tastes and preferences in the 'personal profile' section. There was a section on lifestyle choices and a communication care plan which indicated how people could be supported to communicate their preferences. Regular staff we spoke with had a good understanding of the needs of people. The care plans had a personal history of the person. This gave staff a rounded picture of the person and their life and personal history before they came to the service. This helped care staff understand what was important to the people they cared for and helped them take account of this information when

delivering their care.

The service had policies in place in relation to privacy, dignity, independence, choice and rights. Staff were seen to knock on people's doors before entering and doors were closed when personal care was being delivered. We were told people were offered a key to their bedroom door and noted one bedroom was locked at the person's request and they had their own key. This person told us they preferred their door to be locked when they were out and staff complied with this request. The members of staff we spoke with were aware of how to promote the dignity and privacy of people who used the service. Staff said, "I speak to the person and explain everything. I think that more important as some of the people here cannot communicate their needs effectively." Another staff member said, "I close doors and give people personal space." We saw that whilst people were receiving care, staff spoke encouragingly and reassuringly to them and informed them what they were doing and why. We saw staff knock on people's doors before they entered and speak with people in a respectful way.

Staff knew the needs of the people they were supporting and understood the meaning of person centred care. One member of staff said, "When you work in a caring profession you have to treat each person as an individual. I speak to people how I would like to be spoken to." Staff also described how they maintained people's privacy and dignity when providing personal care. Another staff member told us, "I always tell people what I am doing even if they can't communicate in the same way. I don't want them to be upset."

We looked at four people's care plans and found in the most part they, or their relatives had been involved in ongoing decisions about care and support and information about their preferred routines. This had not always been recorded but the manager said that this would be addressed and we saw all care plans had been fully reviewed since the last inspection. Evidencing people's involvement in their care would help ensure people received the care and support they wanted and needed. Support plans were updated in a timely manner when people's needs changed. One relative told us, "I am kept up to date with any changes the staff always tell me."

We observed staff using people's preferred titles and names. We saw people were dressed appropriately in suitable clothing. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us they tried to remain as independent as possible and staff would assist them when needed. Staff we spoke with told us they encouraged as many people to maintain their independence as long as they were safe to do so. Throughout our visit, we saw staff encouraged people to make their own decisions and prompted them to move around independently. This showed that staff promoted people's independence.

Staff had defined roles and understood their responsibilities in ensuring the service met the desired caring outcomes for people. We saw that people and staff had good and kind relationships. There were examples of good communication. We observed friendly interactions and respectful support provided to people. From staff feedback we could see they were interested in the people they supported and motivated to ensure people's experiences of care and support continually improved.

We did not see that there was information regarding independent advocates on display at the service. This service could be used when people wanted support and advice from someone other than staff, friends or family members. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. Whilst we acknowledge that at the time of our visit nobody was using the services of an advocate and that this information could be made available in people's individual care notes, we discussed advocacy with the manager who confirmed that this information would be made more readily available to people

Is the service responsive?

Our findings

At our inspection in April 2016, we found people were not supported to express their views or raise concerns.

During this inspection we found that improvements had been made in this area and people and their relatives felt able to raise concerns and felt confident that they would be responded to.

We found that activities were provided for people and individual activity plans were available, but it was not clear that a structured activities schedule was in place. Whilst we acknowledge that the home is small and scheduled activities were not actively planned, we discussed with the manager the potential increase of provision of activities suitable for the people who used the service. The information we saw in people's plans of care although individual was not detailed enough to evidence that activity provision was at a level which would meet the daily needs of all the people living at the service.

The activities seen on the day of inspection were not pre planned and not everyone participated in something. One person was just seen sweeping the dining area and another person spent a lot of time just sitting in the lounge area and another person in their room. One relative said, "I think they could do with some more outings." The manager told us that two people had extra one to one hours weekly and further advised that staff would be increased on days when those hours were used, however this was not planned for on the days of the inspection. Therefore some activities could only happen if they were pre-planned and sufficient staff had been rostered

Staff told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed and that people were encouraged to attend college where able. Staff told us that there were some activities available during evenings. For example two people went to a local club which had a disco. Staff told us they tried to promote a range of activities both inside and outside of the home. On the day of the inspection one person was arranging a shopping trip to purchase Christmas gifts and another person was making hand-made Christmas cards. Staff told us about a recent pantomime that people had attended, a Christmas party with food and a disco arranged by the staff. Two people had also been on a trip to Duxford air museum recently and one other person was in the process of discussing the arrangement of a trip to their favourite football club. Another person told us about the two Chinese water dragons the service had as pets and how the staff looked after them and they were a welcome addition to the lounge area.

The provider had just employed someone to the role of activities co-ordinator and they told us they were still developing their role and were shortly due to complete additional training on an activities course. They additionally told us they were in the process of developing new activity plans for each person and had started engaging with people on an informal one to one basis, however this had only just started.

We recommend that the provider looks at ensuring people are able to fulfil their chosen preference of daily activity at all times, and that this is clearly reflected in their plan of care.

Care plans had all been reviewed since the last inspection and reflected that people's preferences and choices were considered in the way their personal care was delivered. Our observations during the inspection showed that people's preferences were adhered to. For example one person who spent a lot of time in their room had a twinkling star board in their room and had just bought a projector and sensory light tube for their room. Their keyworker told us they enjoyed watching it when lying down and it created a calming atmosphere for the person.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. Each care plan had evaluation records, showing that staff had reviewed whether the care being provided met people's needs. We also saw evidence of care plans being changed to improve the way people were cared for when their needs changed. For example one person had required closer monitoring due to a deterioration in their health condition and this had been updated so the information was current in the plan of care. This is important as some of the people who used the service were not always able to communicate their preferences. Care plans covered areas such as mobility, hygiene, communication, continence, skin integrity, rights, finances, relationships, cognition and emotional needs.

We observed staff offering choices to people and responding to their wishes and requests made on the day of inspection. Some relatives we spoke with told us they were included in care plans and reviews and they felt informed of developments in their relative's condition. Relatives and visitors said, "The staff are very good, they keep me informed. I have not been to a review though." The manager told us she intended to make people's reviews more inclusive and also involve the people in the home with the recruitment of potential new staff. Staff told us there was a handover between all shifts. Handover documentation was completed to ensure staff had basic information about each person and any key information or events that had happened.

Where people required the input of an external healthcare professional, this was promptly sought and their guidance was acted upon. Care plans we checked evidenced that the way people were cared for and were changed and updated to ensure that external healthcare professionals' directions were incorporated.

At this inspection we checked records of complaints within the home since the last inspection, and saw that when people had made a complaint this was addressed promptly by the registered manager, and in accordance with the provider's own policy. People we spoke with said they would be confident to make a complaint if they wanted to, but told us that they had nothing to complain about.

Staff told us that they would recognise if anybody was upset and that they would address their concern immediately. People we spoke with told us they were happy with how the provider assisted them with their health needs, and praised the staff. No one raised any concerns when asked if they could describe anything they would like changed or improved. Given the needs of people living at the service the provider might like to further explore how to ensure that appropriate varying communication opportunities are explored to support people with any worries.

People who used the service we spoke with were not all able to tell us about raising concerns due to cognitive or communication difficulties and complex needs. The relatives we spoke with told us, they would feel comfortable raising issues and concerns with any of the staff, We looked in the complaints and compliments log for the home. We saw complaints had been responded to appropriately and action taken to address concerns. The new manager said if people were not happy with any aspect of the service they could talk to her and she would deal with it straight away.

The arrangements for making a complaint were described in the service user guide, which was given to all

people when they began using the service. The complaints process was on display in the communal area. People using the service and their relatives were encouraged to give feedback about the home. This was via an annual survey and regular meetings. A record of the latest audit for the service completed in May 2016, identified that the service's self assessment identified that improvement was required so relatives and representatives had a clear process to feedback any concerns or complaints. This showed that the provider had responded to feedback. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

At the previous inspection in April 2016, we observed there was no clear leadership oversight within the service. The registered manager position for Peterhouse was held by a director of the provider company. They did not have effective oversight of the service and had failed to recognise and act on the deteriorating quality of the service, despite concerns being raised with them.

At this inspection we noted that the provider had taken on board the issues raised, however it was too soon to show whether the implementation of the new processes and had been fully embedded and were being sustained. Due to further management changes in July 2016, it was not possible for the manager to show how the processes they planned to implement would have had a positive impact on the service yet. Whilst we acknowledge that progress was evident, the process of addressing any issues was slower than expected and the provider's response had been reactive in response to our previous inspection concerns rather than proactive. In response to our last inspection, the provider had drawn up an improvement plan to address all the issues identified however these had not all been completed at the time of this inspection. The new manager was positive during discussion that changes would be made and told us addressing the issues raised in the previous inspection had been hard work. They acknowledged they would require ongoing support from the provider to achieve this.

At this inspection we noted that although a formal quality audit process was in place, it was not established robustly enough to identify everything it needed to. For example we found four packets of expired meat products in the freezer which were not recommended for freezing. This showed there was ineffective monitoring of food stocks and their rotation in line with expiry dates. The last audit completed in November 2016 by the service did not cover this but gave some evidence to demonstrate some issues had been identified and actions were put in place to address some concerns such as gaps in recording for fridge and freezer temperatures.

The newly appointed home manager was also planning to carry out an audit for the whole service and develop staff monitoring systems further. A generic satisfaction survey which applied to the provider's services had been sent out to people living in the service, their relatives and healthcare professionals in February 2016. Of the 137 sent out only 38 responses were received. Areas for improvement were identified and these included things like regular supervision, the environment, the complaints process and staff rotas. This survey was sent to people, relatives and professionals of all of the provider's services combined and the provider was unable to identify which service the responses related to. Therefore information specific to Peterhouse was difficult to distinguish and there was very little information relevant to this service in order to assess people's view and get an understanding of the quality of the service provided. We were made aware the provider was still working through some of the actions and addressing some of the issues identified at the previous inspection and the information we were shown identified that the provider was due to review their action plan in the month the inspection took place. Due to a lack of systems in place and the manager only being in post a short time, it was too early to judge their effectiveness in managing the service as they were clearly getting to know what systems were already in place and what needed to be addressed.

At the previous inspection, we found the staff and residents and relatives meetings were not regular. We were told that meetings would be scheduled throughout the coming year. During this inspection we found some service users, relatives and residents meetings had been held however minutes had not been formally typed up and we were unable to assess any shared information about the progress of work, updates and changes discussed with those attending.

Staff received supervision and appraisal, however this had not taken place as regularly as it should due to management changes. We checked the provider's supervision and appraisal schedule and saw that appraisals were planned to take place annually, with supervision planned approximately every two months, although this had not yet been fully embedded. The manager at the home told us this was an area they were currently working on improving and was a main focus for them at the time of the inspection.

We identified that the service was therefore in a continued breach of regulation 17 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

We also noted that whilst the new manager had been on holiday, a notifiable incident had occurred whereby a person had been taken to hospital as a result of choking on a piece of food. This incident had been responded to appropriately. This incident had not been notified to us as required, and was only picked up as part of this inspection. The provider told us they thought it had been done, however agreed it had not been. Although we noted this to be a one off incident and that all other notifications had been submitted to us, the provider was advised that all notifiable incidents should be reported to us as soon as the incident occurs in a timely manner as required by law.

We recommend that the provider ensures all notifications as required by law are submitted to the relevant legislative body as soon as an incident occurs.

During this inspection, we reviewed the systems now in place to review, assess and monitor the quality of the service to ensure people received the care they needed. Some quality assurance systems were in place to monitor the quality of service and the running of the service. The manager and provider were present and supported us on both days of the inspection.

People said they could speak to the management when they needed to. The new manager shared their thoughts on new initiatives they wanted to implement such as themed subjects which related to the key lines of enquiry which we inspect against. They told us that various topics and issues were discussed to ensure the staff team addressed them as necessary. Most of the staff felt they could share information at the handover and daily meetings.

The majority of the staff agreed the management team was open with them and approachable, if they needed help or advice. The new manager was a clear visible presence within the service. We found the service had a positive culture that was person centred, open, inclusive and empowering. It had not always shown in the past there was a well-developed understanding of equality, diversity and human rights and put these into practice. During this inspection we found the atmosphere and team situation had changed for the better. The staff told us that things had improved.

People, relatives and staff were pleased to see there was a home manager appointed. We received a lot of positive comments about them and the way they approached their work at the service. The home manager introduced themselves to all the people living at the service and would visit them daily to see how they were. Everyone felt the home manager had helped build the team work and communication. The management team worked with the staff team to ensure they understood it was everyone's responsibility to look after and

support people who used the service. The management team praised the staff for their work, willingness and support to address the issues and sort them out.

Staff were motivated to help improve the service and discuss how the recent changes had improved things. The management team were developing and had plans which needed to be further developed to ensure the staff team were consistently supported in their roles. Staff displayed appropriate values and behaviours towards people.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider has not always ensured that all people using the service, and those lawfully acting on their behalf, have given consent before any care or treatment is provided. The provider must ensure that they obtain the consent lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for.</p> <p>This is a breach of Regulation 11 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider has failed to maintain the effective assessment of risk to the health and safety of service users receiving care and treatment, and doing all that is practicable to mitigate any such risk in relation to infection control and the environment.</p> <p>This is a continued breach of Regulation 12 (2) (a) & (b)</p>
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 provider has not ensured established systems are fully embedded and</p>

operated effectively to assess, monitor and improve the quality and safety of the services provided.

This is a continued breach of Regulation 17 (1) & (2) (a & b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered provider did not ensure that persons employed at the service received appropriate training of a sufficient standard to enable them to carry out their duties they are employed to perform. Also that staff were enabled to obtain further qualifications relevant to the work they perform. This would ensure they were suitably qualified, competent and skilled to care for the people in the service.

This is a continued breach of Regulation 18 (2) (a & b)