

GCH (Peregrine House) Limited

Peregrine House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 inspection took place on 30 June 2016 and it was an unannounced inspection.

Peregrine House is a residential care home providing accommodation and care for up to 36 people who are older and people who have mental health and physical disability support needs. Peregrine House is a purpose built home where accommodation provided is divided into four units on two floors. It is part of Gold Care Homes.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 December 2014 the service was found to Require Improvement overall. There were two breaches concerning medicine administration and the guidance given to staff in risk assessments to minimise risks to people and others. We found these breaches had been addressed at this inspection.

During our inspection visit we found three breaches concerning people's legal rights, maintaining premises and auditing.

The service had applied for Deprivation of Liberty Safeguards (DoLS). These are a legal requirement under the Mental Capacity Act (2005) when people do not have the capacity to agree to their care and treatment. However they had failed to renew the applications when these had expired. This meant the service was not upholding people's legal rights.

We found that some parts of the premises were not being maintained appropriately for the purpose for which they were used. For example one kitchenette needed work surfaces replacing to maintain good levels food hygiene when preparing food. The hairdressing room and a bathroom had items stored in them and the outside courtyards were not kept in a manner that was inviting for people to use. The signage around the service was poor and did not consider the needs of people with a cognitive impairment.

The service undertook auditing to ensure the quality of the service offered. There had been a change in the way auditing was undertaken in May 2016 but the new system had not had sufficient time to embed. We found that there were some areas such as supervision, Deprivation of Liberty Safeguards and people's money records that were not being audited in a robust manner.

We found the service had systems in place to enable the staff to recognise and report safeguarding adult concerns. People and the environment were risk assessed to minimise the risk of harm. There was guidance to staff in the risk assessments we looked at.

Medicine administration and storage was undertaken appropriately and staff administering medicines could tell us what medicines were used to treat people. The service had systems in place for the auditing of medicines administration.

Some people told us there was not enough staff, however we saw the service had increased some staffing levels, had changed the rota, and had organised shifts to ensure staff were available at busy times. Bank staff were used to cover staff absence.

Not all staff had received supervision in a timely manner. There was however an induction period and training to support staff to undertake their role.

People were supported to receive appropriate health care services.

Some people liked the food at Peregrine House but others did not. People were supported to eat and drink enough to remain healthy but we recommended the service consider how they could work with people to improve their satisfaction with the food served.

People had individualised care plans that specified their preferences with regard to their care, however information in the records was sometimes difficult to find due to the format used. The service was in the process of changing to a more accessible format.

The service responded well to complaints by investigating and addressing the concerns. They kept a complaints matrix to enable them to recognise trends in the service.

People, staff and relatives spoke positively about the registered manager. There were regular 'residents' meetings and feedback forms.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

Good ●

The service was safe. The service had systems in place for the safe administration and storage of medicines.

There were robust recruitment processes in place to ensure that staff were safe to work with vulnerable people.

The service risk assessed and reviewed risk assessments to maintain people's safety.

Staff told us how they would recognise and report safeguarding adult concerns and the service had systems in place to report safeguarding adult concerns appropriately.

Is the service effective?

Requires Improvement ●

Is the service effective?

The service was not always effective. The service had not upheld people's legal rights as they had not made applications to the statutory body to review people's Deprivation of Liberty Safeguards when they expired.

Staff did not always have regular supervision to support them to undertake their work.

Staff supported people to access medical health care services in a timely manner.

People were supported to eat a healthy diet and remain hydrated.

Is the service caring?

Good ●

The service was caring staff maintained people's dignity and showed respect.

Staff supported people to meet their diversity needs.

People were involved in their care planning.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. The activities were not always person centred.

The premises and equipment was not always maintained in an appropriate manner and consideration had not been given as to how people with a cognitive impairment would find their way around the service.

The service had systems in place to record, investigate and address complaints.

Is the service well-led?

The service was not always well-led. The systems for auditing did not always identify and address concerns.

There was an experienced registered manager who understood their role and responsibilities.

The service worked in partnership with other agencies.

Requires Improvement 

Peregrine 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.

This inspection took place on 30 June 2016 and was unannounced.

The inspection team included an adult social care inspector and a specialist advisor who was a doctor with experience of all aspects of care in particular care for the elderly and the administration of medicines. There was also an expert-by-experience, a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with thirteen people using the service and one visitor. We looked at seven people's care records and medicine administration records and pathway tracked six care records. This means we looked at all the documents associated with people's care and checked that aspects of these were occurring in practice. We looked at ten people's money transaction records. We spoke with six members of staff and the administration officer. We also spoke with the registered manager, the deputy manager and the visiting group operations manager and regional manager. We looked at seven staff files. This included staff recruitment documentation in addition to staff training, supervision and appraisals.

Following the inspection we spoke with one relative and the commissioning body.

Is the service safe?

Our findings

Several people told us they felt safe at Peregrine House saying for example: "I feel safe here, I feel at home." We saw the service had recorded and reported safeguarding concerns in an appropriate manner. Staff had received safeguarding adults training and could tell us how they would report safeguarding concerns. There was a safeguarding adults and whistleblowing policy and procedure for staff to refer to. In addition there were safeguarding adult posters displayed by the staff room to remind staff of their responsibilities to report concerns.

People had risk assessments in their care records that were specific for their circumstances. For example, one person who had the capacity to go out of the service unaccompanied had a risk assessment to address this. This was to ensure protective measures were put in place to support their freedom and to keep them safe. The protective measures for staff to undertake included ensuring the person's motorised chair was fully charged before they left the service, that they had their medicines with them and that they told the service where they were going and what time they expected to be back, this risk assessment had been reviewed appropriately. Other risk assessments included the risk of a person becoming depressed. The assessment identified how the symptoms of depression presented for the person and protective measures to avoid a relapse. Measures to be carried out by staff included preventing isolation by encouraging the person to come out of their room and go for a walk. Also the risk assessment stated what actions to take if the person showed significant signs of changing mood. This assessment was reviewed on a monthly basis. Examples of other risk assessments included finances, falls, moving and handling, communication and dietary need. We saw risk assessments were reviewed and updated, frequency was dependent on the level of risk and changing circumstances.

The service was risk assessed. Risk assessments undertaken included to prevent slips, falls and trips, of the floors and stairs, kitchen safety such as use of the hot fat fryer, hairdressing and cleaning substances. The risk assessments were up to date and some staff, but not all, had signed to say they had read the risk assessments. There had been a recent incident on a stairway and the service had responded by putting doors with key pads that required a code to gain entry to the stairs. People who had capacity to use the stairs safely were given the code. The service recorded accidents and incidents. Each incident was recorded under the person's name and type of incident and there was a matrix to allow the registered manager to identify trends in the service. This was used to identify possible areas of risk.

Staff had received fire prevention training, there was fire prevention equipment that had recently been replaced, and the fire exits were kept clear. There was a fire safety emergency plan. People had a personal evacuation plan and people at high risk had a red sticker on their bedroom door to show they were at high risk and would require support to evacuate. There was a quick reference list for staff of people who would require greater support should an evacuation be necessary. The maintenance worker tested the fire alarms on a weekly basis and the emergency lighting system was serviced in 2015 to ensure that it was in full working order. A simulation fire drill had taken place in May 2016. Some people liked to smoke and there was a designated smoking area for people to use outside the building. There was a smokers' fire safety risk assessment that said people must not smoke in the service. This had been signed by most staff to say they

had read the assessment.

There was hand wash and paper towels available and staff wore protective equipment such as gloves and aprons when supporting people. Staff had received infection control training. There was a prevention and control of infection policy and a waste disposal policy that outlined how the risk of infection would be managed by use, for example, of waste sacks and designated bins. Staff had signed in 2015 a risk assessment with regard to exposure to bodily fluids. However, during our visit we saw a yellow waste bag in a bathroom with a toilet. The bag contained a number of soiled pads and was left open. We brought this to the attention of the registered manager who requested staff remove the bag. However, when we checked thirty five minutes later the bag was still there. This was an infection control hazard and would have been unpleasant for people using the bathroom or toilet. We brought this to the attention of the registered manager who said they would address this with staff as a matter of urgency.

Some people told us that medicines were not administered at regular times: "You can't predict the times. People get anxious about it and you wonder when it's coming. Different people do it, too. I've never seen the staff doing it today before." Another person said they noticed that sometimes a morning and midday medication round were almost overlapping. If this was occurring there would be a risk of people receiving medicines without enough time in between. We asked the registered manager how the time of the medicines administration was managed. They told us that there had been only one senior employed to do the medicines administration each day but they had changed this to two seniors in recognition that it was a lot for one staff member to do in a timely manner. This now meant the breakfast medicines were administered promptly. They also explained that there were only a few people who had lunch time medicines and staff always ensured they had their breakfast medicines first so there was an appropriate gap before the lunch time medicines.

There were systems in place for the safe administration of medicines. We looked at medicines records and found there were no errors. We observed medicine administration and saw that the administration was done correctly in a pleasant manner. The staff member was patient with people and encouraging. They were able to tell us what medicines were used to treat.

The medicines storage room was kept locked. The controlled drugs cabinet was maintained in a secure manner. The temperature of the medicines storage room was controlled and checked daily and signed by the staff member who checked the temperature. On the day of our inspection the room temperature was appropriate for the storage of medicines. The controlled drugs record book showed the drugs allocated to the relevant person. All entries were double-signed and the audit trail was accurate. We saw there was regular auditing of medicines by the registered manager.

The service had systems in place for the safe recruitment of staff. Prospective candidates completed application forms and were interviewed. References were requested, disclosure and barring checks were made and proof of identity obtained before staff commenced work at the service. There was a probationary period with a review meeting to assess staff's suitability for the role.

Some people told us that there were not enough staff, for example: "There are only two people on at night. They are short-staffed." Another person said: "Sometimes care calls are answered promptly and at other times I can wait up to 10 minutes." On the day of our inspection staff were able to meet people's support needs and we heard the call bell being answered quickly. We saw there were staff on duty to cover the planned shifts. The rota showed three staff worked at night; two support staff and one senior staff, which the registered manager confirmed. They explained they had recently changed staff hours from shifts of 7.5 hours to a 12 hour shift. They had supported some staff that had family commitments by breaking up the shift but

the emphasis was on having staff at the busier times of the day. They had employed two senior staff in recognition that one senior staff was needed on each floor and to administer medicines in a timely manner. Bank staff worked at the service to cover staff absence when required. The registered manager showed us they had just interviewed more bank staff to ensure they had an adequate bank staff to call on if required.

Is the service effective?

Our findings

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. 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).

Staff were able to explain how they got people's consent and we saw staff ask people's consent before supporting them. For example, a staff member administering medicines told people what the medicine was and told us how they understood to try different approaches if the person refused the medicine initially explaining they could not make people take it if they did not wish to.

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. We found that Peregrine House as the managing authority had applied for DoLS for specific people from the statutory body appropriately, having taken into account the mental capacity of people at the service to consent to their care and treatment. However the seven DoLS applications that had been originally made were now out of date as they had expired in December 2015. Applications for the statutory body to review had not been made by Peregrine House. As such they were not upholding people's legal rights under the DoLS.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13.

Most staff told us they received supervision, they thought about once every four to six weeks. Staff said they found it helpful and relevant to their work. However, one member of staff said they had not received supervision for a long time. We looked at staff supervision records and found that most staff had received supervisions, sometimes every two months and sometimes every three months throughout 2015 and 2016 and they had a yearly appraisal. However one staff had not received supervisions since November 2015 and had received no appraisals and another staff had received supervision twice in 2016 but had none recorded for 2015 and their last yearly appraisal was in 2014. We asked the registered manager and deputy manager about this. They looked but could not find a reason such as absence for these staff members to explain the gaps in supervision. The staff supervision policy stated that supervision would take place every two months. This is important because supervision allows staff to have a designated time to identify their support needs and allows staff to raise any concerns.

Staff had received training to support them in their work with people. New staff received an induction programme and shadowed experienced staff. We saw one staff member who was covering both day and night shifts shadowed both types of shift to understand what their different duties would be. There was a probationary period with a twelve week review to see if staff were suitable to continue to work in the role.

Staff had undertaken training in moving and handling, fire safety awareness, safeguarding adults, MCA and DoLS, health and safety, and food hygiene. Some staff had received training to enable them to meet people's specific needs such as training in first aid. There were posters displayed on each floor about who the first aiders were and where the first aid points were. Some staff had received dementia awareness and mental health awareness in January 2016. The registered manager explained further training is planned so that all staff will attend this training.

Staff were supporting people with their health needs. Staff had attended recent training on completing the Malnutrition Universal Screening Tool (MUST), an assessment tool to assess if people are at risk of malnutrition or obesity. We saw, for example, that one person had a MUST assessment because of their low weight. The person was frail and a wheelchair user so they also had a Waterlow assessment, which is a tool for assessing skin integrity. Measures taken to prevent pressure ulcers developing included use of a pressure relieving mattress and detailed skin care. The assessments were reviewed monthly.

Staff could tell us about both people's physical and mental health conditions. We saw the service had responded quickly and appropriately when a person refused to eat for three days. The person was diabetic and had a mental health diagnosis. The GP had been called for advice with regard to the diabetes and the mental health team had visited the person. Staff had acted in a timely manner. The recordings regarding the person were appropriate.

People told us that they were able to visit the GP, for example: "I go across the road to the doctor when I need to" and that staff arranged this for them. We saw that people had been supported to attend the GP and district nurses visited to undertake numerous nursing duties such as giving insulin and dressing wounds. People had access to other appropriate health care professionals such as psychiatrist and neurology clinics.

Some people liked the food offered at Peregrine House and told us: "I like the food and I get extra when I want it" and "the food's ok." But a number of people were not happy with the food. We observed one person did not eat their mid-day meal and told us: "I am never happy with the food." Another person told us: "The food is nothing special although we get a nice roast on Sunday. They ask you what you want and there is a choice between a hot meal and a sandwich. That's it. Obviously you don't look forward to the food." Another person told us they did not like the way the food was prepared. We talked with the registered manager who told us one person was supported to cook their food in the kitchen as they had raised the way the food was prepared was not to their taste.

We observed lunch time on two floors and found that support was appropriate. There was a relaxed and easy relationship between the staff and people during the meal. There was a notice to visitors saying they were happy for people's relatives to assist with supporting their family member to eat, but asking them to avoid telephoning at lunch time in order that people can enjoy their meal. We saw that two people had pre-ordered quiche instead of the shepherd's pie that was served. The shepherd's pie, quiche and accompanying vegetables looked appetising. Staff asked when it was served if people would like accompanying vegetables and gravy. There was custard and cake to follow. When people finished their meal, they were asked if they would like more.

We saw the service catered for people's dietary needs. One person told us they had diabetes and that they were looked after: "I have insulin and the nurse comes in three times a day to give it to me and I have sweeteners in my drink." We saw people being supported to eat a pureed diet as their care plans stated and there were clear guidelines available for staff. However, we observed that in the guidance for one person's support to eat that they were to be given a spoonful of food and a sip of water alternately. The food presented to this person was pureed and the staff regularly addressed them by name in order to engage

their attention, but we observed that the staff did not alternate food and drink and presented several spoonful's to them in quick succession. We brought this to the attention of the registered manager who agreed to address this.

We checked if people were being offered fluids to keep them hydrated. We observed drinks sitting near people within their reach on tables and heard drinks being given to people in the morning and afternoon. At lunch time each person had a glass of fruit juice or water and they were offered top-ups of this. Two members of staff told us that they checked whether people had taken a drink on an hourly basis. The service was meeting people's dietary needs and was encouraging people to remain hydrated.

We recommended that the service undertake work to identify how they could further meet people's meal time preferences.

The service was purpose-built and had wide accessible corridors and doorways to enable people to move around with ease.

Is the service caring?

Our findings

One person told us they enjoyed living at the home: "I've been here several years. It's nice". Another person said: "It's lovely here, the staff are very nice" and a third person told us: "I'm happy here and the staff are good as well." However, some people spoken with did not like living at the service and one person thought the staff were not very caring. Relatives we spoke with found staff friendly and respectful.

Some people said they felt staff were friendly but that staff were just too busy to stop and talk to them. One person said: "No one asks me my news" and another commented: "There's no one to talk too, no conversation, the carers are too busy." One staff member told us: "There is not a lot of time to talk" but another staff said: "They've (people) have all got their different ways of communicating, you just have got to get to know them." We saw that staff were often in the lounges with people, though sometimes doing paperwork. Interaction with people was professional and staff used a friendly tone of voice when speaking to people. However, we did not see any staff sitting with people and just conversing with them. Interaction was about the person's needs such as "would you like a drink?" or "are you OK?" These interactions were kindly in tone but we noted times when staff did not go up to people to speak to them and instead called across the room. On one occasion a staff member called out from the kitchen to someone and could not be seen by the person. This was not good communication so we raised this with the registered manager who agreed to address this with staff.

Two people told us: "I know I've got a care plan but I haven't spoken about it." We saw some people had been involved in their care planning and had signed their care plans and agreed to risk assessments. People's relatives told us they had been involved in care planning when their family member moved to the service but had not been involved in recent years. The registered manager and a staff member told us: "We talk to residents about their care plans." There was a key-work system. This is a system where a staff member is allocated to a specific people to ensure their care planning is up to date and is used as a point of reference for relatives. We could see where relatives had spoken with staff about the care plans. Staff told us that they regularly looked at and added to care plans. Care plans were reviewed monthly or sooner if there was a change.

Care plans stated people's diversity wishes, for example, one person's stated they liked to attend a specific church. There was a Sunday service once a month for people to attend if they wished. Another person's care plan stated they were in danger of forgetting their culture due to a cognitive impairment and staff were to remind them of their culture and maintain their lifestyle by telling stories from the person's history and playing dominoes. Cultural and religious festivals were observed and dates displayed on an annual planner that identified for example Christmas, Easter, Ramadan and the Jewish New Year. There were also secular cultural events named such as black history month, Mother's day, Wimbledon tennis weeks and Bonfire night. The service celebrated people's birthdays and there was a birthday invite to people to attend someone's birthday celebrations at a local Pub.

We saw that staff respected people's privacy and dignity. People were supported to look smart and clothes were changed when soiled. Staff knocked and waited to be asked in before entering people's bedrooms.

There was a confidentiality and data protection policy that staff had signed and care records were kept in a confidential manner.

People had end of life plans that stated their wishes. Some people had completed 'do not attempt resuscitation' forms that stated clearly if they wished for resuscitation to be attempted in the event of their death.

Is the service responsive?

Our findings

People's care plans reflected their wishes and guidance for staff was generally detailed. For example, one person's plan specified they required two people to transfer and that they liked to have their wheelchair belt on at all times when sitting in their chair. This had been signed by the person to say they agreed to this. In addition the support the person required to wash was detailed and the product brands they preferred to use were named.

We found that although the information for staff was in people's care records it was not in a format that made it easy to find information quickly. Alphabetic index tags were used but there was no logical system to the way documents were inserted behind the letter tags. We saw that some care plans were in the process of being put into a new format where there was a ten point index that would make people's records more accessible for staff. The registered manager told us they had recognised the system was not readily accessible as it usually took new staff days of induction before they became familiar with the existing system. The registered manager had proposed the ten point system and we found the new format a significant improvement on the existing system as it was easier and quicker to find information.

Some people liked the activities on offer. One person told us: "They are treating me very well. I like everything about the home. I like the food, I love bingo." Another person said they really enjoyed the dominoes days. A third person said: "The activities need to be improved. There are not enough." The service employed an activities co-ordinator for 30 hours a week. However, they were not present on the day of inspection. There were group activities advertised. On the day of our visit there was a coffee morning and people were supported to attend. There was loud music playing but although staff were serving people coffee, there was little conversation from staff with people and the loud music made it difficult for people to converse between themselves. Weekly activities advertised included games sessions, news, art and 'stay fit' sessions. We saw some impromptu activity such as an ice cream van calling at the service we were told this occurred on a regular basis and in the afternoon of our visit people were sitting having ice cream in cones with chocolate flakes, people looked happy and were smiling and talking to each other. Notice boards gave details of local events such as festivals. We noted some people with a more advanced cognitive impairment were sitting and not engaged actively with the group activities. Consideration to activities that might be meaningful to them should be given.

The service had some good facilities for activities but these were not all being utilised to their potential. Near one of the lounges there was a library area and a member of staff told us that the books there were changed regularly by the mobile library. We did not observe anyone using this area during the day of our visit but it was a welcoming quiet space. There was a hairdressing room which we were told was used when people requested the hairdresser but it was being used for storage when we visited and a number of items would have needed to be moved before it was accessible to people. We noted that the bathrooms on each floor were being upgraded and new flooring was put in place, however, some bathrooms had stored items in them, for example walking aids and a mattress. One person complained to us that the bathroom they used had a mattress in there and that a shower room alternative was out of order and had not been repaired in a timely manner. We brought this to the attention of the registered manager who explained that finding

storage was sometimes a difficult. They told us the shower room floor needed to dry out completely before further work continued. The mattress was removed by the end of our visit. In addition we saw in one of the kitchenettes that the food preparation surface was very worn in places and there were a number of areas where the Formica surface had broken away leaving exposed areas of chip board. This looked tired and in need of replacement and was also a hazard as it could not be cleaned effectively following food preparation we brought this to the attention of the registered manager.

The outside space was limited to a small courtyard areas which did not have any plants or inviting seating. One larger area, which we were told had been used for barbecues, had uneven paving and there were no plants. These areas could be made more accessible and appealing, but there was little incentive for people to visit them. People with cognitive impairments would have found it difficult to locate the outside areas as there were no clear signs and people who are unable to go out by themselves had little alternative but to stay indoors as there was nothing to engage them in the outdoor space.

The registered manager told us that new dining chairs and crockery were on order to replace tired looking chairs and chipped plates. The units were being redecorated and units that had previously been colour coded such as the Poppy unit with red doors were now being repainted white. Although this looked fresher and more inviting there was not clear existing signage. For example, on people's bedroom doors many did not have their name or an identifying feature and we noted one bedroom without a person's name or a number. We raised this with the registered manager that existing signage should be clearer and if the units were going to be all one colour then the service must further consider how they orientate people who may have cognitive impairments to find their way around the service.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 15.

One person told us: "The manager is great; any trouble and she sorts it out." The service recorded people's complaints and what actions they had taken to investigate and address them appropriately. The complaints matrix included complaints addressed from both people and their relatives. The registered manager gave us an example that a complaint about food was addressed by her facilitating a meeting between the chef and the person. There was a complaints policy and procedure available to staff. The registered manager explained that unless the complaint was about a specific staff member she shared complaints with staff so they would be aware of any concerns and how they were addressed. There were posters explaining how to complain on each floor but we noted often they were high up and not easy to read as the print was small. We brought this to the attention of the registered manager.

Is the service well-led?

Our findings

The service had an experienced registered manager who was clear about her responsibilities and role.

All people, relatives and staff spoke positively about the registered manager. People said: "She's very good; you can talk to her about anything." Relatives told us: "The manager is very nice and always there for advice." Staff told us: "Our registered manager is one of the best managers you can find" explaining that she could always be contacted at any time and was very supportive.

The registered manager held residents' meetings every six weeks and staff meetings every six to eight weeks but also had reactive staff meetings to address any concerns immediately. They also had an open office time set aside for staff to come and discuss any issues they might have. People were encouraged to come to the office at any time. There was a 'Resident's feedback' form displayed to support people who did not wish to raise issues or give compliments directly.

The Group Operations Manager and Regional Manager who were members of the provider's Quality Assurance Team told us that the way the service was audited and quality assured had changed from May 2016. Under the new system there had been an in-depth quality assurance visit by team members in May who conducted a review to ensure Peregrine House was offering a high level of service. The registered manager was sending a weekly audit that covered areas such as accidents and incidents, pressure ulcer care, medicines, care plans, maintenance and activities. They gave examples that the new dining chairs and curtains on order were a direct result of the new audit system. The system had started in May 2016 so although we could see it was taking place there had not been enough time to embed the system. Prior to this we saw there had been audits undertaken by the registered manager. She described how she would walk through the home on a weekly basis checking different areas such as administration, kitchens, housekeeping and laundry. There was also a weekly health and safety check undertaken by the registered manager and deputy manager. The registered manager had undertaken medicines and care plan audits.

However the audits had not identified and addressed a number of issues such as the lack of supervision for some staff and that a number of DoLS applications had not been reviewed. In addition we found that the system for recording people's spending of their monies looked after by the service was not robust and this had not been captured by the audit process. The registered manager was the appointee for some people living in the service. An appointee looks after and manages someone else's benefits when they are not able to do so. Some people had their own appointee who was a family member and the service looked after and recorded their day to day spending when they were unable to do this for themselves. We looked at records of people's financial transactions and counted their money to ensure that there were safe systems in place. We found six errors out of the sample of ten people's money we looked at. Two people did not have their last receipt recorded or numbered by staff as the protocol stated. There were four wallets where there was a discrepancy between the amount recorded and the amount in the wallet. For example one person's wallet was short by £1 and another was short by 20p, but there was £5 too much in a third. We saw that at the bottom of the safe there were numerous coins that had fallen out of the wallets. The amounts involved were small but the service was not looking after people's money in a rigorous manner to ensure mistakes were

not made. As such there was potential for larger errors or abuse to go unnoticed. We had looked at the money with the registered manager present. She agreed to replace the wallets, some of which had holes in them, and to ensure that all people's money records were audited and discrepancies noted and corrected. Audits undertaken had not identified or addressed this issue.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17.

The service had asked people their views and a survey was carried out in August 2015. The results were shared in a survey analysis. The registered manager told us that another survey was in the process of being sent out at the time of inspection by the provider. The registered manager informed us that relatives' surveys, were following our inspection visit, on display at main entrance, for relatives to take away and return. The registered manager explained it was their intention to discuss and address any concerns raised by the survey at the relatives meeting.

We spoke with a health and social care professional from a commissioning body who visited the service on a regular basis and told us the registered manager engaged well with them and was responsive to any observations they made.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment DoLS applications were not renewed therefore the service was not upholding people's legal rights.

The enforcement action we took:

None

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises were not maintained in an appropriate manner

The enforcement action we took:

None

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was not effective audits to identify and address concerns.

The enforcement action we took:

None