

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Peter's Place is a 'care home' providing personal and nursing care to 13 people at the time of the inspection. The service can support up to 13 people. Each person has their own bedroom and ensuite, some of which have a shower facility. In addition, people can access shared living areas including a sensory room, a spa bathroom, a shower room, dining areas and a lounge. A garden is at the rear of the property which is accessible to people living at Peter's Place and their visitors.

People's experience of using this service and what we found

Right Culture:

A quality assurance system was in place however, this had not addressed all shortfalls identified at this inspection. The provider told us they had developed a new quality assurance system which was planned to be implemented at the service.

Relatives were involved in the care planning and review process. The provider promoted engagement with external professionals where required to ensure people had care which was tailored to their needs.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood the value and importance of providing care which was dignified and respectful. One staff member said, "Staff are caring and work together as a team putting people first."

People were supported in a safe and clean environment. People were encouraged to personalise their rooms. A wheelchair accessible lift was in place to enable all people living at the service access to shared living areas.

Staff had received training and applied their skills and knowledge to provide safe care. Medicines were administered by trained staff.

The activity co-ordinator was passionate about their role and motivated people to access activities of their choice. People were supported by the staff team to access the community and pursue personal interests.

Right Care:

Staff had received training on how to recognise and report abuse. People received care which was kind and caring. People were supported by skilled staff who knew them well and were aware of people's needs and preferences.

There were enough appropriately skilled staff to support people safely. Staff were aware of how people communicated and supported them to make decisions and choices.

People's care plans and risk assessments provided guidance and information to support people safely, providing strategies for staff to de-escalate distressing situations for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Peter's Place on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by one inspector, a medicine inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Peter's Place is a 'care home'. People in care homes receive accommodation and nursing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 September 2022 and ended on 12 October 2022. We visited the location's service on 22 September 2022 and 27 September 2022.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 16 September 2022 to help plan the inspection and inform our judgement. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We completed observations of care to help us understand the experience of people who could not talk with us. We spoke with seven relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, quality improvement manager, service support manager, deputy manager, senior nurse, registered nurses, activity staff and care staff.

We reviewed a range of records. This included six people's records and 10 people's medication records. We looked at four staff members files and one agency staff file in relation to recruitment. A variety of records relating to the management of the service were also reviewed. These included training records, incident and accident records and quality assurance processes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were unable to tell us if they felt safe. We completed observations of the interactions between people and staff. People were comfortable and relaxed with the staff and were observed smiling and laughing together whilst engaging in activity.
- Relatives told us they felt the care was safe. One relative said, "I think [family member] feels safe. [Family member] is chilled and relaxed. Their body language tells me they feel safe."
- Staff had received safeguarding training and were confident in recognising signs of abuse. Staff told us they would report concerns to the registered manager or to external organisations including the safeguarding department of the local authority or Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Care plans and risk assessments had been completed for each person, which were regularly reviewed and updated. However, for one person there was a discrepancy recorded in the care records relating to dietary requirements. For another person they were recorded to have a catheter in place, however this information was no longer accurate. The staff team were consistent and familiar with people's needs and there had been no negative impact as a result of these discrepancies. We discussed this with the registered manager who took immediate action to address the discrepancies identified.
- Where required, specialist equipment had been put in place to support people's safety. This included the provision of pressure relieving mattresses and epilepsy monitoring alarms.
- Environmental and equipment safety checks were completed regularly by the maintenance department and actions taken where required.

Staffing and recruitment

- There were enough staff to support people safely. During the inspection we saw staff deployed appropriately throughout the service. Where required, people had one to one care and support.
- A process was in place to ensure suitable staff were recruited to the service. Pre-employment checks were completed by the provider. Employment gaps of new staff members were explored, and Disclosure and Barring Service (DBS) checks had taken place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by

prescribers in line with these principles.

- Medicines were administered by trained and competent staff.
- The Medicines Administration Records (MAR) we reviewed showed that people received their medicines as prescribed. However, when people were prescribed creams and other topical preparations, it was not always clearly recorded where these were applied. This was discussed with the registered manager at the time of the inspection who took immediate action to address this.
- Some residents were prescribed medicines to be administered 'when required' (PRN). Protocols were available to guide staff on when it would be appropriate to administer PRN medicine. However, we found that when people were prescribed more than one PRN medicine for the same condition, protocols lacked person specific detail to guide staff to make an informed choice between the PRN medicines. For example, we saw one person was prescribed two different PRN medicines to manage pain, however, the protocols did not inform staff which one should be considered to be administered first. Staff we spoke with were able to consistently explain in detail which PRN medicines they would administer when and why. There was no negative impact as a result of this shortfall, and we were assured people were receiving the appropriate PRN medicine when required. We discussed this with the registered manager who took action immediately and updated PRN information in people's records.
- We reviewed several care plans and found information about people's medical conditions were included and regularly reviewed. We saw changes to medicines or communication from other healthcare professionals were recorded in care plans. This meant that all staff had access to up to date information about people's medicines.
- Medicines were stored in accordance with current regulations.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had reviewed the visiting policy and updated this in line with government guidance.
- Visitors were welcome to visit the home freely. One relative told us, "Now it is more relaxed. I am able to visit when I want and have [family member] stay overnight with me."

Learning lessons when things go wrong

- Incidents and accidents were investigated, and the findings shared at staff meetings to support reflective learning and drive improvements.
- Following a recent medication error, the registered manager had spoken with staff and amended paperwork to reduce risk of re-occurrence.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Staff completed pre-assessments with people and their families prior to moving to the service. In addition, people were encouraged to visit the service as part of their transition plan before moving to the home. This enabled people and their family's opportunity to familiarise themselves with others living at the home, staff and environment.
- Relatives told us they were involved in the assessment and review process. One relative said, "I am totally involved and supported in the review process." Another relative told us, "I am involved in reviews and receive a copy of the paperwork afterwards."

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction which included mandatory and specialised training, shadowing of experienced staff, orientation to the service and familiarisation of people and their care needs.
- Staff told us they felt their induction prepared them for their role and felt supported by the registered manager.
- Relatives told us they felt the staff had received training and had the skills required to support people. One relative said, "Staff skills are pretty good. How they speak to [family member], the tone of their voice is calm, that's a major thing. Communication calmness is better for [family member]. What I have seen when staff support with moving and handling seems correct."

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

- We observed a calm environment, with relaxed interactions between people and staff at mealtimes. Care plans contained information to enable staff to provide appropriate meals and support. For example, staff ensured one person had specialised crockery and cutlery to enable them to retain their independence.
- Dietary notification forms were shared between staff and the catering department to communicate people's nutritional needs. This ensured people's specialised dietary needs were met.
- People were provided a choice of meals. Staff provided a 'taster' sample for a person who was visually impaired to support them with meal choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked closely with health professionals to maintain people's health and well-being.
- On the day of inspection, a health professional was conducting an assessment for one person. The health professional told us the staff were attentive to people's needs and made appropriate referrals in a timely

manner.

- One relative told us, "[Staff] are very, very good. If people need to see a doctor, they get one straight away." Another relative told us, "[Family member] recently had a lot of dental treatment. Staff provided good support. I take my hat off to them; they did a sterling job."

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

- The environment had a homely feel. People and their relatives were encouraged to personalise their family members room with photographs and other personal items and furnishings.
- A sensory room was available for people to use when they wished.
- A shared garden area at the rear of the property was easily accessed by people and their visitors.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Where required DoLS applications had been made for people who lacked capacity and authorisations were in place.
- Care plans contained information to support decision making. Where people had been unable to make a decision due to their inability to understand, records contained information of best interest decisions and who has been involved in this process. One relative told us, "[Family member] is always offered a choice. If [family member] is unable to understand, staff go down the best interest route."
- Staff had received MCA training and were knowledgeable of how to support people in making decisions. For example, the activity co-ordinator told us how, through using pictures and a handheld computer, people were supported in making a decision regarding an outing to the zoo.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A review conducted by the CQC prior to this inspection, identified the provider had not submitted required notifications regarding the renewal of DoLS authorisations, which is a requirement and responsibility of their role. The provider had taken immediate action to address this shortfall, and staff were updated on the process of submitting notifications to the CQC in a timely manner.
- The provider had a quality assurance system in place. However, this had not identified the gaps we found during our inspection. For example, medicine audits had not identified the shortfalls within the PRN protocols or recording of use of topical creams. The provider shared with us a new governance system which was to be introduced to the service to improve the quality and standard of care. This required time to be fully embedded in the service to ensure it was robust in addressing shortfalls and driving change.
- The structure of the home had been developed to include a quality development manager. This manager provided additional support to the registered manager and staff team, whilst overseeing the implementation and embedding of the new governance system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider understood the needs of people living at the service and shared their vision and values with the staff team. One staff member told us, "The management pay a lot of attention to people who live here and puts them first, creating an environment which is inclusive for everyone."
- A relative told us, "The staff know [family member] well now. They provide person centred care and are aware what will be received well. They've got it right."
- Relatives and staff told us they found the management team to be visible in the service and supportive.
- Relatives and staff were encouraged to share their views of the service through various means including meetings, supervisions and surveys. The findings of surveys were displayed in the foyer on a "you said we did" board and included information advising of steps planned to improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints were investigated, and apologies made to people and their relatives, with an explanation of actions which would be taken to improve the care and support.

- Relatives told us they felt confident that concerns and complaints would be listened to and acted on. One relative said, "I raised an informal complaint a while ago regarding poor staff hygiene, I never witnessed it again. [Registered manager] apologised profusely and thanked me for telling them and said they would make enquires and look into it."

Working in partnership with others; Continuous learning and improving care

- The provider engaged with external health and social care professionals to ensure appropriate care and support was in place.
- People's records contained guidance and advice provided by health professionals including the dietician, SALT team and learning disability team.
- The provider participated in several care forums and shared information, guidance and good practice with staff to support driving improvement.