

# Peacehaven House

# Peacehaven

## Inspection report

101 Roe Lane  
Southport  
Merseyside  
PR9 7PD

Tel: 01704227030  
Website: [www.peacehavenhouse.com](http://www.peacehavenhouse.com)

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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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 9 & 10 January 2017 and was unannounced.

Located near Southport town centre, Peacehaven Care Home 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 extensive garden to the rear of the building and parking to the front. A call system operates throughout the home. There were 54 people living in the home on the day of our inspection.

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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs and people's individual needs and preferences were respected by staff.

Care plans provided information to inform staff about people's support needs, routines and preferences.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Feedback we received from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home. Relatives said the home had a 'family atmosphere' to it.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

## 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.

Medicines were managed safely in the home.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

### Is the service effective?

Good 

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were well supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they liked the food and were able to choose what they wanted to eat.

People told us the staff had a good understanding of their care needs.

### Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were respected by staff.

People at the home told us they were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A programme of activities was available for people living at the home to participate in.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

### Is the service well-led?

Good ●

The service was well led.

The service had a registered manager. Feedback from people, relatives and staff was complimentary regarding the registered manager's leadership and management of the home.

Staff told us there was an open and transparent culture in the home.

People living in the home and relatives told us they were able to share their views and were able to provide feedback about the service.

Systems and processes were in place to assess, monitor and improve the safety and quality of the service.

# Peacehaven

## **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 9 and 10 January 2017 and was unannounced. The inspection team consisted of an adult social care 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.

Before the inspection we reviewed the information we held about the home. We looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home.

We spoke with nine people who lived in the home and five relatives. We spoke with the registered manager, deputy manager, the chef, housekeeper and three care staff. We reviewed care records for six people living at the home, five staff personnel files, staff training records and records relevant to the quality monitoring of the service. We reviewed a number of the provider's policies and procedures.

We looked around the home, including people's bedrooms, the kitchen, bathrooms, dining areas and lounges. We observed people and staff during lunch and during an activity on both days of our inspection.

# Is the service safe?

## Our findings

We asked people what made them feel safe in the home. One person said "I have lived here for eight years and I love my home, everyone is very good to me." Another person said, "I have made many friends here and feel safe and happy". A person who lived in the home told us they felt happy and safe but also felt they were given their independence. They told us they administered their own medication but said, "I know the staff will help me if I feel I am not managing it properly myself."

A relative said, "Whether I come to visit [name of relative] in the evening or the daytime there are always more than enough staff and they are always pleasant and attentive to both [name] and me. I always feel that [name] is safe and cared for when I leave them."

There were 54 people living in the home at the time of our inspection. There was the registered manager, deputy manager and six care staff on duty. Four care staff worked each night. The registered manager said they and the deputy manager worked one day each at the weekend to ensure staff had management support. A senior care worker was on duty during each shift to help ensure experienced staff were available. There were ancillary staff such as, a cook and domestic cover. Two administrators and two activity coordinators were also employed by the provider. Three volunteers visited people in the home on a Saturday to provide activities.

The registered manager told us they did not use agency staff. They said there was very little absence from care staff and any additional cover was provided from the existing staff team. We looked at staffing rotas and found there were consistent numbers of staff working each day, including at the weekend. Staff we spoke with felt there was enough staff working in the home on each shift to support people safely. A person who lived in the home told us they had reason to use her call bell recently when a person in the room opposite fell and they heard them in distress. They told us, "Within a minute there were four staff attending to them and they were ok, I felt proud of myself for getting her the help."

We observed staff attending to people and supporting them with personal care and meals and drinks when they required it.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they saw. The provider had policies and procedures for reporting abuse and whistleblowing, which informed staff of what to do in these situations. One staff we spoke with told us of an example where they had to ensure residents were safe and the action they took to do so.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked five staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks

that had been carried out. We found they had all received a Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We saw that staff were requested to sign a declaration each year that they had not committed a criminal offence. The registered manager told us the provider regularly repeated staffs' DBS check and that this was soon to be completed.

We found the home to be clean and tidy with no unpleasant smell or odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were very clean and contained hand washing and drying materials. We found the bedrooms to be tidy and clean. Feedback about the cleanliness of the home was very positive from people and their relatives. Five staff worked each day to ensure the home was clean. Domestic staff completed cleaning checklists which showed the work they had carried out. Disposable aprons and gloves plus hand sanitisers were available for staff to use, and were used throughout the day. An external infection control audit (check) had been carried out by the Infection Prevention Control team in November 2016. Peacehaven was awarded a score of 95%. The kitchen in the home had been inspected in April 2016 by the Food Standards Agency and awarded a food hygiene rating of 5 (very good).

During this inspection we saw medicines were administered safely to people. Staff who administered medicines had received medicine training and had undergone competency assessments in 2016 to ensure had the skills and knowledge to administer medicines safely to people. Senior care staff usually administered medication, but all care staff had been trained and assessed and assisted the senior. For example, we observed the senior care staff administering medication in the dining room. A care worker took the medication and the medicine administration record [MAR] to a person who was in their room. This helped to ensure people received their medication safely. The care staff wore a 'Do Not Disturb' tabard to alert people that they were giving out medication. We saw staff were not unnecessarily disturbed to enable them to administer medicine safely.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use.

We checked the MARs for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines; this included the application for topical preparations (creams) which were applied appropriately. People told us they received their medicine when they needed it and all told us which particular staff gave it to them. Two people administered their own medication. We found that their GP had carried out an assessment and the senior staff completed a regular risk assessment to ensure the person was still competent to manage their own medication safely. The application of topical creams was recorded on body maps, which were kept in people's bedrooms.

We saw other relevant information was kept, such as PRN (as required) protocols, to advise staff when and why people may require the medication, a list of people's allergies and an information sheet about any foods which may react with certain medicines.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as mobility, falls, nutrition and pressure area care. These assessments were reviewed each month to help ensure any change in people's needs was reassessed to ensure they received the appropriate care and support.



Accidents and incidents were completed by care staff and recorded by the registered manager. The health and safety officer was responsible for the analysis completed each month and any action that may be required, such as referrals to the necessary professionals.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the weekly checks around the home environment, including the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe. Water temperatures were checked by the domestic staff as part of their cleaning of the bedrooms and bathrooms.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. A copy of people's individual PEEP was on the back of each bedroom door as well as in the health and safety officer's office. Colour codes were used to identify people who required assistance with evacuation and this was marked on the front of people's bedrooms door, with a master copy at the end of each corridor. This made the information readily available for staff and the fire service when evacuating the building in an emergency. An evacuation of the home was recently completed; we were informed that this was carried out very quickly and safely.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. This helped ensure good safety standards in the home.

## Is the service effective?

### Our findings

People we spoke with who lived at Peacehaven thought the staff were trained to a high standard and everything ran smoothly. A relative we spoke with told us, "The staff here are excellent; they can't do enough for you."

We looked at the training and support in place for staff. Many of the staff, including the registered manager and deputy manager, had worked at Peacehaven for many years. They told us they enjoyed their job. They said they felt supported to do their job and received good training. Staff said, "We get good training and support from the manager. The manager's door is always open."

The deputy manager told us most training was provided through online training courses. Records seen showed staff had completed training in 'mandatory' subjects such as infection control, health and safety, moving and handling, food hygiene, fire safety and safeguarding of vulnerable adults. Other training courses were undertaken to assist staff with the specific needs of people in the home. These courses include activities and nutrition in dementia care, Parkinson's disease, mental capacity act and basic life support and end of life care. All care staff were trained in medication administration.

The provider employed 33 care staff and two managers. We saw that 52% of the care staff had completed a recognised care qualification at level two or three, with 40% completing both. The managers had achieved the qualification at level four and five. Domestic staff and the health and safety officer had completed their NVQ (Housekeeping) and a recognised IOSH (health and safety) qualification, respectively.

We saw that the registered manager supported their staff with regular supervision and appraisals. Staff we spoke with told us they received an induction, appraisal and regular support through supervision. We looked at five staff personnel files. We saw that most staff had received an appraisal in 2016 and had received regular supervision throughout the year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

The building was very large and corridors were well lit and tastefully decorated. People who lived in the home were encouraged to move freely and use the corridors for exercise. There were wide handrails attached to the walls to enable people to see them easily. There were pictures hung on the wall relevant to the area of Southport (where many people had lived) and areas such as the Isle Of Man where some people who lived in the home may have gone on holiday. The registered manager told us the pictures often prompted chats and discussions with residents/relatives/staff.

The gardens at Peacehaven were very vast and tastefully landscaped, walled and gated so they were very secure. The pathways had all been recently tarmacked so were flat and safe for wheelchairs as well as for walking around. Several people told us they loved looking out at the birds, squirrels etc. and could not wait for better weather to sit in the garden. One person said, "I put on my hat and coat and walk every day in the garden. It is a large area which gives me the exercise I require plus I know I am safe within the grounds."

There were two lounges near the reception, one with a TV and one was a quieter lounge with back ground music playing softly. Both were furnished very comfortably. The registered manager told us that the lounges had recently been refurbished and new furniture bought. People who lived in the home told us they had been asked to help choose the furniture.

There was a conservatory area which was often used for people to meet with their families. The area was warm and comfortable. There was a large tropical fish tank which was very clean and well stocked. This helped to promote a nice and tranquil area to sit.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. A passenger lift gave access to much of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Some bedrooms had either ensuite bathroom facilities. Bathrooms and toilets contained equipment to assist people to use the facilities safely.

There were two dining rooms both of which were pleasantly decorated. They were clean and well-lit so people could see their meals. Tables were nicely presented and laid with tablecloths, cutlery and napkins. The menu choices of the day were displayed at reception and also at both dining areas. People had a cold drink served with their meal. Drinks were readily available throughout the day, with jugs of juice in lounges and dining rooms. Hot drinks were served mid-morning and mid-afternoon with a biscuit or cake. There was a bowl of fresh fruit in the dining room for people to have.

A member of the team took their lunch in the dining room with people using the service and found the meal time was a very pleasant experience with a lot of pleasant chat. The kitchen assistants were very attentive and also had great banter with the residents causing a lot of laughter. The food was hot and tasty and well presented. Meals were served on a warm plate and then staff followed came around with vegetables so people could make their own choices. This meant that people were able to have a choice and the food also was served at a good temperature. We observed staff speaking to each person and using their name which was effective as people then knew who the staff were talking to.

At the end of the meal the chef came out of the kitchen and chatted with each table to ask how they had enjoyed their meals. The chef told us they believed that serving the main dish then vegetables and potato option separately ensured that people did not feel `overfaced` with a full plate of food.

A person who lived in the home told us, "I am a vegetarian and I have always had a choice of meals and they are always very tasty and well presented." They said, "I have an under active thyroid which causes weight loss but I am weighed regularly and maintaining my weight." Another person told us, "I have a special diet and the staff always make sure I get the correct food." Another person said, "The chef knows I like curries and lasagnes etc., not the usual food choices of people of a certain age! At least once a week they make me (and anyone who wants it) something a little different, it's never too much trouble and always cooked to a high standard."

A relative we spoke with said, "The food choice is good; I always have a look at the menu when I come in at reception. My [family member] travels from Scotland to see [family member who lives in the home] and is always offered a meal when they visit which we think is lovely."

We spoke with the chef. They were knowledgeable about people's dietary needs and preferences. A white board in the main kitchen recorded details about people's preferred portion size and requirements. People were asked their preferences for their main meal choice before lunch time. There were choices between two main meals for lunch and a few choices for tea, which were lighter hot or cold snacks. They told us that

regular ordering from local suppliers ensured plenty of food was available. We looked at the store cupboards and found them to have plenty of dry, tinned and fresh food available.

People living at the home told us they received support to maintain their health. We saw people's care documents contained information about people's medical conditions, health care and medicines. We also saw people had access to health care professionals, including GP, dietician, chiropody service and SALT (speech and language therapy) team.

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). We found that the provider had followed the requirements in the DoLS and had submitted applications to the relevant supervisory body for authority to do so. We saw the applications for three people and saw the applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. We found staff regularly asking people for their consent before carrying out any care or assistance.

## Is the service caring?

### Our findings

A person told us, "I required a lot of assistance when I first came to Peacehaven but I have gradually gained more independence. The staff have adapted to my needs without any fuss or bother. I get up in the morning at whatever time I wish to and go to bed when I want to. The staff are always willing to have a laugh and a joke and it makes for a very happy home."

All the people we observed at Peacehaven seemed relaxed and comfortable with all the staff. Whilst spending time sitting in the lounges and conservatory we observed positive interaction by all grades of staff towards people in these areas. All treated the people kindly and always had time to have a few words and addressed them by their name.

The staff knew people living at the home very well and spoke fondly to them. A visitor told us, "The staff are always pleasant and give hugs and kisses to the residents they know; they appreciate them and make them feel special." A relative said, "The care at Peacehaven is second to none. I would have no hesitation to complain if anything was amiss. Luckily I have never had to complain about any aspect of [name of resident] care."

A person who lived in the home told us, "The staff always treat us with dignity. They always knock and ask before they come into my room. They are very kind. Last night I had a sore arm and back and the carer rubbed gel and massaged me and it felt a lot easier."

A relative said, "No matter what time I visit [name] I am always offered a cup of tea and made to feel welcome. [Name] is happy and this makes me and my family happy."

During our inspection we saw people making choices with every day activities. The activity coordinator knew which people enjoyed taking part in certain social activities and those who needed a bit of encouragement. Some people retired to their rooms after lunch whilst others watched TV or entertained their visitors.

People told us they could choose where to eat their meals. We saw that some people chose to eat in their rooms and others in the dining rooms; People we spoke with said they liked to go to bed early or have a lie in the morning. They said that this was no problem. We saw someone having breakfast in their room after having a 'lie in'.

For people who had no family or friends to represent them, local advocacy service details were available. The registered manager was aware of how to contact the agency if support was needed. They told us that a person living in the home had the advocacy service to assist them.

## Is the service responsive?

### Our findings

People we spoke with at Peacehaven were happy with the care they were given and not really interested in their care plans. They said their families looked after such things. However, we saw from the care records we looked at, that most people had signed to say they agreed with the information recorded in their care records.

A relative told us, "I have always been involved with my [family member] care plan, I am very happy with the care they receive. I have never raised a complaint but would not hesitate to speak to [manager] if I felt there was anything wrong."

For people who wished to take up residency at Peacehaven, people were encouraged to make a visit to the care home and then were assessed in their own home before any decision was made. This helped ensure the home could meet the person's needs. One relative we spoke with confirmed that this is what had taken place before their family member came to live at Peacehaven.

We saw care plans for areas of care which included personal care including their routines, medicines, continence and mobility. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding their day time routines, night care and preferences. For example, they recorded people's preferred rising from and retiring to bed times. This information is important so that staff support was provided in a way the person wanted. People who lived in the home told us they got up and went to bed when they wanted and were not made to get up at certain times. Many people were capable of getting up and washed and dressed themselves and they said they were happy to do this. One person said they liked to get up about 6am but could not get breakfast till about 9am. They said staff got them a cup of tea but had to wait to eat.

Each person had their medical history recorded. From the care records we looked we saw at that people were weighed regularly, according to their specific need. This helped ensure that staff were made aware of any concerns regarding their health if they had lost or gained weight. Relevant referrals to the dietician or other health care professionals were completed in a timely manner. We saw that any advice given by the professional was recorded in people's care records and care plans were amended and updated with the information. Care plans were reviewed regularly. We saw that some reviews reflected a change in care or treatment and had been updated accordingly.

Some people had specific health care plans for long term medical conditions such as diabetes and Parkinson's disease. These included specific advice for staff and any symptoms and signs to be aware of.

Handover meetings were held at the beginning of each shift change to update staff starting their work. This ensured they were fully aware of any changes in people's wellbeing. All information regarding each person who lived in the home, for example changes in health, medical appointments were recorded in the daily diary. Staff we spoke with told us that they always read this book before commencing their shift.

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. All the people we spoke with said they felt able to tell the staff or manager if there was anything wrong.

A variety of activities were provided throughout the week, with entertainers from outside the home visiting each month. Two dedicated activities coordinators worked each week day. Regular activities included, board games, crafts, 'singalongs' and quizzes. The day's activities was displayed on a notice board in the hall way.

People were actively encouraged to take part in the activities. On the first day of our inspection we observed the activities coordinator trying to promote the quiz they were about to start. We observed them assisting people into the quiet lounge area. They made sure everyone was comfortable and could hear before they began. People who did not usually take part were encouraged to participate. Twelve people took part in the quiz which was specifically aimed at their age group. They shouted out the answers and seemed to enjoy the activity.

Some of the ladies who lived in the home enjoyed having their nails manicured and painted and having make- up put on them.

People's religious needs were met by the weekly visit by local churches from different denominations. Some people in the home attended their preferred church service and weekly church activities.

## Is the service well-led?

### Our findings

All of the people we spoke with, whether they lived in the home or were visiting, said Peacehaven had a lovely, friendly relaxed atmosphere. One person said, "Generally everyone gets along well, you may get the odd niggle but that's life. There are meetings with residents to find out what we would like; I don't go because I am happy with my lot."

People who lived in the home and their relatives told us they knew who the manager was and spoke highly of them. They felt they could approach the manager and sort any problems out. One person told us, "I know the manager and they're very approachable, couldn't be anyone better!. I like to take part in the residents' meetings and find out what's going on."

We found the home to have a very relaxed atmosphere throughout our inspection.

We observed the registered manager on numerous occasions interacting with both relatives and people living in the home. A relative said "Management are very good and the home is run well from top to bottom." Another relative told us, "I think the management and staff are fantastic. If I can't get in to see [name of resident] I phone up and speak to the manager; they're always happy to chat and let me know if [name] is ok. The atmosphere in the home is happy and cosy, even the building lends itself to their era." Another relative said, "I am getting regular e-mails from the home which is a great way to keep up with up and coming events. I get questionnaires to complete and always get feedback."

There was a registered manager who was supported by a deputy manager. They had both worked at the home for many years. The registered manager had been in post for 12 years. Both were present throughout the inspection. Their hours of work included weekends to provide a management presence and support for the staff.

We saw that the registered manager was an active presence throughout the day and evidently well-known to and by all people who lived in the home. Everyone we spoke with said they would be very comfortable approaching them. A 'photoboard' had recently been put up at the entrance. This showed the management team and the trustees, so people could easily recognise them should they need to speak with them.

Staff described Peacehaven as a great place to work. A number of staff meetings were held every four months and minutes taken as a record for staff who were unable to attend. These included meetings for day staff, senior care staff, activity coordinators, domestic staff, night care staff and administration. The last meeting was held in November 2016; we saw minutes to evidence this.

A meeting was held first thing each morning with relevant staff, including the chef, senior care staff, housekeeper and a manager, to discuss any changes or issues. This helped ensure that all relevant staff were kept up to date. We spoke with some of the staff who attended this meeting. They told us they found it very useful.



The registered manager sent questionnaires to people who lived in the home, family members and the staff to gather feedback about the service. We saw several completed forms. Feedback was all positive; Action plans completed upon receiving the feedback had been actioned and we saw that suggestions and changes had been made. For example, changes in the menu and meetings with the trustees.

'Residents' committee meetings' were held, with representatives of people who lived in the home attending to voice their concerns and suggest any improvements. We saw these were held at every two months. We saw minutes from meetings held in April and August 2016. A range of other meetings were held to help ensure the smooth running of the home and that the service was meeting people's needs. These included, 'Praise and Complaints' meetings for everyone.

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. A range of audits and checks were undertaken to help assure the service; these were completed by the registered manager, housekeeper and the health and safety officer. Areas included medicines, infection control, care file audits, falls, and environment checks. One or two of the trustees visited each month and completed a comprehensive audit. We saw that actions had been completed on all matters found during the auditing process. This ensured the process was effective and the service was safe.

As part of monitoring medication, an external audit by a local community pharmacist had been carried out in April 2016.

Staff had access to a number of policies and procedures which were easily accessible on the computer. We found they were current and in accordance with current guidelines and best practice.

The registered manager was aware of incidents in the home that required the Care Quality Commission (CQC) to be notified of. Notifications had been sent to meet this requirement.

CQC requires providers to display the ratings awarded at their last inspection. We found the ratings displayed on a noticeboard in the reception area.