

Aikmo Medical Limited

Peregrine House

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

Peregrine House is a residential care home providing personal care for up to 40 people aged 65 and over who may be living with dementia in one adapted building. At the time of this inspection 34 people were living at the service.

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

Governance systems had been developed and improved since the last inspection. These needed further development to ensure they clearly detailed areas of the service that were being checked and actions taken to improve the service.

People told us they were happy and felt staff had a good understanding of their care and support needs. Support was delivered in safe way by a consistent team of staff who had the skills, knowledge and relevant training to support people. Management encouraged staff to continuously develop their skills.

Medicine support was delivered in a safe way. Safeguarding concerns had been referred to the local authority when required. Risks to people were recorded, but the level of risk had not always been identified. The registered manager took action to address this. Accidents and incidents were monitored and recorded.

Staff communicated with relevant professionals to ensure people received the healthcare support they required. People were provided with a variety of meals which they told us they enjoyed.

People were treated with dignity and respect and their independence was promoted. Staff understood the importance of social interaction and this was encouraged. People had opportunities to take part in stimulating and enjoyable activities. Consideration was given to people's specific interests and how participation within the local community could be encouraged.

Staff spent time getting to know people and their life histories. They understood the importance of this, which stimulated meaningful conversations and activities. Care plans contained person-centred information and people's end of life wishes were clearly recorded.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in decisions and their choices were respected. Information was presented in a way people could understand.

People and staff spoke positively of the management team. The registered manager was passionate about ensuring people received the support they required. Regular feedback on the service provided was requested from people and relatives and action was taken when shortfalls were found.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring 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.

Peregrine House

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors 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

Peregrine House is a 'care home'. 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 had a manager registered with CQC. This means 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used all of this information to plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with eight people who used the service and seven relatives. We spoke with six members of staff,

which included care staff, the cook the deputy manager and the registered manager.

We viewed a range of documents and records. This included three people's care records and eight medication records. We looked at two staff recruitment and induction files, two staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two professionals to ask for feedback on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems were in place to identify and reduce risks to people.
- Risks to people had been identified, assessed and recorded.
- All equipment had been serviced at required intervals. Cell bells checks were now in place and recorded.
- Accidents and incidents had been recorded and appropriate action had been taken when accidents or incidents occurred. These had not always been signed off by the registered manager to show full oversight. We discussed this with the registered manager who addressed this.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines on time; staff stored, administered and recorded their medicines appropriately.
- Where people were prescribed 'as and when' required medicines appropriate protocols and recording was now in place.
- Staff had received appropriate medicines training and their competencies were assessed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I feel very safe. I came here after I had a few falls at home and I have not had any since. They look after me very well."
- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.

- Staff understood how to respond and report any safeguarding concerns. They had received regular training and demonstrated an awareness of their responsibilities.

Staffing and recruitment

- Safe recruitment processes were in place. All appropriate pre-employment checks had been completed before employment commenced.
- There was enough staff on duty to provide the support people needed. Staffing levels were reviewed on a regular basis. The registered manager in the process of completing a dependency tool to clearly evidence safe staffing levels.
- People confirmed there were enough staff. Comments included, "There always appears to be enough staff around" and "When I press my buzzer they come straight away."

Preventing and controlling infection

- Good infection control practices were in place and followed.
- The service was clean and tidy throughout. Domestic staff were visible throughout the inspection.
- Infection control audits were in place. These could be further developed to incorporate full checks of the service.

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 the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider failure to act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications to lawfully deprive people of their liberty. Restrictions had recently been put in place for one person, but appropriate action had not been taken to ensure this was included in their DoLS. The registered manager immediately addressed this.
- Where people lacked mental capacity to make particular decisions, appropriate processes had been followed to ensure any decisions were made in the person's best interests.
- Where appropriate, people signed their care records to document that they consented to the support staff provided.

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

- The service ensured they could meet people's needs. Pre-admission assessments were completed by a

competent member of staff before a person was admitted to the service.

- Staff continuously assessed people's needs and choices. Good communication between staff, people and their relatives ensured these needs and choices were met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received extensive training and had support from management to ensure they had the required skills and followed best practice guidance.
- New staff received an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting. Thorough probation reviews were completed to monitor new staff's performance.
- Staff received appropriate support from the management team. One staff member said, "Support is available whenever I need it.£"

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

- People were supported to ensure they ate and drank enough; they were provided with a variety of meals and drinks throughout the day which were adapted to meet their preferences and dietary requirements. One person said, "The food is very good, and we are encouraged to speak up if we are not happy."
- Improvements had been made to the monitoring and recording of people's weight. A recognised screening tool to identify concerns relating to weight loss or gain was not used. We discussed this with the registered manager who acted to address this.

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

- When people required support from healthcare professionals, this was arranged, and staff followed the guidance they provided.
- Information was recorded and ready to be shared with other agencies if people needed to access other services such as hospitals.
- Health professionals spoke with high regard for the service, the care and support they provided and the attitude of staff. Comments included, "It's a lovely service where staff really do care about the people living there."

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

- The premises had been designed and adapted to meet people's needs.
- Dementia friendly signage was in place. This could be adapted to further enable people living with a cognitive impairment navigate the building.
- People were able to decorate their rooms as they wished and they had access to ample outdoor space.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and staff were attentive to their needs. There was a relaxed atmosphere; positive, caring relationships existed between people and staff.
- Staff were friendly and showed consideration for people's individual needs. They communicated with people in a caring and compassionate way.
- People responded very positively to staff; they smiled, laughed and joked with them showing us they shared positive caring relationships with them and valued their company. One person said, "Staff are very kind and caring. They are all lovely people and I am very happy."
- People were supported in a homely environment where visitors were welcomed. One relative said, "I love coming here. Staff treat me like family. They are so welcoming, and I am always offered refreshments and meals so I can dine with my relative."

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

- People were supported to live according to their wishes and values and had access to advocacy support if this was needed. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.
- There was a clear person-centred culture. Staff had time to spend with people to provide person-centred care. They knew people well and understood when they needed the support of their relatives and others to make decisions about their care.
- Staff supported people to make decisions about their care. Private spaces were available, so people could speak openly with staff in a confidential environment.

Respecting and promoting people's privacy, dignity and independence

- People were treated with compassion, kindness and respect.
- The registered manager and staff showed genuine concern for people and were keen to ensure their rights were upheld and they were not discriminated against.
- Staff respected people's privacy and dignity. 'Do not disturb' signs were available for people to hang on their doors when required.
- Staff ensured any obstacles due to mobility or health needs were addressed to allow people to remain as independent as possible. For example, they requested professional assessments to aid mobility and independence.
- The service had a warm, welcoming feel. People were encouraged to maintain relationships and build

new friendships. Staff ensured people and any visitors were included in activities and general discussions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported in line with their wishes and preferences, and staff were knowledgeable about people's personal routines.
- Care plans contained detailed information about people's interests and personal preferences. These had been regularly reviewed and updated when changes occurred.
- People's complex behaviour care plans did not always provide staff with sufficient information. For example, there was not clear guidance on what staff should do to support people at different levels of anxiety. We discussed this with the registered manager who took action to address this.

We recommend the provider consider current guidance on complex behaviour care planning and take action to update their practice accordingly.

- Staff were responsive to people's needs. One person said, "I like to be independent and staff respect my wishes. They help when I need it. I call that responsive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's communication needs; communication care plans were in place.
- Information was available to people in audio, large print and easy read if needed. People's preferred method of communication was followed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide variety of activities on offer to suit people's preferences and abilities.
- Activities were planned to increase social interaction. People were able to share their views on the activities provided and any suggestions on how to improve the activities provision were welcomed.
- People were regularly supported to access the local community. Events were arranged and the local community, such as schools visited on a regular basis.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints. One person told us, "I have no

complaints. I go to the resident's meetings and would speak up if I had any problems"

- When complaints had been raised, these had been thoroughly investigated and responded to appropriately.
- Any lessons learnt from complaints were shared with the staff team to encourage continuous learning and improvement.

End of life care and support

- People's end of life wishes had been discussed with them and recorded. Thorough records of people's preferences were in place.
- The service was working with a local hospice to continuously develop the end of life care people received.
- Relatives could stay overnight so people could spend their final days with loved ones.
- An area within the grounds was used to remember and respect people who had passed away. This included a book of remembrance as well as name plaques placed around the garden.

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 the last inspection this key question was rated requires improvements. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection the registered manager and provider had failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The quality assurance process had improved since our last inspection. Regular audits to monitor the quality and safety of the service were now in place. These needed further development and adaptation to ensure they included checks on all areas of the service and clearly recorded action taken as a result. For example, the infection control audit did not check all areas of the service, care plan audits had not identified shortfalls in person-centred information and accidents and incidents had not been signed by management to evidence full oversight.
- The provider was actively involved in the service. They were also supported by independent consultants who were employed to help continuously improve the service. Their visits were recorded but did not always demonstrate improvements that had been made as a result of their visits and findings. We discussed this with the provider who agreed to look at ways of making further improvements.
- The registered manager was aware of their role and responsibilities and kept up-to-date with best practice. They had submitted notifications to CQC as required.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.
- Lessons had been learnt since the last inspection and the registered manager had worked hard to implement improvements.

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; 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

- The service had a positive culture that was person-centred, open and inclusive.
- People and relatives were actively involved in the service. Resident and relatives' meetings took place where they could share their views, provide feedback and any ideas to improve the service.
- People and relatives were encouraged to provide feedback on the service through regular quality assurance surveys. An independent consultant took responsibility for these. Action taken as a result of the feedback provided was not recorded.
- The registered manager understood requirements in relation to the duty of candour.

Working in partnership with others

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- The registered manager recognised the importance of community involvement and the positive impact this has on people. They provided information on events in the local community and encouraged people to attend.
- Professionals spoke positively about the registered manager. Comments included, "We work really well with management here. They share concerns and listen to advice provided. Staff are on the ball."