

Apex Care Homes Limited

Peter's Place

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Peter's Place is a residential care home with nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was a large home, bigger than most domestic style properties. Peter's Place was registered to support up to 13 people. There were 13 people with learning and physical disabilities using the service at the time of the inspection.

People's experience of using this service:

Peter's Place was larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by staff approach to ensure each person was treated as an individual with personal preferences being at the forefront of care. This is known as person centred practice.

Due to these person centred practices the outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

The provider had a good understanding of registering for the right support and trying to ensure that people's needs could still be met in a way that focuses on meeting their preferences and wishes.

Peter's Place provided good care and responded positively to people's wishes and preferences.

Staff treated people very well and communicated using a variety of methods such as speech, sound, touch, gestures and objects. This meant they met the various communication needs of each person.

Staff spoke respectfully when talking to people. Staff upheld people's dignity and privacy in the way they treated them.

Risk assessments and care plans in place in people's care files and were updated regularly.

People were supported to have the most choice and control of their lives and staff supported them in the least restrictive way possible. However, the records in the service did not reflect this practice. Information about who could legally make decisions on behalf of people unable to consent for themselves was inaccurate. We spoke to the registered manager about this and they agreed to review the files.

Systems for managing medicines were robust. However, staff did not always complete the records and medicines audits conducted or reviewed by the registered manager did not pick up the concerns highlighted during the inspection. We discussed this with the registered manager.

The registered manager completed a range of audits such as care files, health and safety, medicines, and

internal quality audits. However, as with the medicines, these audits did not pick up other areas noted by the inspector during the site visit.

The human resources manager conducted robust recruitment processes including criminal checks and past employment history to ensure the staff are safe and suitable for the role. Staffing levels were good and appropriate to meet the needs of the people receiving care.

Care files had a certain amount of out of date information in the file and risk assessments signposted to other documents. This could cause confusion for staff to know what people's current needs were.

Staff skills and knowledge of people's preferences and needs were very good. Staff received regular training and supervision as well as on the job mentoring.

People had good access to healthcare as needed and staff had a good understanding of how people's health and sensory needs affected their responsiveness and ability.

Staff and relatives gave very positive feedback about the management team, senior management and human resources staff. Staff told us they were happy to work at Peter's Place.

Peter's Place met the characteristics of good in most key areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: At the last inspection Peter's Place was rated good in all five key areas of safe, effective, caring, responsive and well-led (The report was published on 05 April 2016).

Why we inspected: This was a planned, comprehensive inspection based on the rating at the previous inspection. This inspection was unannounced.

Follow up: We will continue to monitor the service and revisit areas found for improvement at our next inspection.

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

Details are in our Responsive findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Responsive findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Responsive findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Peter's Place

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out this inspection over two days.

Service and service type:

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

Notice of inspection:

This inspection was unannounced on the first day and announced on the second day. Inspection site visit activity started on 28 January 2019 and ended on 29 January 2019. We visited to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). A PIR is a document that providers are required to send us detailing key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke to one person using the service.
- Spoke with one care staff, the activities and outings co-ordinator, two senior care staff, the general manager, the learning disability lead and quality development manager, one human resources staff, the

deputy manager and the registered manager.

- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- Gathered information from two care files which included all aspects of care and risk.
- Looked at three staff files including all aspects of recruitment, supervisions, and training records.
- Health and safety and servicing records.
- Records of accidents, incidents and complaints.
- Audits and surveys.
- Medicine records.
- Observation of medicines being administered.

Following the inspection, we reviewed further evidence sent to us by the provider in relation to policies, compliments and achievements. We also spoke to five relatives to gain further insight into people's experiences of the care at Peter's Place.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Medicines were mostly safely managed and administered. There were robust systems in place for auditing medicines used daily and the related medicine records.
- Medicines that were used only when needed should have been audited weekly. We found this had not been completed for at least three weeks prior to the inspection. This was being reviewed by the provider.
- The registered manager conducted regular competency assessments with staff and observation of practice.
- Medicines were securely and correctly stored.

Systems and processes to safeguard people from the risk of abuse

- People told us, "Yes, my relative is most certainly safe. There is always adequate staff at Peter's Place and if my relative says something staff are always aware and act on things. Staff then give me feedback as well."
- Staff had a good understanding of safeguarding and how to report any concerns.
- Staff received safeguarding training and the manager reinforced this during staff meetings.
- All incidents were appropriately managed and reported to the correct authorities.

Assessing risk, safety monitoring and management

- People were safe, care plans and risk assessments were in place and regularly reviewed to make sure they met people's current needs.
- However, care files also had a certain amount of out of date information and signposted to other documents. This could cause confusion for staff to know what people's current needs were.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people. The registered manager covered vacancies with regular agency staff to ensure continuity of care.
- The registered manager implemented robust recruitment procedures ensuring all staff were checked for criminal records and their previous employment history.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons along with good hand hygiene practices to prevent the spread of infection.
- Notices around the service told people, visitors and staff how to help minimise the risk of infection.
- People, staff and visitors had access to anti-bacterial hand gel placed around the service.

Learning lessons when things go wrong

- The registered manager shared lessons learnt amongst the team at meetings and supervision.

- There was good communication about changes in legislation and peoples changing needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's relatives confirmed that they were involved in the reviewing and planning of people's care.
- Staff respected people's choices which they indicated by use of sound and gestures.
- Staff were very knowledgeable about people's preferences and needs.
- One staff told us, "People are treated as individuals within the group as they all have separate needs, likes and dislikes. There are never two people exactly the same. I do like that and the staff because they are also giving a good level of care."

Staff support: induction, training, skills and experience

- Staff told us, "The managers often ask us if there is any other training that we would like to have to improve our skills and abilities but it is all met at the moment"
- One relative said, "Staff certainly seem to have the right skills. There was one occasion when my relative suddenly went very ill while I was there and staff's response was immediate, appropriate and excellent."
- Staff received a thorough induction prior to working alone, including on the job mentoring, use of equipment and time to read care files.
- Staff received an ongoing training programme which met the requirements of the role and supported safe practices.

Supporting people to eat and drink enough to maintain a balanced diet

- Catering staff prepared meals for each person based on their known likes. On the day of the inspection we saw choice being offered and last-minute changes made.
- Meals were prepared to meet each person's dietary needs such as specialised diets and soft or liquidised food.
- The registered manager sought the advice of external health professionals for people who had specialised dietary requirements.
- Meals were presented attractively and liquidised food made to look like solid food to encourage a good appetite.
- People ate their meals in an unrushed environment. To promote a positive meal time experience for people, trays were dressed with napkins. We saw that condiments were also freely available.
- We saw that drinks and snacks such as fruit and biscuits and juice were offered regularly.
- We saw a lot of chatting from staff with the person they were supporting. This resulted in good natured banter, positive gestures and laughter during meal time.

Staff working with other agencies to provide consistent, effective, timely care

- The staff at the service worked closely with outside health professionals. This meant people received the

care and treatment they needed at the time they needed it.

- One relative told us, "The last time my relative went into hospital the hospital staff were extremely complimentary about how my loved one was being cared for by Peter's Place staff."
- The staff team were seen working together to ensure that activities and plans ran smoothly at a time that was suitable for each person.

Adapting service, design, decoration to meet people's needs

- Staff were very proud of a new sensory room that had been funded and built in a quieter area of the house. We saw people using it throughout the day of the inspection.
- Relatives were also pleased about the sensory room. One relative told us, "Peter's Place have a sensory room now. My relative likes to use this to listen to music."
- The service had a well-maintained garden area for people to access to make the most of outdoor space.
- The environment was very clean, odour free, well-kept and people's rooms were personalised.
- There were lots of noticeboards displaying useful information as well as daily, weekly and monthly plans, events and activities.
- The environment was very homely and the use of space enabled people to choose types of activities and levels of noise they preferred.
- However, at times some rooms were quite small for people who used wheelchairs to pass through if other people were already in the room. We saw that some people had to move out of some rooms to let others pass before returning. This could be disturbing for people if they were relaxing or focused on an activity.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access a doctor when needed. Other health professionals worked closely with staff to ensure effective healthcare was given.
- Staff had a good understanding of how people's sensory needs might affect their responsiveness and ability to take part in promoting good health.
- The service also incorporated events and activities to support people's well-being such as healthy eating cooking sessions and supporting people with exercises.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider had ensured that the DoLS process was being followed for people.□
- However, people's files had information which was not clear in relation to what type of decisions could be made on their behalf. For instance, some people had a Deputy appointed by the Court of Protection to make decisions for them about property and finance. Information in two people's files suggested the Deputy was also making decisions about people's welfare. However, welfare was not stated on the Court of Protection paperwork.
- We discussed this with the provider and the registered manager. The registered manager could show evidence where they had already asked for a review with people's families and social workers in relation to a 'do not attempt resuscitation order that was no longer valid.

- The registered manager also agreed to review the decision-making procedures for people to confirm which decisions their representatives could legally make on their behalf.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff provided good care and responded positively to people's individual wishes and preferences.
- Relatives told us, "We do not need to make an appointment. We just pop in and our relative is always shaven well, clean and dressed nicely. Staff have maintained what they would have liked previously when able to do this for themselves."
- Staff were very caring towards people. They showed great patience in their approach to people.
- Language used by staff towards people was respectful. Staff upheld people's dignity and privacy in the way they treated them.
- Staff understood the Accessible Information Standard which asks that information is presented in a way each person can understand. People's communication needs were identified, recorded and highlighted in care plans.
- We saw evidence that the identified information and communication needs were met for individuals. For example, staff used regular gentle touches of people's arms and shoulders or holding their hand, used specific phrases and ensured good eye contact when speaking to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff treated people very well and communicated using a variety of methods such as speech, sound, touch, gestures and objects.
- This met the various communication needs of each person and enabled them to voice choice about their care and activities.
- One relative told us, "My relative has options and things are discussed with them. I know from my relative if they did not want to do something they would not do it. They have no problems...whatever staff are doing they are doing it right as my relative is engaging with them."

Respecting and promoting people's privacy, dignity and independence

- Staff were very passionate about ensuring that individual needs can be met and that people were well cared for.
- One staff told us, "We use a person centred approach. We involve families to make sure we have the right information. It is a very homely home and a close-knit family feel. Staff care and want people to have things the way they want it while still encouraging their independence."
- A relative told us, "I love Peter's Place for my relative...from day one staff have been really good. My loved one was still quite independent and was enabled to go to the supermarket and do their own shopping. As their condition worsened staff have altered things to suit."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us about going to visit dogs and the pub for beer and were smiling and laughing when recalling this.
- Staff facilitated personalised activities that people reacted to with enthusiasm and laughter, talking and getting fully involved.
- Staff were very skilled at presenting some activities as sensory experiences for each individual person encouraging participation and awareness.
- For example, during a cooking session each person present was supported to touch, smell, see, hear and taste each step of the process. People got very excited at these times and were smiling and laughing and reaching out to get involved.
- Another person was supported to be on the outside of the activity as they were known to enjoy watching but did not like to get too close.
- Some people did not like it when things get noisy so were supported to access the sensory room with staff to relax and enjoy the quiet.
- People had very personalised reviews for annual reviews.

Improving care quality in response to complaints or concerns

- It was clear to see that staff were responsive to people's moods and reactions and adapted their approach or activity in response.
- The registered manager told us the process for responding to complaints and showed they had a clear complaints policy in place. However, we could not find written evidence of complaints as these were not always recorded.
- Relatives and staff told us they were confident to approach any of the management team if they had a complaint and felt they would be listened to.
- One relative told us about a time when there had been a concern but were very pleased that the provider had reported to all the appropriate agencies and kept their family well informed at every stage of the investigation. They confirmed that more measures had been introduced to reduce the risk of the situation reoccurring.

End of life care and support

- Policies and processes were in place to support people receiving end of life care sensitively and appropriately.
- The service was not currently supporting anyone who needs end of life care.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One relative told us, "Peter's Place is not a big company it is a small family business and you get more of personal touch that way. I am very happy at the moment."
- "The provider had a good understanding of registering for the right support and trying to ensure that people's needs can still be met in a way that focuses on meeting their individual wishes."
- While the documentation did not always support this approach, the standard of personalised care and support practised by staff showed a clear culture of positive behaviour support. Activities were tailored to meet individual needs and preferences.
- Some of the daily notes were not written in-line with the person-centred approach that was clear in practice. We discussed this with the registered manager who explained this was being checked and staff given training and support to develop their report writing skills.
- The management team and care staff were all very passionate about ensuring they gave high quality care and had a good understanding of their responsibilities.

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

- The registered manager completed a range of audits such as care files, health and safety, medicines and internal quality audits.
- However, these audits did not pick up areas noted by the inspector during the site visit. This included a medicine error and medicine stock check processes not being followed. There were inaccuracies around who could make legal decisions for people unable to consent for themselves. Some documents were missing such as current DoLS paperwork, gaps in staff files and missing health and safety records.
- These records were able to be found over the two days of the inspection but had to be searched for in other locations. This meant that the quality assurance processes in place were not effective.
- The registered manager and staff team were all able to define their roles and how to put these into practice.
- The registered manager and staff team all understood the impact of good care on the people they were supporting.
- The registered manager did not always show effective management of the service.
- Documentation was not consistent or structured to ensure clear and easy access to information required by staff to safely support their current needs.

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

- People and staff gave very positive feedback about the management team, senior manager and human resources staff and felt very supported by them.
- Staff told us they were happy to work at Peter's Place and supported well by the management team. For example, staff said, "I found Peter's Place to be a happy place" and "I like it at Peter's Place and am happy with what I am doing and with what the other staff are doing."
- Regular meetings were held for people, relatives and staff to be able to contribute to the service and raise any concerns.
- One relative told us, "The manager does not contact me that regularly but if staff know my relative needs something or staff have a concern about my relative's health they will call me."
- Relatives also told us they were sent annual feedback surveys. Relatives were not informed directly of the outcome of these surveys but were aware of outcomes being shared on the noticeboard in the home.

Continuous learning and improving care

- The registered manager was aware of environmental changes that would benefit people living with sensory needs and had implemented some of this already.
- The registered manager had clear goals for improving the service and building on the quality of care provided.

Working in partnership with others

- There was evidence of networking and continuous learning and improvement and working in partnership with others.