

Peacehaven House

Peacehaven

Inspection report

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12 February 2016

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 & 12 August 2015, at which breaches of legal requirements were found in relation to management of medications, safe care and treatment, staffing, fit and proper persons employed, person centred care and governance.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on the 12 February 2016 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Peacehaven' on our website at www.cqc.org.uk

Located near Southport town centre, Peacehaven provides accommodation and personal care for up to 55 people. Shared areas include two dining rooms, three lounges, and a conservatory on the ground floor. A lift is available for access to the upper floors. There is an enclosed garden to the rear of the building and parking to the front. A call system operates throughout the home.

There was a registered manager in post. 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.

During our last inspection in August 2015 we found there was lack of individual assessment around the risk of falls. During this inspection we looked at individual falls risk assessments for people who lived at the home, and found the management of the risk relating to this was much improved and people were better protected against these risks

We found that the risks associated with the administration of medications was improved.

Staff recruitment procedures were robust and all relevant recruitment checks had been undertaken before staff started work.

We saw that staff were up to date with mandatory training.

We saw that people received support from other medical professionals when needed, and had their care provided in way which was meaningful to them.

There were audits in place to monitor the concerns identified at our last inspection, and we saw during this inspection the provider had made significant improvements to their auditing systems.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. This meant that the provider was now meeting legal requirements.

Checks and audits were made to medication practices to improve the quality of the service.

Staff were recruited appropriately, and pre-employment checks had been conducted on staff before they started working at the home.

Risk assessments were in place around falls, and there was a system in place to manage these risks when they occurred.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for safe at the next comprehensive inspection.

Requires Improvement ●

Is the service effective?

Staff training had recently taken place and we saw that all staff had been trained in all mandatory subjects.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

We saw that the provider had implemented a new system to ensure there were control measures in place to monitor people's safety in the home. Care plans we looked at were detailed and

Requires Improvement ●

were personalised to suit the needs of each person.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for responsive at the next comprehensive inspection

Is the service well-led?

The registered manager had a new quality assurance system in place which monitored the quality of service. We found this auditing was consistent and had addressed the issues identified at our last inspection.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for well-led at the next comprehensive inspection.

Requires Improvement 

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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 focused inspection took place on 12 February 2016 and was unannounced. The inspection was completed to check that improvements to meet legal requirement identified at the comprehensive inspection on 11 & 12 August 2015 had been met. The inspection was undertaken by an adult social care inspector, a Specialist Nursing Advisor and an Expert by Experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We inspected the service against four of the five questions we ask about the service; Is the service safe, effective, responsive and well-led? This is because the service was not meeting legal requirements in relation to these questions.

Before our inspection we reviewed the information we held about the service and reviewed the provider's action plan, which set out the action they would take to meet legal requirements. At the visit we spoke with the registered manager. We looked at medicine administration records (MARs) for all of the people who lived in the home; we looked at medication audits and PRN [give when required] medication. We looked at the care files for four people, staff training records, and five staff recruitment files, as well as other documentation relating to the running of the home.

Is the service safe?

Our findings

During our last inspection in August 2015, we found that the home was not always ensuring staff were of good character by carrying out the required recruitment checks before they started working at the home.

During this inspection we looked at how staff were recruited in the home and saw that this procedure was much improved and the staff files we looked at contained all relevant documentation relating to the safe recruitment of staff. We spoke to staff and asked them about their recruitment process. The staff that we spoke with told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks were completed before they could start work. A DBS check is a process to ensure that staff are suitable to work with vulnerable adults. The provider was no longer in breach of this regulation.

. During our last inspection we were concerned because risks to people's safety were not always reviewed effectively. We found the provider was in breach of regulations relating to this. This was particularly the situation with regards to how falls were managed at the home. During this inspection we checked to see that people who were at high risk of falls had suitable risk assessments in place and if referrals were made when they needed to be. We saw the provider had taken steps to ensure people's risk assessments were updated and we saw evidence that risks to people were being managed well. This included referrals to the falls clinic when needed. The home used separate incident and accident recording forms for different types of falls. This enabled the service to analyse any falls in more depth. For example, we saw that any RIDDOR reportable forms were being reported using a different coloured form to any falls which resulted in no injury or minor injury. The provider was no longer in breach of this regulation.

We looked at how medications were managed in the home. During our last inspection, the provider was not ensuring the safe management of medicines and we found they were in breach of this regulation. We found during this inspection, that the procedure relating to medications had improved. We saw medication was stored appropriately, and was administered by staff who were trained to do so. We observed the medication round and saw this was completed appropriately. We also audited the MARS (medication administration records) and found that stock balance checks were accurate. . We did notice that eye drops were still in use 37 days after opening. The eye drops should have been discarded 28 days after opening to ensure they were safe and effective. We highlighted this to the registered manager during our inspection and this was dealt with straight away.

Is the service effective?

Our findings

During our last inspection in August 2015, we identified concerns with regards to the induction, supervision and training of staff. We found the provider was in breach of regulations relating this. Records we looked at did not correspond with what staff had told us about their training, and training dates were not available for us to view.

During this inspection we looked at how staff training was managed in the home. We saw that staff induction had improved and all new staff were required to undertake the Care Certificate when they commenced work. The Care Certificate is 'an identified set of standards that health and social care workers adhere to in their daily working life.'

We spent time looking at staff training records and saw all required training had been updated accordingly. We spot checked some of the staff training certificates to ensure they matched the dates documented in the training matrix. We found that all dates matched, and the provider was no longer in breach of this regulation.

There was a supervision schedule in place, and we saw that supervisions were regularly completed and staff we spoke with confirmed this. We saw that supervisions had taken place between December 2015 and February 2016. This meant that staff received appropriate training and support to assist them in their role.

Is the service responsive?

Our findings

During our last inspection in August 2015, we found the provider was in breach of regulations relating to provision of personalised care.

During this inspection we looked to see how care was personalised to suit the needs of people living in the home. We found that care plans were improved and incorporated personalised information about each person and how support should be provided to that person. For example, we saw that a new document had been introduced which captured information about each person before they came to live at the home. We saw that one person liked to be dressed smartly in a shirt and tie, and their care plan stated that this was always how this person liked to dress when they lived at home; we saw this person and could see they were dressed in a shirt and tie. Another person's care plan stated they 'had a sweet tooth' and enjoyed a warm drink before bed. We checked with that person and they confirmed they were offered a warm drink every night. This showed that the provider was providing care based around the individual preferences of the people living in the home. The provider was no longer in breach of this regulation.

Is the service well-led?

Our findings

During our last inspection in August 2015, we identified concerns around the systems and processes which were in place to improve and monitor the quality of service. We found the provider was in breach of regulations relating to this. We looked at the provider's action plan, which they had sent to us after our inspection in August 2015 to see what action they said they were going to take. We saw at this inspection, that the provider had made improvements with regard to the quality assurance and auditing processes within the home.

We found during this inspection, the provider had a thorough auditing system in place which looked at falls, incidents, accidents, medications and staff recruitment. These were areas where we found concern during our last inspection because the previous auditing systems had not identified the issues we highlighted in these areas. We found that audits took place every month, and a detailed action plan was completed by the registered manager following the audit. For example, we saw that one audit had identified that a person's risk assessment needed updating, we checked and saw that action had been taken following this audit. This meant that systems in place to assess the quality and safety of the service were effective." The provider was no longer in breach of this regulation.